REPLY

I wish to thank Dr Seay for his comments regarding my editorial. I am not sure, however, that what I wrote in my editorial and what Dr Seay wrote in his letter are significantly at odds.

I agree that “stage 3 recovery,” as I think Dr Seay defines it, is the responsibility of the anesthesia provider in most dental offices. I make clear that to transfer to stage 4 recovery, not only must the patient have awakened, but the patient must also have return of protective reflexes, have the ability to ventilate even in the head down/airway-obstructed position, and be easily arousable with verbal or light stimulation. Further, they must be able to maintain good oxygen saturation on room air. If these criteria are met, the patient may be transferred to another area to be cared for by a dental assistant as they are awake and should become more awake with the passage of time.

I do acknowledge that even when these criteria are met, it is possible for some patients to “fall asleep” in this phase 4 recovery while they sit in a comfortable reclining chair or are held in a parent’s arms after stage 3 recovery. I included this possibility, as it is a real-world situation that occurs. However, the dental assistant at this point has to awaken the patient with verbal command or a gentle shake of the shoulder. If the patient easily awakens and oxygen saturation is good (ie, no supplemental oxygen is provided), the patient is still in a phase 4 recovery level of consciousness. If, however, a patient continually falls asleep, is difficult to arouse, or has dropping oxygen saturation, the anesthesia provider must immediately be notified to assess the patient and, if appropriate, perform recovery duties (the patient may not really be out of stage 3, and an error in judgment by the anesthesia provider has been made) until stage 4 recovery level of consciousness, to use Dr Seay’s paradigm, has been achieved. We may differ on whether a dental assistant can then recover a patient in stage 4, but I personally think she or he can, provided the dental assistant is well trained for this task and that the anesthesia provider is immediately available

and evaluates the patient to ensure they are ready for discharge before starting the next case.

This brings up the other issues raised in Dr Seay’s letter regarding the operator-anesthetist model of practice and Dental Anesthesia Assistant National Certification Examination (DAANCE)–certified dental assistants. At this time, the United States allows the operator-anesthetist model to be performed by dentists, predominantly oral and maxillofacial surgeons, for deep sedation/general anesthesia. As Dr Seay mentioned, this model of practice is indeed under scrutiny by many dental and medical organizations that do not condone this practice for their own members and/or their members’ patients. I personally think there are ways to allow a specific deep sedation model for oral surgeons to continue to practice this mode of sedation and make it safer for dental patients who require deep sedation, for third molar extractions for instance, without having to rely on a separate anesthesia provider to perform general anesthesia (intubated or nonintubated). This would require training and staffing modifications for the oral surgeon and team, however. I realize this concept puts me at odds with many of my dentist anesthesiologist and other colleagues.

As to the DAANCE certification, Dr Seay is right; it is a very basic knowledge base that is taught, since the vast majority of dental assistants have likely never even had an introductory college biology class and know very little of how the human body works. However, I am proeducation for any member of the dental team. If the purpose in calling this individual “certified” after taking the DAANCE is for advertising purposes by the oral surgeon, then that would be disingenuous, in my opinion. If, however, he or she uses this to help ensure that his or her dental assistants monitoring patients under sedation and general anesthesia (currently a legal practice) have some base of knowledge, I would rather they had some semiformal education and regular continuing education than have none at all.

Again, I appreciate the input on this important topic.

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Editor