

# Evaluation of Oral Findings, Symptoms, and Parental Satisfaction of Pediatric Patients Whose Dental Rehabilitation was Completed with General Anesthesia

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## ABSTRACT

**Objective:** In this study, it was aimed to evaluate and compare the oral findings and symptoms of pediatric patients whose dental rehabilitation was completed with general anesthesia before and after treatment as well as to investigate parental satisfaction.

**Methods:** This retrospective observational study included 214 patients who underwent complete dental rehabilitation under general anesthesia for the treatment of early childhood caries and dental caries. The patients' existing oral symptoms, functional limitations, emotional and social conditions, and the satisfaction of their parents before and 18 months after the dental treatment were evaluated with a questionnaire. Statistical analysis was performed using the McNemar test, and  $P < .05$  was considered statistically significant.

**Results:** Of the children, 114 were boys and 100 were girls, with an average age of 3 years and 8 months. It was determined that the oral symptoms, functional limitations, and emotional and social conditions of the patients before the treatment decreased significantly after the treatment ( $P < .05$ ). A high satisfaction rate (98.14%) was also observed among the parents of the patients included in the study.

**Conclusion:** This study demonstrated that complete dental rehabilitation under general anesthesia of uncooperative children with severe early childhood caries/dental caries has a rapid and positive effect on the physical and social quality of life of these children and their families.

**Keywords:** Children, dental caries, early childhood caries, general anesthesia, parental satisfaction

## INTRODUCTION

If left untreated, early childhood caries (ECC), which is one of the most common diseases of childhood, causes many undesirable effects on the quality of life of children, especially in terms of oral health, family relations, school life, personality, social relations, sleep patterns, physical growth, and development.<sup>1,2</sup> Dental treatment of children with ECC enables them to reach the weight and growth percentages of other children in the same age group.<sup>3</sup> In addition, it has been shown that children whose dental treatments are completed under general anesthesia (GA) demonstrate improvement in their quality of life as well as their general health.<sup>4</sup> Despite the decreasing prevalence

of dental caries in recent years, ECC continues to be observed in a large number of children. Although most of these children are very young, dental treatments require long-term or multiple sessions. These children also have many carious lesions that can pose some problems with behavior management.<sup>5</sup>

Numerous behavioral and therapeutic approaches are used in the treatment of ECC. However, these approaches are insufficient for infants and pre-school children because of their intense dental treatment needs, as a successful treatment in traditional dental settings is extremely difficult. Comprehensive oral rehabilitations under GA are required to provide qualitative dental treatment in these

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patients.<sup>6</sup> Performing dental treatments under GA has the advantages of providing safe, efficient, and comprehensive treatments in a single session with minimal discomfort to the patients and creating less physical and mental stress on both the patients and the dentists.<sup>7,8</sup> However, due to its potential risks, GA should be considered as a last resort for dental treatment. This is also due to the costs of the treatments and the acceptability of the parents.<sup>9</sup>

In order to decide whether pediatric patients' dental treatment should be performed under GA, despite the possible side effects and risks, it is important that the result of the treatment should provide much more benefit to the patient, considering the current risks in terms of ethical obligations. However, only a limited number of studies have examined the near-term effects of dental treatments under GA on children and especially on parents. According to all this information, in this study, it was aimed to evaluate and compare the clinical symptoms of pediatric patients whose dental rehabilitation was completed with GA before and after treatment and also to investigate parental satisfaction. Our study is based on the hypothesis that children who undergo dental

rehabilitation under GA with the correct indications will experience significant improvement in many symptoms evaluated before and after treatment, and accordingly, family satisfaction will be high.

## METHODS

### Ethical Approval

The ethical approval required for this study was obtained at the meeting of the Clinical Research Ethics Committee of Erzincan Binali Yıldırım University, dated April 29, 2020 with the number 33216249-903.99-E.18 835 and with decision number 05/10. The study took into account the principles of the Declaration of Helsinki and was conducted in accordance with research and publication ethics.

### Patient Selection

This study was carried out at the Erzincan Binali Yıldırım University Faculty of Dentistry Oral and Dental Health Training and Research Hospital Pedodontics clinic between March 2018 and May 2020. In this retrospective observational study, pediatric patients aged 2-12 years who underwent complete dental rehabilitation under GA for the treatment of ECC and dental caries were included. Written informed consent was obtained from all parents before the study.

