

Post-pandemic wait times for dental treatment under general anesthesia for special needs children

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BACKGROUND

Most children are able to be treated in the dental office using non-pharmacologic behavior management techniques; however, there are certain patient populations that may not endure routine dental treatment and may need to be treated under GA. This population includes patients of very young age, with/without complex medical/physical /developmental conditions who need extensive dental or oral surgical treatment.

The COVID-19 pandemic has changed things. Many patients, especially those with special healthcare needs avoided office visits. Thus, they continued to get sicker and caries continued to worsen. The ability for these kids to be treated under GA has been severely impacted by the widespread effect of the COVID 19 pandemic. These issues range from workforce and staffing issues, procedural prioritization, viral transmission risk intraoperatively, to financial pressures on hospitals to prioritize surgical services based on profitability. Access has been limited to the operating room for dental restorative care (FMDR) and the hospital-based dental clinic at Children's Medical Center Dallas continues to take on exceedingly more referrals from private practitioners who aren't able to provide routine care under GA to patients with complex medical needs.

OBJECTIVE & HYPOTHESIS

The purpose of this retrospective study is to compare the wait times pre-COVID, during-COVID and post-COVID for dental treatment under GA for patients with special healthcare needs.

The hypothesis was that the wait time prior to the COVID-19 pandemic would be significantly less than that following COVID and after the state order limiting aerosol generating procedures was lifted.

MATERIALS AND METHODS

A retrospective review was conducted on CMC dental clinic FMDR patients between the following time frames:

- January 1, 2020-March 10, 2020 (Pre-COVID)
- June 1, 2020-February 28, 2021 (during COVID but restrictions due to aerosols)
- March 1, 2021-December 31,2021 (1-year post state-ordered shutdown of dental procedures; post-mask mandate by governor).

