

Dentists and the Practice of Anesthesiology

By Jeffrey P. Fisher, DDS

The ability to provide dental treatment free from pain and anxiety has been a goal of dentistry since the beginning of our profession. Dr. Horace Wells (1815–1848), an American dentist later considered by many to be the founder of anesthesia practice, was the first to recognize the potential use of nitrous oxide as an anesthetic in December of 1844. Two years later on October 16, 1846, Dr. William T. G. Morton (1819–1868), a former dentist and student of Dr. Wells, conducted the first public demonstration of general anesthesia using Ether in the famed Ether Dome at the Massachusetts General Hospital. These early dental pioneers set the stage for the advancement and use of anesthesia in dentistry that today enables millions of patients to receive needed dental treatment.

Since the nineteenth century, dentists have continued to pursue the science and practice of anesthesia. Starting in the 1960s, many dentists entered medical anesthesia residency programs to further their knowledge in anesthesiology. At the conclusion of their training, many of these dentists began providing sedation and general anesthesia services to patients in the comfortable, convenient, and familiar surroundings of their dental offices. In the 1980s, the term *dentist anesthesiologist* was coined and used to refer to dentist anesthesia providers that had completed at least two years of post-doctoral training in anesthesiology.

Currently, there are five dental anesthesia residency programs throughout the United States and Canada. These two-year, post-doctoral programs offer an intensive background in clinical anesthesiology. Training in these programs includes general anesthesia experience in both dental settings and hospital operating rooms. In addition, rotations through cardiology, internal medicine, and airway-management-team coverage of the intensive care unit (ICU) are all part of these residency programs. Didactic lectures and resident seminars compliment this clinical training and help to create proficient practitioners, capable of evaluating dental patients, formulating and conducting appropriate anesthetic plans, and safely managing unforeseen complications that may develop during or after treatment.

General anesthesia for ambulatory dental patients is a service for which there is presently both a need and demand. Because of this service, many patients—including apprehensive surgical patients, young unmanageable children, and the mentally disabled—have been able to receive dental treatment comfortably and safely in the offices of their own personal dentists.

As a *dentist anesthesiologist*, I provide anesthesia services primarily for young, fearful, or uncooperative pediatric patients. In accordance with the regulations and guidelines outlined in the State of California's *Business and Professions Code* and *Code of Regulations*, I personally

provide all the essential anesthesia equipment, medications, and sophisticated monitoring systems to ensure the highest standards of patient care and safety.

General anesthesia continues to be a valuable asset in the management and treatment of dental patients. The improvements that have been made in providing ambulatory out-patient anesthesia care, both by oral surgeons and dentist anesthesiologists continue to advance the role of anesthesia in the profession of dentistry. Through the collective efforts of all dental professionals, I anticipate that progress toward improving patient comfort and safety will continue as we seek to provide the best services possible to our dental patients.

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