### Inclusion Criteria

Inclusion criteria were defined as follows:

- Pediatric patients with severe ECC and dental caries.
- Pediatric patients who exhibited limited cooperation and whose dental treatment was indicated under GA.
- Pediatric patients belonging to Class I and II according to the American Society of Anesthesiologists physical status system.

### Exclusion Criteria

Exclusion criteria were as follows:

- Pediatric patients with indications for non-restorative treatment (e.g., extraction of supernumerary teeth, surgical orthodontic cases, traumatic injuries) under GA.
- Parents or caregivers who could not communicate in Turkish.
- Parents without phone access.
- Parents who could not be successfully contacted before or after the child's GA to complete interviews.
- Pediatric patients who could not come to postoperative routine controls.

### Questionnaire Forms

The oral symptoms, functional limitations, emotional and social conditions, and parental satisfaction of the

## MAIN POINTS

- Children with dental caries may not be able to verbalize their pain. Preoperative pain experience in children may not be proportional to the frequency of dental caries. However, dental caries continue to negatively affect the oral health-related quality of life of children by causing functional limitations, as well as oral, emotional, and social problems.
- In young children with a history of severe early childhood caries, general anesthesia (GA) may be indicated because of the lack of cooperation, the increase in the number of visits, the fact that families with low socio-economic status may experience serious difficulties, and the need for comprehensive dental treatment.
- This study showed that the oral symptoms, functional limitations, emotional states, and social lives of pediatric patients are rapidly improved with dental treatments performed under GA, and this creates a very high level of parental satisfaction.
- Finally, in this study, the importance of follow-up of patients with routine controls after treatment with GA is also emphasized. It was found that 45.2% of the participating children had new caries lesions in the routine controls performed after the treatment. However, this did not affect parental satisfaction. In this context, it is recommended that children are invited for routine controls to provide oral hygiene education to families and children, to apply preventive treatments, and to provide early diagnosis and treatment of dental caries in order to sustain the postoperative results of GA.

children before and after 18 months of dental treatment under GA were evaluated retrospectively with a questionnaire applied before and after treatments. The questionnaire was created by evaluating previous studies<sup>4,7,10</sup> within the scope of the "Oral Health-Related Quality of Life Project" (Additional File 1). The Turkish version of the questionnaire was administered to the participants (Additional File 2). The questionnaires whose written data were evaluated were given at the first clinical presentation before treatment and collected back after they had completed the questionnaire essentially. The second post-treatment questionnaire was given at the 18th-month post-GA clinical control appointment and then collected. Participating children were asked about complaints of pain, problems with eating certain foods (e.g., hot, cold, or sweet), difficulty in chewing hard foods, sleep, and/or behavior problems. The questionnaires were filled by the parents after conducting interviews with the children. In addition, in the post-treatment questionnaire, questions were asked about the parents' opinions and satisfaction with the treatment. A single researcher (S.K.) conducted all pre- and postoperative questionnaire interviews.

### Application of Dental Treatments and Patient Follow-Up

In this study, pulpotomy, pulpectomy, dental filling, tooth extraction, stainless steel crown, and space maintainer applications were performed under a standard GA protocol for pediatric patients who underwent dental treatment. Pre- and postoperative controls were performed by a single investigator (S.K.). Patients were called for routine check-ups 7-10 days after the procedure, 4 weeks later, and then every 6 months for 18 months of follow-up.

### Statistical Analysis

For statistical analysis, patient data were evaluated using the Statistical Package for the Social Sciences 20.0 (IBM SPSS Corp., Armonk, NY, USA) program. Questionnaire data were evaluated with Microsoft Excel (2016). Frequency, percentage, mean, and standard deviation were used as descriptive statistics. The McNemar test was used to compare 2 groups (before and after treatment). The results were evaluated at the 95% confidence interval and at the statistical significance level of  $P < .05$ .

## RESULTS

Data from 288 children, 156 boys and 132 girls, who were interviewed preoperatively for the study, were obtained. The study was completed on a total of 214 (114 boys, 100 girls) cases since the questionnaire data of 74 children were missing for the postoperative follow-up

protocol. The average age of the children was 3 years and 8 months and ranged from 2 years and 4 months to 11 years and 3 months.

