Patients’ and carers’ views of a Special Care Dentistry general anaesthetic service

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Abstract

Aims: To understand how a special care dentistry general anaesthetic service (SCD GA) was perceived by patients and their carers and to ascertain what additional information was required to assist carers in preparing their clients for dental treatment under general anaesthetic (GA).

Method: A prospective audit was undertaken over six months of all (16) patients seen on the comprehensive care SCD GA Service at a general hospital. Demographic data were collected at the time of treatment and a telephone interview was undertaken 24-48 hours after treatment. Semi-structured, open questions were asked and data were analysed using simple counts and content analysis.

Results: The SCD GA Service was well received. Themes emerged around: facilities, timing and duration of the service; assessments, consent and discussion of treatment options; lack of appropriate information and preparation for the hospital visit.

Conclusions: Wide variation in the needs of patients on the SCD GA Service meant that a variety of different strategies were required to support the provision of treatment. Assessment of social care needs should be undertaken as part of the dental pre-GA assessment.

Key words: Patients’/carers’ views, general anaesthetic, special care dentistry

Introduction

There is a shortage of high quality evidence to support the provision of Special Care Dentistry (SCD) under general anaesthetic (GA) (Scully et al., 2007; Dougherty, 2009). Much of the literature focuses on the dental treatment or GA risks (Haywood and Karakkiedde, 1998; Limeres Posse et al., 2003; Loyota-Rodriguez et al., 2006; Dougherty, 2009; Messieha, 2009), with little discussion from the patient’s perspective (British Society for Disability and Oral Health, 2009). Recently, in the UK, through the Mental Capacity Act (Mental Capacity Act, 2005), the Darzi Report (Darzi, 2008) and the Personalisation Agenda (Putting People First, 2007) there has been a drive within health and social care to develop care that is not only in the best interest of the patient (Mental Capacity Act, 2005), but is personalised to the needs of the individual (Darzi, 2008). Good practice advocates that SCD GA should be undertaken within services that are sensitive to needs of the patient (The Provision of Oral Health Care under General Anaesthesia in Special Care Dentistry, 2009). Challenging behaviour can be prevented or managed by careful consideration of additional needs, such as the use of side rooms, or areas that are able to accommo-
pending on bed availability, two wards were used in the Day Case Unit for the SCD GA Service during the audit: a three bed, side ward and the open-plan, general ward.

The interview questions were piloted with carers and learning disability patients who were not scheduled for the SCD GA Service. It was modified in light of their comments to ensure that the questions were clear and open.

All patients who were seen for the SCD GA Service over a six-month period were invited to participate in the audit. Demographic data, such as the age, gender, learning disability, medical conditions and additional needs of patients, were collected at the time of treatment. Patients and their carers were contacted 24 to 48 hours after treatment by telephone by one of the dentists who had undertaken treatment. Semi-structured, open questions, with supplemental questions to clarify comments, were asked about the provision of the SCD GA Service (Table 1). All responses were recorded contemporaneously, in writing, on a data collection form.

All patients were allocated a unique identification number which was used for analysis of the data. Analysis was undertaken using simple counts and content analysis.

Approval was granted from the PPI Audit Office, Salford Primary Care Trust.

Table 1 – Questions asked during interviews

<table>
<thead>
<tr>
<th>Questions asked during Interviews</th>
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</thead>
<tbody>
<tr>
<td>Who am I asking the questions to?</td>
</tr>
<tr>
<td>What is your relationship to [name]? Did you attend with [name] yesterday?</td>
</tr>
<tr>
<td>How did [name] find their dental treatment in the day case unit?</td>
</tr>
<tr>
<td>How was the day case ward? How did you find the staff?</td>
</tr>
<tr>
<td>How did you find the timing of the theatre list?</td>
</tr>
<tr>
<td>What additional information would have been helpful before the hospital treatment?</td>
</tr>
<tr>
<td>What can we do to improve the theatre list?</td>
</tr>
</tbody>
</table>

Results

Sixteen adults, nine men and seven women, aged 20-70 years, underwent comprehensive dental treatment under GA between October 2008 and March 2009 in the Day Case Unit of a general hospital. All patients and their carers were willing to participate in the audit. However, two patients/carers were not contactable for the follow-up interview. Fourteen interviews were undertaken with the patient, paid carers or relatives who had attended the SCD GA Service (Table 2).

The SCD GA Service is for people who are severely disabled by medical, physical or mental health problems and who are unable to accept treatment in the dental surgery. All patients (n=16) were ASA grade II to IV, with a range of medical conditions and learning disabilities (Table 3).

All interviewees (n=14) thought that the SCD GA Service had been a positive experience and that they were “very happy with the staff and treatment”.

