

SOCIETY FOR SAMBA VIRTUAL ANESTHESIA
 Office Based Anesthesia (OBA) Virtual Symposium
 Saturday, March 19, 2022
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Case Presentation:

Pediatric dentistry: Considerations for the obese, special needs patient

Andrew S. Young, DDS

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Case Presentation

Name: ML	Age:	9
	Weight:	145lbs (65kg)
	Sex:	F
Dental Procedure:	Preoperative Vitals:	
Full Mouth Dental Restorations	BP (mmHg)	110/58
	HR (bpm)	87
Facility:	Temp (°F / °C)	98.3°F (36.8°C)
Pediatric Dental Office	Resp (rpm)	17
	SpO ₂ (%)	98
	HT (ft. in.) (cm)	4'3" (130cm)
	BMI	32.2
Medications:	Allergies:	
None	NKDA	
Past medical history:	Past surgical history:	
Autism Spectrum Disorder	Dental restorations	
Dental anxiety		
Notes:		
Patient scheduled for an afternoon appt. 2pm surgery start.		

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Induction Course

- Rapid Mask Induction 8% Sevoflurane
- Mask handoff to EMT Assistant
- 1st attempt to obtain IV access 22g RDH unsuccessful
- Noticed drop in HR
 - Decrease to 2% Sevoflurane
- 2nd attempt for IV access 22g RACF successful
 - Pt. light anesthesia > began to wake/sit-up
 - Increase to 8% Sevoflurane and secure IV
- Propofol and remifentanyl bolus, Nasal Intubation, Video Laryngoscopy Grade I view, +BBS CTA +EtCO₂
 - Immediate desaturation O₂ sat 90%

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Maintenance Course

- Manual controlled ventilation to maintain O₂ sat 97%+
- Change in patient positioning
 - Somewhat limited in the dental chair
- Combination maintenance of Sevoflurane and Propofol/Remifentanyl infusion
- Periodic alveolar recruitment maneuvers
- Addition of PEEP in conjunction with manual ventilation

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Judgment Calls

- 1) Induction
 - Mask vs. Intravenous vs Other?
- 2) Treatment of Bradycardia
 - Decrease Sevo % vs. IM Atropine
- 3) Light Anesthesia
 - Secure IV vs. Increase Sevo %
- 4) Oxygen Desaturation
 - Alternative method of maintenance?

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References

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- Feldman, Jeffrey M. MD, MSE Optimal Ventilation of the Anesthetized Pediatric Patient, *Anesthesia & Analgesia*: January 2015 - Volume 120 - Issue 1 - p 165-175 doi: 10.1213/ANE.0000000000000472

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