The distribution of dental treatments performed under GA is given in Table 1. The total number of teeth requiring treatment among all participating children was 3211. Pulpotomy/pulpectomy was performed on 42% of the patients, restorative treatments on 30%, and tooth extraction on 2% of the patients. During the 18-month follow-up period, new caries formation was detected in 45.2% of 214 cases after GA.

The comparison of data on oral symptoms, functional limitations, and emotional and social conditions before and after dental treatment is shown in Table 2. Approximately 39% of the patients complained of food impaction before the treatment, and 24.8% had pain in the teeth and jaws. None of these symptoms of patients relapsed after treatment. While 26 of 214 (12.3%) cases had a bad breath problem before treatment, it was determined that the same complaint continued after treatment in only 2 of them. While 15 of 214 (7.2%) children complained of gingival bleeding before the treatment, it was observed that the same complaint continued after the treatment in only 1 (0.49%). Before treatment, difficulty in chewing hard food was observed in 32.22% of cases and hot or cold sensitivity was reported in 29.21% of cases. Nearly 12% had difficulty in eating foods they normally liked and observed a restricted diet due to this. However, it was found that all of these patients' complaints were resolved after the treatment. Before the treatment, 73 children (34.12%) were found to have disturbed sleep in the form of interrupted sleep at night or taking a long time to fall asleep; it was observed that these complaints of all patients disappeared after the treatment. Before the treatment, 13 children (6.11%) felt shy about the appearance of their teeth, whereas only 1 child (0.47%) continued to feel shy after the treatment. Twenty (9.41%) of the 214 pediatric patients reported that they avoided smiling in front of strangers

**Table 1.** Distribution of Dental Treatments Performed Under General Anesthesia

Dental Treatments	Total	Mean ± Standard Deviation	Interval
Pulpotomy/pulpectomy	1370	6.4 ± 1.8	0-12
Restorative treatment	963	4.5 ± 2.3	4-12
Stainless steel crown	578	2.7 ± 1.9	0-8
Space maintainer	43	0.2 ± 0.6	0-2
Tooth extraction	257	1.2 ± 1.2	0-5

**Table 2.** Comparison of Oral Symptoms, Functional Limitations, and Emotional and Social Conditions Before and After Dental Treatment

Questions	Preoperative (%)	Postoperative (%)	P
Oral symptoms			
Food Impaction	84 (39.1)	0	
Pain in teeth or jaws	53 (24.8)	0	
Bad breath	26 (12.3)	2 (0.97)	.001
Gingival bleeding	15 (7.2)	1 (0.49)	.001
Functional limitations			
Difficulty in chewing hard foods	69 (32.22)	0	
Hot and cold sensitivity	62 (29.21)	0	
Restricted diet	26 (12.31)	0	.001
Sleeping problems	73 (34.12)	0	.001
Emotional and social conditions			
Shyness	13 (6.11)	1 (0.47)	.001
Avoiding laughing	20 (9.41)	0	
School absenteeism	9 (4.22)	3 (1.41)	.001
Avoiding talking in lectures	14 (6.55)	2 (0.94)	.001

before treatment. However, none of these patients had the same complaint after treatment. It was reported that 14 patients (6.55%) were reluctant when invited to read or speak in the classroom. It was determined that only 2 patients (0.94%) continued to experience the same difficulties after treatment. It was observed that 9 out of 214 children (4.22%) were frequently absent from

school due to toothache or to continue dental treatment, and only 3 (1.32%) continued to have these problems after treatment.

The results of parental satisfaction related to GA are given in Table 3. While 210 parents (98.14%) reported that they were satisfied with the treatment, 209 (97.67%) reported that they would use GA again for treatment if necessary. However, 10 out of 214 people (4.21%) stated that they would prefer treatment with more than one session instead of GA if necessary.

## DISCUSSION

Treatment of dental caries under GA in early childhood allows oral rehabilitation to be completed in a single session. This is the first study to evaluate how dental treatments under GA have an effect on the child's oral health and family satisfaction by studying cases involving such treatment implemented in the province of Erzincan/Turkey in recent years. The findings show that there was a consistent improvement in the oral health-related quality of life in those pediatric patients.

