

Intravenous Conscious Sedation

PRIOR TO YOUR PROCEDURE

- DO NOT eat or drink anything 8 hours prior to your appointment. Some patients taking certain medications are exceptions. **Please ask us if you are in this situation.**
- Clear liquids are permitted up to 3 hours prior to your appointment. A small amount of water is allowed up to this point. Please do not over consume fluids so that you do not have to go to the washroom throughout the procedure.
- DO NOT drink any alcoholic beverages the day before your procedure.
- Wear clothing that will be loose and comfortable after the procedure.

AFTER THE PROCEDURE

- 1) You **MUST** be accompanied by a responsible and physically capable adult to your appointment. They must be with you for the first 24 hours after the procedure. By law, we are not allowed to release you unless you have a ride home.
- 2) You **MUST NOT** drive or travel home alone by bus or taxi. **You cannot drive for 24 hours.** Please plan alternative business and transportation arrangements until the next day. You will probably feel great, but you're still legally impaired. Don't take a chance!
- 3) Medications are in your system for 24 hours. **DO NOT** operate machinery, make important decisions or sign legal documents for 18-24 hours. Your memory will be compromised during recovery time. This is normal and temporary.
- 4) Drink lots of fluids but refrain from alcohol for 24 hours. Also refrain from taking any sleeping pills or tranquilizers for 24 hours.
- 5) You can eat right away. A large meal may re-sedate you. Regardless, you may feel re-sedated a few hours later. This is normal. Rest at home in the accompaniment of a responsible adult. Restart regular medications and take pain prescriptions as directed.
- 6) Your face and tongue may still be numb. Avoid burns by consuming moderately warmed food and beverages. Be careful not to bite your tongue, lip or cheek.
- 7) If you have any concerns or questions, please call us at (905) 633-7373.

I have read and understand the above pre and post-operative instructions for my sedation appointment, and have a copy to take home. SIGNATURE: _____ DATE: _____

Dr. Mary Anne New DDS



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