

Continuing Professional Development (CPD)

-Series 1 – Medical questionnaires, herbs, and aspirin:

Read the following short articles and answer the questions:

Medical History Questionnaire

Overview: The information on the medical history questionnaire (MHQ) can play a very important role in making conscious sedation and analgesia safe, especially because many sedation practitioners operate outside the operating room. The medical history questionnaire remains one of the pillars of safe sedation practice. This form is important not only for those starting their sedation practice but also for experienced sedation practitioners who otherwise run the risk of getting caught by not knowing the health status of patients.

Prof's commentary: I sometimes wonder if we pay enough attention to this valuable document, with crucial information.

Low dose Aspirin in Conscious Sedation

Overview: It is always important to find out which drugs patients are on that may cause an increase in bleeding during especially medical and dental procedures, and what effect this can have on our sedation practice. For this purpose we are talking about patients classified as ASA I and II who qualify for sedation outside the operating room. This issue of a patient being ASA I and II is also under scrutiny, since an ASA II patient may be that today, but tomorrow may be an ASA III patient e.g. diabetics. Many patients are nowadays on one or another form of aspirin for various diseases, or for the prevention of complications of the diseases. It is commonplace to find patients with cardiovascular -, cerebro-vascular disease, and those with previous deep vein thrombosis on a daily dose of aspirin. Even the older, healthy patients are now taking aspirin to prevent certain diseases. A very common form of aspirin is Ecotrin® which contains 81mg of aspirin. This drug is referred to as a platelet aggregation inhibitor – the name telling us exactly how the drugs work. The question is – do we really need to stop a drug containing 81mg of aspirin before minor procedures under conscious sedation. The decision whether to proceed or not usually rests with the surgeon. As sedation practitioners we often see the patient for the first time on the day of the operation. We also know that if we want to prevent the increased bleeding because of aspirin, we need to stop the drug 7-10 days before the operation.

Prof's commentary: When doing conscious sedation for patients on aspirin I am more concerned about the reasons why the patient is taking aspirin. If he is taking this for unstable angina then the aspirin is immaterial – a patient with unstable angina does not qualify for conscious sedation outside the operating room. So first find out if the reason



SEDATION SOLUTIONS

Herbal Drugs

Overview: Should the use of herbal drugs by patients influence a decision to proceed with procedures under conscious sedation. We know that the use of herbal drugs can cause various adverse effects e.g. hypertension, salt and water retention, hepatotoxicity, and prolongation of sedative effects of sedatives. We also know that herbal drugs can increase bleeding – this is well-known. If we are worried about increased bleeding, the next question would be, how long before the operation must we stop them. Very few people agree on how long herbal drugs must be stopped before the operation. According to the American Society of Anesthesiologists (ASA), drugs must be stopped 14 days before the operation – but is this practical.

Prof's commentary: This advice regarding 14 days is for general anaesthesia. Many patients need urgent care where it is not possible to wait for 14 days before we proceed with the operation. If it is possible to stop the drugs 14 days before the operation then this is recommended. I generally say to patients, stop the drug(s) the night/day before or 2-3 days before the operation – I have not encountered any problems as far as bleeding is concerned.

What I am more concerned about is the effect that some of the herbal drugs may have on drugs that we use during conscious sedation – the possibility of drug interactions. Some of the drugs are sedatives e.g. kava – kava, St Johns Wort, and we thus need to administer smaller doses of sedative during the operation. Some of them may increase the blood pressure and cause rhythm disturbances.

One common herbal sedative drug on the market is Biral® – this is a sedative consisting of valerian root extract 100mg, and passion flower extract 45mg. Keep this in mind when administering a sedation since less sedative drug is needed to make the patient comfortable. The question is whether a patient on homeopathic drugs should influence our sedation technique; indeed a very interesting question. One of my students in the UK decided to write his assignment on the influence of homeopathic drugs on sedation, this forced me to try and understand homeopathic drugs! Homeopathic medicine was first described by Dr Samuel Hahnemann (1755 -1843). Hahnemann was a German physician who was dissatisfied with the medical therapies and theories of his day. As he was translating a book by the Scot, Cullen, on medicines and their uses, Hahnemann challenged the ideas about how such medicines might



SEDATION SOLUTIONS

work. This led him to take the substance himself so he could experience and describe its effects on a healthy human being. Repeating this type of experiment with other healthy volunteers (these experiments were called "provings") led him to observe and describe the basic principles of homeopathic medicine.

Homeopathy can be used to treat a wide range of conditions. It can help to repair any damage which the body has the potential to repair, and help restore the balances and mechanisms involved in recovery and health. It is widely used, for example, in conditions such as asthma, eczema and premenstrual syndrome. Despite the differences in approach, homeopathic and conventional treatments can work very well alongside each other.

Consulting a homeopathically trained conventional doctor allows the individual patient to receive the best of both worlds, with the most effective treatments being tailored just for them. The therapeutic agents used in homeopathy are called remedies. More on homeopathic drugs and sedation later.

Conclusion

Alternative medicines are used increasingly by patients. They often see them as food supplements and will not tell the sedation practitioner that they are using it. It is mandatory to see that the question regarding herbal drugs is on the MHQ.

References

- 1 SASA Sedation Guidelines, S Afr J Anaesthesiol Analg 2010; 16 (2): S 21 – S 25
- 2 Abebe W. Herbal Supplements May Require Modifications of Dental Treatment. Dentistry Today.com. 2009
- 3 Tweddell P, Boyle C. Potential Interactions with Herbal Medications and Midazolam. Dental Update. 2009; 36:175-178.

To earn 1 CPD point, answer the following questions here



www.sedationsolutions.co.uk