The young children who participated in our study might have had difficulty in verbalizing their current situation. Consequently, parents were also included in the study so that they could understand and convey their children's existing problems during the pre- and postoperative interviews and help them fill out the forms. The present study examined parents' perceptions of the outcomes of dental treatments under GA in 3 dimensions: oral symptoms, functional limitations, and emotional and social changes. When the oral symptoms were evaluated, it was seen that not all children with ECC expressed this condition as pain. This study showed that only 24.8% of the patients had preoperative pain complaints. While this result was consistent with the study by Anderson et al<sup>7</sup> in which they observed preoperative pain in 20% of cases, it differed from the study by Low et al<sup>11</sup> in which they reported a preoperative pain rate of 48%. The higher rate of preoperative pain might have been due to the fact that the investigators only enrolled those who strongly confirmed their preoperative dental pain experience.<sup>11</sup> In line with other studies,<sup>11</sup> the current study demonstrated that preoperative pain experience is not proportional to dental

**Table 3.** Parent Satisfaction Related to General Anesthesia

Parent Satisfaction	Yes (%)	No (%)
Parents who were satisfied with the treatment	210 (98.14)	4 (1.86)
Parents who would consider treatment with general anesthesia again if necessary	209 (97.67)	5 (2.33)
Parents who would prefer treatment with many sessions instead of general anesthesia if necessary	10 (4.21)	205 (95.79)

caries frequency. In addition, the present study showed that dental rehabilitation under GA in a single session in the presence of dental caries also quickly eliminated other oral symptoms such as food impaction, bad breath, and gingival bleeding. Acs et al<sup>4</sup> in 2001 and Jankauskiene et al<sup>12</sup> in 2014 examined the effects of dental treatments under GA on the quality of life of children with severe ECC. In these studies, it was observed that the patients' oral complaints were quickly eliminated and their quality of life improved after the treatment.<sup>4,12</sup> The data we obtained in this study were consistent with the results of these 2 previous studies.

This study showed that dental treatments under GA also had a significant positive effect on the functional limitations of children such as feeding and sleeping problems. The difficulties that children faced when trying to eat healthy fiber foods, cold or hot foods, and other preferred food types after dental treatment with GA completely disappeared. As a result of this study, it was observed that the significant positive improvement in the functional limitations of the treated pediatric patients was consistent with many previous studies.<sup>4,10,12,13</sup>

Furthermore, this study also showed a significant change in the children's emotional and social life standards after treatment with GA. In particular, restoring the upper anterior teeth had a positive effect on the psychology of children. In this study, composite and strip crowns were used in the restoration of anterior teeth, but pediatric zirconium crowns could not be used due to their cost as a limitation of the study. Although they did not report preoperatively, most parents reported improvement in their children's shyness, avoidance of laughing and talking, and school absenteeism after GA. In 2012, Alkarimi et al<sup>14</sup> showed that comprehensive treatment of dental caries in multiple sessions significantly improved the quality of life and problems such as pain, sepsis, inability to smile, and loss of appetite. The results of that study, which used a different methodology and scale, were compatible with our study in terms of emotional, social, and functional improvement after GA. Other previous studies in the literature are also consistent with these results.<sup>7,12,13,15</sup> In the long term, the same results can be obtained by performing the same treatments in a standard dental chair with multiple sessions. However, the increase in the number of visits could create serious difficulties for families with low socio-economic status. In this context, it is necessary to make a separate evaluation for each individual and decide on the treatment with GA, taking into account the age, cooperation status, and treatment needs of the children.

Patient satisfaction plays an important role in the continuity and quality of health services. For pediatric dentists,

patient satisfaction includes the child, parents, or caregivers. In this study, it was found that the satisfaction rate of the parents for the treatment applied with GA was 98.4% during the 18-month follow-up period. This finding is consistent with the studies conducted by Acs et al<sup>4</sup> in 2001 and El Batawi<sup>10</sup> in 2014. However, these studies reported that parents tend not to report dissatisfaction in an institutional survey. It was stated that this situation may differ depending on the nature of the institution (state hospital, private hospital) where the survey is conducted. In the case of a private hospital in particular, patients and their parents may be more willing to report any dissatisfaction they may have. The high satisfaction rate in our study may also be due to the fact that our study was carried out in a state hospital.

