CONSENT FORM · SEDATION

Consent for Inhalation Sedation

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME	DATE OF BIRTH	PATIENT NUMBER

TOOTH, TEETH OR AREA	TREATING CLINICIAN	DATE

SECTION 1

About your treatment

Inhalation sedation, sometimes called gas and air, uses a mixture of nitrous oxide and oxygen breathed through a small nose piece to help you feel calm during treatment. It wears off quickly once the gas is stopped.

You breathe a mixture of nitrous oxide and oxygen through a soft nasal hood that rests over your nose. We start with pure oxygen and slowly increase the nitrous oxide until you feel relaxed, often with a warm, tingly or light feeling. You stay awake and in control and can talk to us. Local anaesthetic is still used to numb your mouth.

A scavenging system removes the gas you breathe out, to protect you and the team. At the end, you breathe 100% oxygen for a few minutes and the effects wear off quickly. After a recovery check, most adults can go home without an escort and can usually drive. It does not work for everyone, particularly if you find it hard to breathe through your nose.

What happens

STEP	WHAT IT INVOLVES
1. Assessment	We review your medical history and explain how inhalation sedation feels, and you sign your consent.
2. Nasal hood fitted	A soft nasal hood is placed over your nose and you breathe pure oxygen.
3. Gas adjusted to you	We slowly increase the nitrous oxide in small steps until you feel relaxed, while talking with you.
4. Treatment	Your dental treatment is carried out under local anaesthetic, with your oxygen level and pulse monitored.
5. Oxygen and recovery	You breathe 100% oxygen for a few minutes, then rest until our recovery check confirms you are ready to leave.

SECTION 2

Expected benefits

- Helps you feel calm and less aware of time passing.
- No needle is needed for the sedation itself.
- Works quickly and wears off quickly once stopped.
- The level can be adjusted at any time during treatment.
- Most adults can travel home alone and return to normal activities soon after a recovery check.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Not effective for everyone	Some people do not feel relaxed enough, especially if they breathe through their mouth or have a blocked nose.	Common
Nausea or feeling light headed	Uncommon, and usually settles when the level is reduced or with oxygen.	Uncommon
Feeling too drowsy or detached	Uncommon. We reduce the gas if you feel uncomfortable.	Uncommon
Headache	Uncommon. Breathing oxygen at the end helps prevent this.	Uncommon

RISK	WHAT IT MEANS	HOW LIKELY
Vivid dreams or unusual sensations	Uncommon. You are monitored and can tell us at any time.	Uncommon
Effects on vitamin B12	Rarely, repeated exposure can affect vitamin B12 levels. This is a concern only for people with low B12 or certain rare conditions.	Rare

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No sedation**: treatment under local anaesthetic alone, with support, breaks and a stop signal.
- **IV sedation**, which is deeper and suits more anxious patients or longer treatment, but needs an escort and 24 hours of restrictions.
- **Oral sedation**, which may be suitable in some cases.
- **No treatment**: delaying treatment may allow problems such as decay or infection to get worse.

SECTION 5

Costs

ITEM	GUIDE FEE
Inhalation sedation	Quoted with your plan

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £	PLAN REFERENCE	ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Your consent

Please initial each statement you agree with.

I understand that inhalation sedation helps me relax but does not put me to sleep and does not work for everyone.	☐
I understand that I must stay in recovery until the team has checked I am fit to leave.	☐
I understand that I should not drive or use machinery until I have been told I have recovered, and that I may be advised to have an escort.	☐
I have told the team if I am or might be pregnant, as inhalation sedation is avoided in the first trimester.	☐
I have told the team about my medical conditions, including any blocked nose, recent ear or eye surgery, lung problems or low vitamin B12.	☐
I have been told about the alternatives, including no sedation and IV sedation, and I have had the chance to ask questions.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 7

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.