Pre-GA medical assessment was undertaken by the ITU anaesthetist on admission to the Day Case ward, prior to the GA. However, for some patients this led to increased anxiety levels (n=4). Anxieties about the GA dental treatment were thought to be exacerbated by the wait between assessment and treatment. Carers requested availability of patient information leaflets in an appropriate format to help with preparation for administration of the GA.

“[patient] was upset by the premed appointment, and the time taken between the initial assessment and GA”. “[patient] was concerned as to how the GA was going to be administered”.

The need for advice and suitable preparation prior to the hospital visit were discussed (n=6). Some carers arranged visits to the Day Case Unit (n=2), whereas others wished to have access to a picture board to help describe the process of the day (n=2).

“We visited Day Case twice, took photos to show [patient], which was very helpful”. “Pictures would have been helpful to aid [patient’s] understanding of the process”.

The consent process, with discussion of benefits and risks of treatment, was an area of concern for those adults with some understanding and capacity (n=3). Where parents were involved in the capacity and consent process, they wished to protect the patient from hearing the risks of treatment.

“We did not like hearing risks of GA, especially death, as [patient] has some understanding. I [mother] would have preferred to have been told not in front of [patient], as it led to her being more agitated”.

All carers (n=14) thought that a morning session would have been more appropriate for the service.

“We would have preferred a morning appointment as it’s difficult to keep him away from food and drink”.

Patients were admitted to the Day Case ward at 13.00 for anaesthetic assessment and pre-operative clerking. Some expressed concern about the duration of the stay on the ward, especially if they were scheduled last for the service (n=9). Some carers suggested use of “staggered bookings”.

“We were concerned about the amount of time hanging around prior to the GA”.

“It was a long day as we weren’t home until 8pm”.

Patients were seen on two different Day Case wards: the larger, open-plan Day Case ward (n=8), and the smaller, three-bed Day Case ward (n=8). Both wards were felt to be problematic in different ways depending on the needs of the individual:

“Day Case ward was not big enough for two or three people and wheel chairs”, adult in wheelchair seen on three-bed Day Case ward.

“It was too open on the Day Case ward”, adult with autism spectrum disorder seen on open-plan Day Case ward.
Discussion

Like other GA services offering oral rehabilitation (Acs et al., 2001), the SCD GA Service was well received and perceived as beneficial. Interviewees’ responses may have been affected by the use of the treating dentists to undertake the telephone interviews. Carers, family members and patients may have been reluctant to comment negatively on the service to the clinicians who had undertaken the treatment. However, their evaluation of the SCD GA Service was candid and robust.

The timing of appointments for an afternoon session was universally disliked. The disruption to routines, difficulties in preventing eating and drinking and the impact of this on behaviour was exacerbated by fasting during the day for an afternoon appointment. It has been suggested that SCD GA appointments should be at an appropriate time of day (Scully et al., 2007), with appointments arranged to minimise disruption both to the patients and the ward (Faculty of General Dental Surgery, 2001). It would appear from this audit that a morning session may be a more appropriate time for a SCD GA Service so that fasting could occur over night.

The duration of treatment appointments was increased for those patients scheduled second or third for the service. Some carers commented that staggered admissions may have been more appropriate, and the Day Case Unit admission and clerking plan has been reviewed for the SCD GA Service. However, as the amount of treatment required is often underestimated for SCD GA Services (Hennequin et al., 2000), an exact appointment time may not be possible, and some waiting on the ward may be necessary. Arrangements for patients who are hospital phobic or who are distressed by the environment of the Day Case Unit to be first on the service may be a more effective way of minimising distress and keeping admission to the ward as short as possible. Discharge policies need to allow for timely discharge of patients once they have recovered back to their baseline state, in order to minimise distress to the patient and possible disruption to other patients on the ward (Haywood and Karakkiedde, 1998).

Phobias of dental treatment and hospitals are common amongst people with learning disabilities (Haywood and Karakkiedde, 1998; Gordon et al., 1998). Problems with pre-operative medical and dental examinations have been documented (Haywood and Karakkiedde, 1998), and their benefits should be assessed against the risks of increasing anxiety about treatment. Strategies for reducing anxiety should be discussed as part of a dental pre-GA assessment process. Medical methods, such as the use of premedication with a sedative (Scully et al., 2007), may not be the most appropriate method of managing anxiety, although it may increase cooperation and reduce pre-treatment anxiety, this is at the expense of a prolonged recovery time (Vadivelu et al., 2004) and duration of stay in hospital. In some cases, use of sedation may not be seen as the least restrictive method of managing anxiety, and, in the UK, could be considered a deprivation of the person’s liberty (Mental Capacity Act 2005; Mental Health Act, 2007; Deprivation of Liberty Safeguards, 2008).