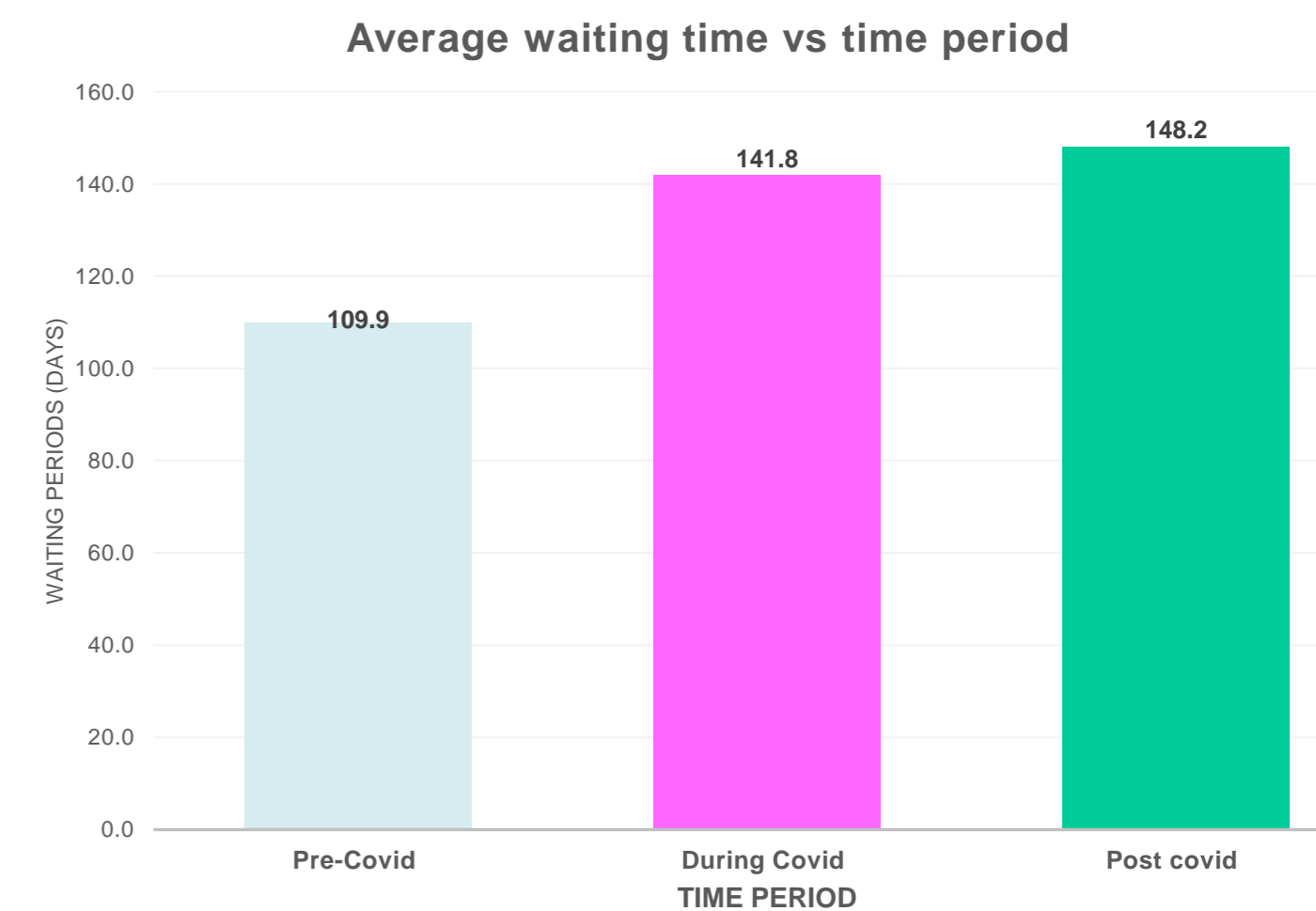
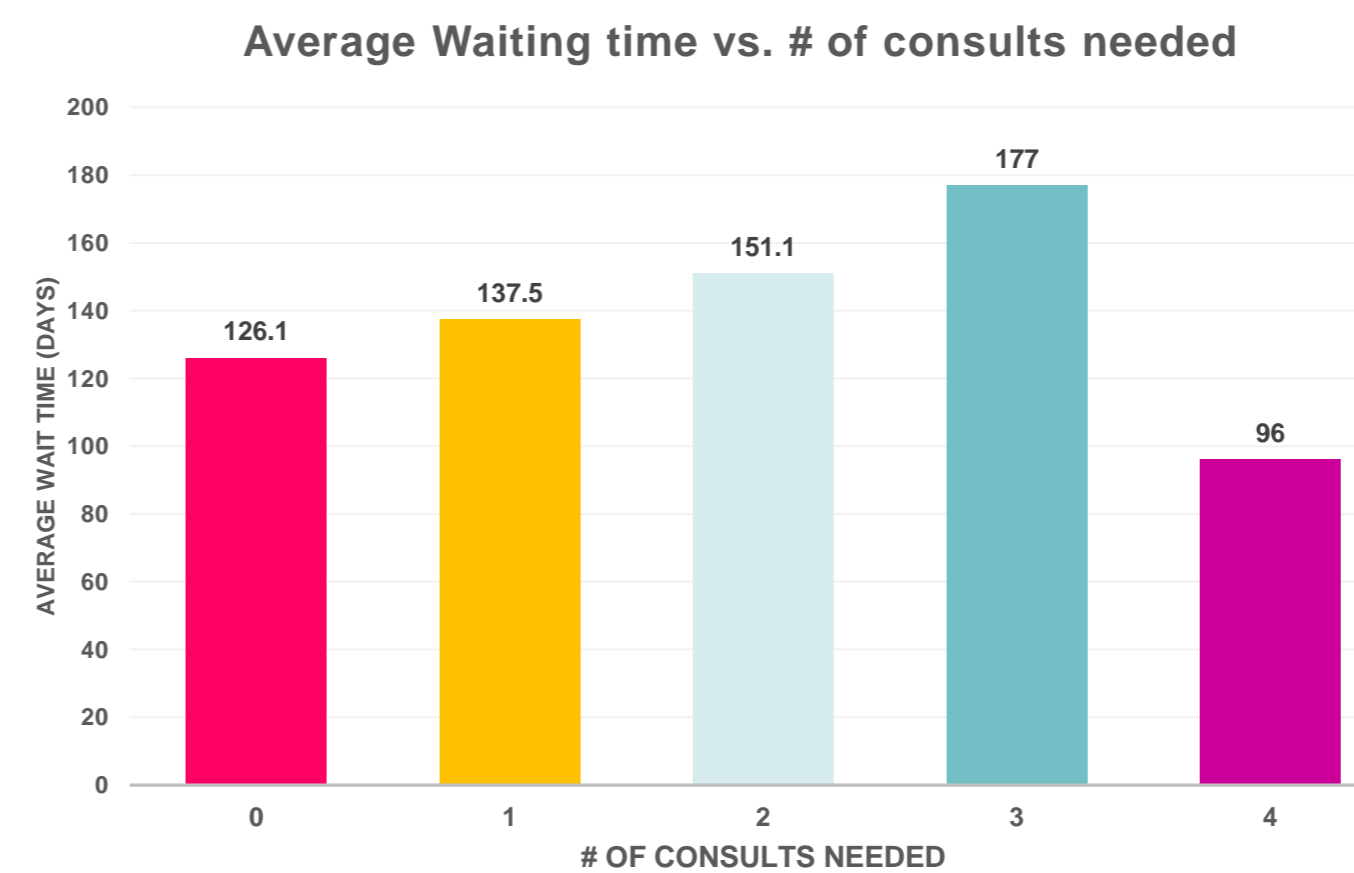
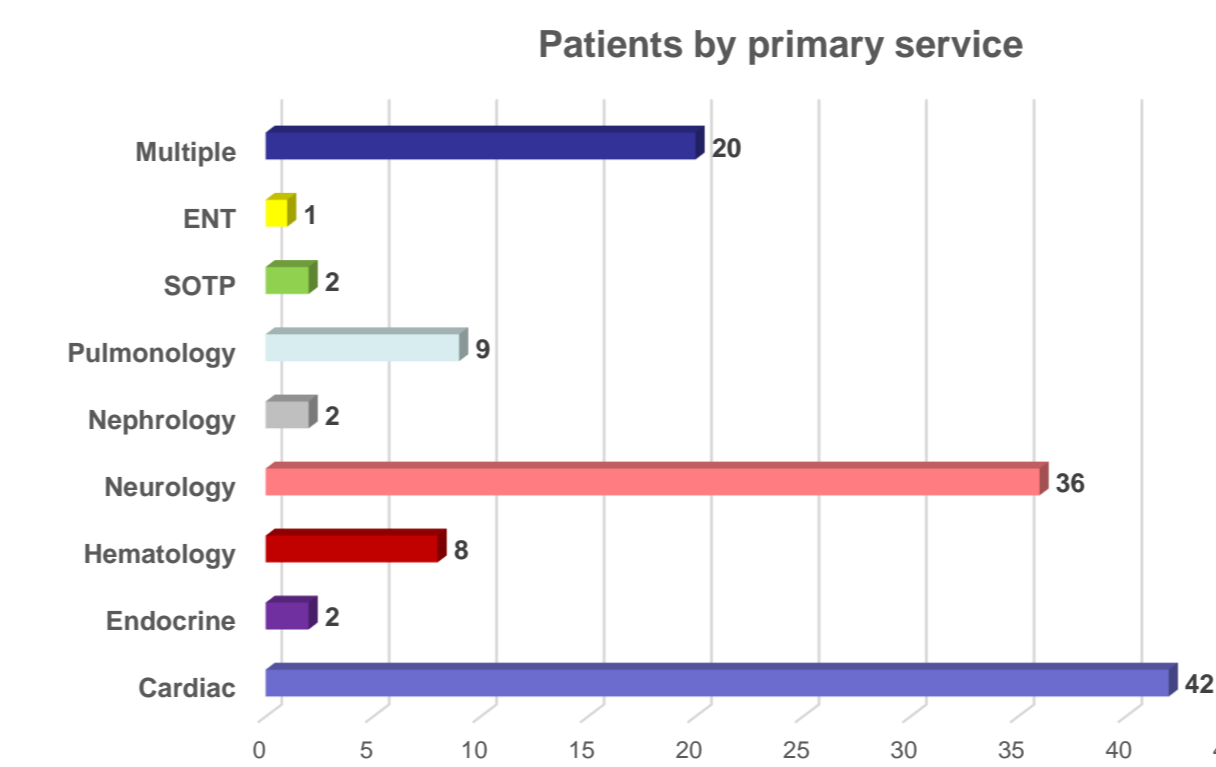
Information collected included: patient's age, ASA status determined by the treating anesthesiologist, the date of dental diagnosis, date when treatment took place in the OR, and the waiting period (in days). If a patient required consultations for "clearance" to be treated in the OR, this was also noted.

