

\_\_\_ FLUORIDE VARNISHES: The dental decay will be slowed down by good oral hygiene, minimizing sugar or sweets in the diet, and the application of a fluoride varnish periodically. The procedure is an interim treatment, which gives everyone more time to decide how to treat the dental decay; however, it will not halt the spread of decay.

\_\_\_ SILVER DIAMINE FLUORIDE: The use of silver diamine fluoride is a conservative approach for the treatment of active decay. This treatment does not necessarily prevent the need to place a filling in the affected tooth, but in most cases, it will slow down the decay until an ideal restoration can be placed.

\_\_\_ PROTECTIVE STABILIZATION: The child may be held by the staff, parents and/or a safety-restraining device in an effort to restrict movement of the arms and legs, which could result in the child injuring themselves. In our office we ONLY use this for emergency treatment that must be done immediately, and for very short periods of time. In these cases, the parent may wish to try this rather than sedating the child. It is not always successful and the doctor or parent may feel it is not in the best interest of the child to provide care in this manner.

\_\_\_ NITROUS OXIDE (LAUGHING GAS): This method is only effective if the child breathes through his/her nose! If they become upset and start crying, it will not be effective. Nitrous oxide is a very mild form of sedation; your child will not be asleep, but it will help him/her relax and better cope with the appointment. With their cooperation, it helps many children with gag reflexes and anxiety. There are almost no risks to the child. Mothers who are pregnant are not allowed in the treatment area because of the implied risks to developing fetuses. Children who have eaten 2-4 hours prior to the procedure may throw up, so be careful to follow the doctor's instructions before the appointment. The gas disappears within several minutes after the child stops breathing it. Once treatment is complete, there are no side effects.

\_\_\_ ORAL SEDATION: Children with no compromising heart and lung problems are good candidates for sedation if they are trying hard to be cooperative, but are just too anxious to sit still for longer procedures. Sedation medications unfortunately only have a calming effect in about 70% of children. It is almost impossible to predict which children will respond favorably to sedation medications. Some children become combative and resist all treatment, rather than become relaxed. The doctor may feel that the child is so disruptive in their reaction (even with sedation medication) that he or she cannot safely continue. Risks, to include stopping of breathing, heart stoppage, permanent brain injury or death can result as a reaction to medications or medical problems. We do not perform this treatment in our office, but we can refer you out for this treatment if you decide to do so.

\_\_\_ OPERATING ROOM UNDER GENERAL ANESTHESIA: Children who are very young and unable to cooperate for extensive treatment, cooperative children that require extensive dental treatment, patients with certain medical conditions, and patients who suffer from extreme dental fear and anxiety may be eligible for this type of treatment. In cases where the patient

is so disruptive that care cannot be safely rendered are candidates for care in the hospital environment. General anesthesia is done in a hospital setting, and employed to put the child to sleep and all the dental care needs are done in one visit. The child remembers nothing of the dental procedure and we can preserve the positive developing attitude toward good oral health and address serious dental health care needs in a timely and reasonably safe manner. There are risks with general anesthesia which need to be considered by the parent and will be discussed in detail at a later appointment. The risk of providing no treatment out of fear over general anesthesia, generally outweighs the risks of the procedure. Comprehensive dental treatment under General Anesthesia is done on a regular basis by Dr. Ybarra.

\_\_\_ NO TREATMENT: Caries is a progressive disease. Decay can lead to abscesses, which can spread throughout the body and in the worst case, can cause death through meningitis, sepsis or bacterial routes. Less severe outcomes include loss of teeth and need for subsequent orthodontic treatment. Nutritional status of children with extensive dental decay has been shown to be compromised, and these children are not as healthy as they could otherwise be.

\_\_\_ RISKS: All options have risks. To do nothing when severe dental caries have been identified can lead to problems no child should be forced to risk. Oral sedation and the operating room are two options with greater risks than simple local anesthesia and treatment in the dental office, but they are not unreasonable treatment alternatives and should be considered by the parents where the dental needs warrant such a recommendation.