
Everything you need to know about IV sedation

IV sedation offers the most reassuring and predictable level of sedation.

We don't judge if the whole idea of tooth removal makes you a bit (or a lot) anxious. We've seen it all before. We administer the IV sedation into a vein in your arm and it relaxes you to a point where you're conscious but not concerned about the procedure; many patients come out surprised by how quick and easy the procedure feels. If you have IV sedation you will need someone to pick you up and take you home afterwards.

How we keep you safe

Throughout the procedure, we continuously monitor oxygen saturation, heart rate and blood pressure. We have all the necessary reversal emergency agents, as well as oxygen available should it be required at any point.



On the day of your procedure

IMPORTANT: Do not eat for 3 hours before your appointment. You may drink clear liquids up to one hour before your appointment.

Before your procedure

Sometimes we will ask you to take medications or apply special dressings in the hour before your appointment. It is important to do this 1 hour before so they have time to work. It helps to set an alarm on your phone as a reminder. You may drink a little water to take these medications, but no food is required.

After your procedure

You must be accompanied home by a responsible adult after your procedure and they should stay with you for at least 4 hours post-procedure. The effects of sedation can last for several hours and even if you feel like it has worn off, you may still have impaired judgement for the rest of the day.

Because of these effects, you should avoid the following activities for 24 hours post-procedure:

- Drinking alcohol
- Taking sedating medication (i.e. antihistamines or sleeping tablets)
- Riding a bike, driving a vehicle, or operating machinery
- Physical activity, working, or cooking
- Undertaking business or legal matters
- Making any life-altering decisions

Consent for intravenous sedation

I have read and understand the information on IV sedation that has been provided to me. I confirm that I am comfortable with the risks involved and will follow the provided instructions for post-procedure care.

Patient

Name

Date

Signature

Dentist

Person taking you home

Name

Contact number