Indications for general anaesthesia for standard dental and oral procedures
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Aim
To establish recommendations on the indications and contraindications for general anaesthesia for standard dental and oral procedures.

Results and conclusions
(i) Published scientific evidence. None could be found. All the recommendations in the report are therefore based on strong agreement among professionals.
(ii) Preconditions. Local anaesthesia should be preferred whenever possible. The benefits and risks of general anaesthesia should be considered before taking a decision. Legal requirements are a pre-anaesthesia consultation, providing information to patients (or their legal representative) and obtaining informed consent. A letter from the practitioner to the anaesthetist with details of the indication for general anaesthesia is recommended.
(iii) Indications:
- related to the patient’s general condition:
  - behaviour that prevents an oral or dental assessment and/or treatment with the patient conscious (attempts at treatment in the dentist’s chair have failed);
  - if urgent major oral treatment is needed before emergency surgery or medical treatment, e.g. in oncology, haematology, cardiology, organ transplantation;
  - limited mouth opening precluding immediate examination and/or treatment;
  - strong gag reflex;
- related to the intervention:
  - long, complex, or multiple procedures at a single session;
  - local or regional infection requiring emergency intervention (e.g. concomitant drainage and/or debridement, extractions in a patient with osteoradionecrosis);
- related to local anaesthesia:
  - known contraindications to local anaesthesia, i.e. allergy confirmed by allergy tests and the contraindications specified in the Marketing Authorisation (porphyria, epilepsy not controlled by drugs, etc.);
  - impossibility of achieving an adequate level of local anaesthesia after repeated attempts over several sessions.
(iv) Contraindications:
- major risks of anaesthesia: the benefit-risk ratio should be weighed up;
- refusal by patient and/or patient’s relatives or legal representative.

Methods
HAS systematically searched articles in the Medline, Embase and Pascal databases, useful websites and the grey literature from 1990. Articles were selected according to their level of evidence and quality of design. Recommendations were drafted by a working group of 11 experts using a formal consensus method and then submitted to 40 peer reviewers. All professionals were nominated by the relevant learned societies (anaesthesia and intensive care, dental surgery and oral medicine).
Looking ahead
- Perform a study of clinical practice to establish the reasons for the wide variations in current practice.
- Improve patients’ access to dental care under general anaesthesia and develop day-hospitals for the above indications.
- Assess sedation techniques and teach them during initial or continuing dental education.
- Draw up standards for the care and treatment of patient populations with special needs.

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