Inclusion criteria included: Children with special healthcare needs (ASAIII, IV) under the age of 18, scheduled for FMDR within the timeframes included in the study.

RESULTS

- 143 patients met the inclusion criteria
- Age range 22 months-17 years; Mean age: 8.16
- 4 patients were ASA IV and 139 were ASA III
- Treatment wait ranged= 0-545 days; mean wait = 139 days
- Patients needing a single consult had less wait time than when multiple consults were needed.
- An additional consult to ENT for OSA, increased the wait time to ~202 days

RESULTS, cont'd.



Effect of number of consults on OR waiting time based on proximity to COVID 19 pandemic

	0 Consults	1 Consult	2 Consults	3 Consults	4 Consults
Pre Covid	N/A	93.79	190.00	N/A	96
During Covid	87	143.05	146.8	177	N/A
Post Covid	149.6	149.65	139.8	N/A	N/A

DISCUSSION

The average wait times, in days, increased during the post-covid period however this study did not find a significant difference in wait-times based on proximity to COVID 19 pandemic. This delay could be attributed to several organizational (lack of block time) and also parental factors such as preferring to wait until the COVID pandemic was more resolved. Additionally, as more patients were not current with their medical specialty visits, there were delays in clearing consults and obtaining medical management recommendations FMDR. Patients with an OSA screening scores of >6 required an ENT consult and often a sleep study. This further added to the wait time for the OR. Case coordination with other specialties further extended the wait times. Regardless of wait time, there were other factors to consider such as "no show" on day of FMDR, NPO violations, and rescheduling.

CONCLUSIONS

1. The COVID pandemic did not have a significant effect on the FMDR wait times for ASA III and IV patients at CMC.
2. In general, the more consults a patient required, the longer the wait time.