

# Dental Surgery

## Dental day cases and Community dentistry

**Information for parents  
and carers**



## Why does my child need dental surgery?

Your child needs to come into hospital for dental surgery. This usually means removal of one or more teeth (also called 'extractions'). The reason for doing this in hospital is that they will need to have a general anaesthetic – this means that your child will be asleep throughout the procedure.

Their dentist has decided to do this for one of the following reasons:

- your child may be very young
- they may have found it difficult to cooperate for dental treatment at the dentists
- they need some difficult extractions.

## What are the risks?

This is a simple and safe operation. However, all operations carry some risks. Some of the risks of this operation are:

- **Soreness and swelling** – your child's mouth will be sore and swollen after having a tooth removed.
- **Bleeding** – your child may have dissolvable stitches and may still have some bleeding, but this usually stops after biting on a gauze swab for 10 minutes.
- **Infection** – there is a low risk of infection, so it is very unlikely that your child will need antibiotics. We will prescribe them if they are required.

The dentist will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 4.

## **What happens during the operation?**

The operation is done under general anaesthetic, normally as a day case, which means your child should be able to go home later that day.

It may involve removing some teeth, or surgery to remove or expose teeth buried in the bone. Your child may also be having some teeth filled (fillings). The dentist will discuss the details with you in more detail before the operation. They will also be able to give you an idea of how long the operation will take.

## **Consent**

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the dentist before signing the consent form.

## **Fasting instructions**

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

Your child should have their usual medicines before the operation. However, when your child is fasting, if they normally take a medicine with milk, yoghurt or food, then please miss out this dose.

## **Pain assessment**

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

## **Pregnancy statement**

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results are available straight away. If the result is positive we will discuss this and work out a plan to support your child.

## **Anaesthetic risks**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia<sup>1</sup>.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

## **In the anaesthetic room**

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

## After the operation

Your nurse will make regular checks of your child's pulse, temperature and mouth. They will also make sure your child has adequate pain relief until they are discharged home.

In order to reduce pain after the operation (especially when adult teeth have been removed) the dentist may have injected local anaesthetic into the gum. This numb feeling will last for 2-3 hours after the operation. Please make sure your child does not bite or chew their lip or cheek while it feels numb. The dentist will tell you after the operation if your child has had local anaesthetic.

Once your child is awake from the anaesthetic they can start drinking. If your child is not sick after they have a drink, they may eat a soft meal.

Mouthwashes and hot drinks should be avoided for 24 hours after the operation, as they may increase the risk of bleeding.

Your child can eat and drink normally the day after the operation (avoiding hard foods for the first day or two), once any bleeding has stopped. Scrambled egg or soups are good food options for these first few days.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

This operation and recovery can take most of the afternoon. This may mean that you are not able to collect other children from school, so please make other arrangements for them.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home.

You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid and dry food, such as bread. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

## **Wound care and hygiene**

If your child has had a tooth removed, it is normal for there to be some continual ooze (where blood is seen around the extraction site). If the socket (hole where the tooth has been removed) starts to bleed and blood is pooling in the mouth and can be seen clearly flowing from the socket:

1. Rinse your child's mouth once to remove any blood clot.
2. Roll up a piece of clean dry cloth, handkerchief or gauze and dampen it with water.
3. Put this over the socket and encourage your child to bite hard on it for 10 minutes.

If the socket continues to bleed after this time, please contact the dental clinic that referred your child.

## **Cleaning your child's mouth**

After 24 hours, your child can start gentle, warm salt mouthwashes (if they are old enough to be able to do this). They will need to rinse their mouth with warm salty water after every meal, to help prevent infection. They can continue to do this for two or three days while they still have pain and swelling. They should not rinse more often than after every meal, as this may cause their wounds to start bleeding.