In the current study, it was found that 45.2% of the children developed a new caries lesion in the routine follow-ups after treatment. Although this finding was higher than the results of the study conducted by Graves et al<sup>16</sup> in the USA in 2004 (37%) and Berkowitz et al<sup>17</sup> conducted in 2011 (39%), it was lower than the rate reported by Almeida et al<sup>5</sup> (79%). The differences between studies were likely reflections of the complexity of caries etiology, which is a multifactorial issue. It was interesting that the high caries recurrence rate seen in this study did not affect parental satisfaction during the 18-month follow-up period. This might be due to the early diagnosis of postoperative caries during the follow-up period and the better cooperation of the child and the treatment with simple interventions, and therefore, the formation of postoperative caries did not severely disturb the child. As stated in a previous study, in pediatric patients whose dental anxiety persists after GA, inhalation sedation can be used, especially if isolated primary tooth extraction is required.<sup>18</sup>

In recent years, GA applications in dentistry have been gaining increasing importance in special patient groups such as pediatric patients. Our study supports the hypothesis that children who undergo dental rehabilitation under GA with the correct indications will have a significant improvement in many symptoms evaluated before the treatment, and accordingly, family satisfaction will be high. This study showed that complete dental rehabilitation under GA on uncooperative children with severe ECC and dental caries has a rapid and positive effect on the physical and social quality of life of these children and their families. Pediatric dentists should give an indication for dental treatment under GA with an individual evaluation, taking into account many parameters such as each child's social characteristics, age, health status, degree of cooperation, and treatment needs.

**Ethics Committee Approval:** Ethics committee approval for this study was obtained from the Clinical Research Ethics Committee of Erzincan Binali Yıldırım University (Date: April 29, 2020, Decision no: 05/10).

**Informed Consent:** Written informed consent was obtained from the parents of all participants participating in this study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – S.K.; Design – S.K.; Supervision S.K., D.A.B.; Resources – S.K., D.A.B.; Data Collection and/or Processing – S.K.; Analysis and/or Interpretation – S.K., D.A.B.; Literature Search – S.K., D.A.B.; Writing Manuscript – S.K., D.A.B.; Critical Review – S.K., D.A.B.

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**Additional File 1. Patient Evaluation Form**

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**Name and surname:**

**Protocol No:**

**Date of birth:**

**Contact information:**

**Questions: If your child has the following symptoms, mark yes, if not, mark no.**

**Pre-Treatment**

**Post Treatment**

Oral symptoms

Yes

No

Yes

No

Food impaction

Pain in teeth or jaws

Bad breath

Gingival bleeding

Functional limitations

Difficulty in chewing hard foods

Hot and cold sensitivity

Restricted diet

Sleeping problems

Emotional and social conditions

Shyness

Avoiding laughing

School absenteeism

Avoiding talking in lectures

Yes

No

Parent satisfaction

Are you satisfied with your child's treatment?

If necessary, would you consider having your child treated under general anesthesia again?

If necessary, would you prefer to have your child treated in a standard dental chair with multiple sessions instead of a single session treatment with general anesthesia?

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**Additional File 2.** Turkish Version of the Patient Evaluation Form

**Adı/Soyadı:**

**Protokol No:**

**Doğum Tarihi:**

**İletişim Bilgileri:**

**Anket Soruları: Çocuğunuzda aşağıdaki semptomlar var ise evet'i yok ise hayır'ı işaretleyiniz.**

**Tedavi Öncesi**

**Tedavi Sonrası**

Oral semptomlar

Evet

Hayır

Evet

Hayır

Gıda sıkışması

Dişlerde veya çenelerde ağrı

Ağız kokusu

Dişeti kanaması

Fonksiyonel kısıtlamalar

Sert gıdaları çiğnemedede zorluk

Sıcak soğuk hassasiyeti

Kısıtlı diyet

Uyku problemleri

Duygusal ve sosyal rahatlık

Utangaçlık

Gülmekten kaçınma

Okul devamsızlığı

Derslerde konuşmaktan kaçınma

Evet

Hayır

**Ebeveyn memnuniyeti**

Çocuğunuzun tedavisinden memnun musunuz?

Daha sonra gerekli olursa çocuğunuzun tekrar genel anestezi altında tedavi olmasını düşünür müsünüz?

Daha sonra gerekli olursa genel anestezi ile tek seans tedavi yerine çocuğunuzun birçok seans ile standart dişhekimi koltuğunda tedavi olmasını tercih eder misiniz?