Other, non-pharmaceutical methods of reducing anxiety should be discussed prior to the SCD GA appointment at a dental pre-GA assessment by the dentist. Some patients found visits to the hospital and then Day Case Unit beneficial, while others requested use of pictures to develop a storyboard to aid understanding of the visit and thus reduce anxiety. Information needs to be provided in a range of different formats to enable support of patients by their carers or other healthcare workers (Glassman and Miller, 2009). Information about accessing photographs or arranging pre-treatment visits should be discussed as part of the dental pre-GA assessment and should be included in pre-treatment information. A portfolio of resources needs to be developed by SCD dental teams, Day Case Units and hospital Adult Safe Guarding Teams for use by carers with adults with learning

Table 2 – Person interviewed

<table>
<thead>
<tr>
<th>Person Interviewed (who attended SCD GA Service)</th>
<th>Number (N=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>1</td>
</tr>
<tr>
<td>Paid carer</td>
<td>6</td>
</tr>
<tr>
<td>Parent</td>
<td>4</td>
</tr>
<tr>
<td>Sibling</td>
<td>2</td>
</tr>
<tr>
<td>Cousin</td>
<td>1</td>
</tr>
<tr>
<td>Not available for interview</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 3 – Learning disability, medical condition and additional needs of patients (more than one category may apply)

<table>
<thead>
<tr>
<th>Learning Disability, Medical Condition and Additional Needs</th>
<th>Number of Patients (N=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder</td>
<td>2</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>1</td>
</tr>
<tr>
<td>Down Syndrome</td>
<td>2</td>
</tr>
<tr>
<td>Huntington’s Disease</td>
<td>1</td>
</tr>
<tr>
<td>Hurler’s Syndrome</td>
<td>1</td>
</tr>
<tr>
<td>Non-specific, Moderate-Severe Learning Disability</td>
<td>11</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>4</td>
</tr>
<tr>
<td>Asthma</td>
<td>1</td>
</tr>
<tr>
<td>Coeliac Disease</td>
<td>1</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>1</td>
</tr>
<tr>
<td>Partially sighted</td>
<td>1</td>
</tr>
<tr>
<td>Reduced mobility, use of wheelchair</td>
<td>1</td>
</tr>
</tbody>
</table>

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disabilities or degenerative medical conditions.

Anxiety and use of sedatives can make the patient’s capacity to consent for treatment difficult to assess, and therefore capacity should be assessed prior to the GA. Dental pre-GA assessments should be undertaken in a manner that reduces anxiety and empowers people with learning disabilities or complex medical conditions in order to increase their involvement in the decision-making process, to support their choices and to reduce anxiety about treatment (Hammel, 2003). Assessment of capacity and discussion of best interest or consent should be a process undertaken on a number of occasions. It is best performed in an environment where the person feels at ease, such as their home, but visits to the surgery or hospital are required for pre-treatment special tests. Family, carers or an IMCA should be included in discussions (Mental Capacity Act 2005, Code of Practice, 2007) not only about treatment, but also about reduction of anxiety through provision of social and emotional support or use of sedation.

The need for personalisation of the process was a recurring theme throughout the telephone interviews. For example, the needs of one individual in a wheelchair who requires to be hoisted to be on the open-plan Day Case ward may be contrary to the needs of another patient who may prefer a more enclosed space. However, flexibility in the way that SCD GA is provided in many Day Case Units is not possible. It would appear that the flexibility and personalisation as envisaged in the Darzi Report (Darzi, 2008) are not currently possible for all SCD GA Services. This will require provision of additional resources, such as Day Case nursing staff, to allow use of both small, side wards and larger, open-plan wards.

Conclusion

SCD encompasses a wide spectrum of disorders, medical conditions and personal needs. More research needs to be undertaken to develop an understanding of the difficulties encountered by this group of patients in accessing SCD GA Services. A multi-disciplinary range of strategies should be developed to assist in the provision of appropriate care alongside the provision of SCD GA. Established medical models of managing SCD GA Services need to be reflected upon in light of legislation and social-medical models need to be developed to serve the best interests of the patient.

As part of the dental pre-GA assessment an individual’s needs should be assessed and discussed with the patient and their carers. Documentation of additional needs and possible triggers of adverse behaviour should be noted and where possible additional support provided. Information should be available for carers and patients in an appropriate format to support the SCD GA appointment and follow-up care. Flexibility in the way that Day Case Units provide SCD GA needs to be considered in order to provide care that is appropriate to the needs of the individual.

Acknowledgements

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References


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