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Dentistry for Children & Young Adults

Diplomate, American Board of Pediatric Dentistry

Fellow, American Academy of Pediatric Dentistry

Fellow, International College of Dentists

Fellow, Pierre Fauchard Academy

IV Sedation in the Dental Office with our dental anesthesiologist, Dr. Tom Lenhart

Advantages	<ul style="list-style-type: none"> • Surgeries are scheduled quickly by our office • Surgical time with IV Sedation in the dental office is much less than in the operating room • Any treatment changes/additions are communicated to the parent during surgery and the treatment options and financial arrangements are worked out = no surprise dental charges • No pre-operative physical is needed prior to surgery (Done by Dr. Lenhart) • Parents are able to be with their child before and after surgery • Parents will receive regular status updates during their child's surgery • Dental appliances are able to be fabricated and cemented before the child wakes up (no second visit required) • The child will only have post-operative nausea/vomiting about 20% of the time • The child will have a minimal sore throat after surgery • No insurance involvement
Disadvantages	<ul style="list-style-type: none"> • Out of pocket anesthesia cost can be higher • Any anesthesia/medical insurance billing is coordinated by the family

Surgery Center/Hospital Operating Room

Advantages	Medical insurance <u>may</u> cover some or all of the anesthesia cost
Disadvantages	<ul style="list-style-type: none"> • Most dentists charge an additional fee to go to the surgery center/operating room (Minimum of \$500 +) • It may take several months to schedule surgery based on the availability of the surgery center/hospital • Any changes/additions to the dental treatment will be added to the dental bill after surgery is completed and without the parent's knowledge because there is no means of communicating with the parent during surgery = increased dental bill • The dental surgery time or day can be changed or moved because the space is needed by a medical surgery (sometimes on the day of the surgery) • The child spends much more time before and after surgery in the surgery center/hospital • A pre-operative physical is generally required for the child • Parents may not be able to be with their child before and after surgery • Parents will not be able to communicate with the dentist or anesthesiologist to find out the progress of the surgery • Dental appliances requiring fabrication (space maintainers) will need to be cemented at a separate appointment • The child will have post-operative nausea/vomiting almost 100% of the time • The child will have a very sore throat after surgery

If you have any questions, please let us know. We are happy to help.

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