You can make up the mouthwash as follows:

- Fill a cup with boiled water that has cooled, but is still warm. Stir in a level teaspoon of salt, until it has dissolved.
- Allow the water to cool down enough so it will not burn your child's mouth.
- Your child should take a mouthful of water and hold it over the socket until it cools, then spit the water out. They should repeat this for about 5 minutes.
- If your child is too young to do this, you can use some gauze dipped in the salt water solution to wipe gently inside their mouth.

Your child may be given antibiotics to take at home to help prevent an infection. Please give these according to the instructions on the bottle and make sure your child takes the complete course.

## **Brushing your child's teeth**

Your child can start gently brushing their teeth again the day after the operation, even if they have stitches. This helps the socket to heal and prevents infection.



## When to call for advice

You should call the dental clinic that referred your child if:

- the socket continues to bleed, even after following the instructions on page 7
- your child is in pain and pain relief does not seem to help
- your child develops a rash or any other reaction to the antibiotics (if used)
- you have any other questions or concerns.

If your child has any on-going problems after their dental surgery, please call the Dental Service:

Tel: **01865 904 060**

(8.30am to 4.30pm, Monday to Friday)

### **Outside of these hours, please call the Out of Hours Emergency Dental Service:**

Dial **111** freephone from landlines and mobiles

The Out of Hours Emergency Dental Service is available from:

6.30pm to 9.30pm, Monday to Thursday

6.30pm to 10.00pm on Friday

9.00am to 6.00pm on weekends

## Getting back to normal

Your child will benefit from extra rest for 3-4 days after the operation. It is best to keep them off school for 1-2 days.

### Things to avoid:

- Your child should not play sport or do anything else energetic for 24 hours after the operation, as this may cause their wound to bleed more.
- Try to discourage your child from fiddling with the socket or wound – this includes poking it with fingers or anything else, or trying to feel it with their tongue.
- Your child will probably need to avoid hard foods for the first day or two, but after this time they should eat normal meals.

## Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home.

A follow-up appointment may be arranged at the dental clinic if required.

## How to contact us

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP or dental clinic.

### **Children's Day Care Ward**

Tel: **01865 234 148**

(7.30am to 7.30pm, Monday to Friday)

### **Outside of these hours, you can contact:**

Robin's Ward:	01865 231 254/5
Melanie's Ward:	01865 234 054/55
Tom's Ward:	01865 234 108/9
Bellhouse Drayson:	01865 234 049
Kamran's Ward:	01865 234 068/9
Horton General Hospital Children's Ward:	01295 229 001/2

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: 0300 304 77 77

## Further information

You may find further information on the following websites:

**[www.ouh.nhs.uk/omd](http://www.ouh.nhs.uk/omd)**

(Oxford University Hospitals Oral, Maxillofacial and Dentistry department)

**[www.baoms.org.uk](http://www.baoms.org.uk)**

(British Association of Oral and Maxillofacial Surgeons)

**[www.bos.org.uk](http://www.bos.org.uk)**

(British Orthodontic Society)

**[www.bspd.co.uk](http://www.bspd.co.uk)**

(British Society for Paediatric Dentistry)

**[www.ouh.nhs.uk/children/documents/literature-list.pdf](http://www.ouh.nhs.uk/children/documents/literature-list.pdf)**

(List of useful reading material, to help prepare your child for coming into hospital)

**Please bring this leaflet with you on  
the day of your child's admission**

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

## **How to give feedback about your experience**

We would like to hear about your experience with our Children's Services. There are different ways to feed back to us:

Online: **[www.ouh.nhs.uk/childrens-feedback](http://www.ouh.nhs.uk/childrens-feedback)**

Email: **[childrens.patientexperience@ouh.nhs.uk](mailto:childrens.patientexperience@ouh.nhs.uk)**

or you can ask for a paper survey to fill in.

## **References**

<sup>1</sup>From The Royal College of Anaesthetists (2014) Fourth Edition. Your child's general anaesthetic: information for parents and guardians of children. London: RCOA [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)





## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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