

Dental Anaesthesiology in Japan

Dear Editor

The primary goal for dental surgeons is the successful delivery of treatment to their patients. Fear, anxiety or the nature of the treatment may require methods to reduce anxiety and provide pain control without harming the patient. Although some sedation and anaesthesia procedures appear to be elective in nature, the treatment may not be able to be provided in a particular patient without the provision of anxiety and / or pain control. Not only are these treatment options necessary for certain patients but are also important issues in terms of quality of life. Local anaesthesia which has been the mainstay for pain control in dentistry may not be sufficient for all patients, every time. Anxiety about dental treatment and the fear of pain associated with dentistry still remains a barrier to seeking oral health care, despite the considerable technological advances that have been made in the other fields of dentistry.

Anaesthesiology encompasses all aspects of anxiety and pain control and is a clinically applied discipline that is founded on basic sciences such as anatomy, physiology and pharmacology. As specialists in pain and anxiety control dental anaesthesiologists are in an excellent position to address the previously named problems.

In Japan each and every dental patient's pain and anxiety needs are undertaken by specialist dentist anaesthesiologists. This has been possible through high educational standards, institutionalisation of patient care, a strong tradition of dental anaesthesiology and excellent mutual relations with medical colleagues, for example with the Japanese Society of Anesthesiology.

In the early 1960's Professor Ueno provided the anesthetic management for maxillofacial surgery patients at the Tokyo Medical and Dental University and realized that the needs of these patients required specialist dental anaesthesiologists. He requested the Japanese government to establish a new department at his

university, after enthusiastically explaining its necessity and hence the department of dental anaesthesiology was established. It so happens that this occurred before the establishment of a department of anesthesia in the medical hospital (Matsuura 1993). The rest followed, hence 28 out of the 29 dental faculties in Japan have a dedicated department of dental anaesthesiology.

The Japanese Dental Society of Anesthesiology was founded in 1973 and 2 years later the Japanese Board of Dental Anesthesia (JBDA) was established. Certification is given to dentists or physicians who have passed written and oral examinations and have performed >50 intravenous sedation cases in addition to 300 general anaesthesia cases, where it is recommended that at least one case be a cleft palate repair, orthognathic surgery, and a dentally related handicapped patient. In 2002 there were 894 such recipients, 127 of these individuals had been nominated as Instructor for the JBDA, whose educational role is to assist in preparing candidates at their respective universities (Iwatsuki & Ueda 2003).

The skills and knowledge obtained to become a specialist dental anaesthesiologist comes primarily only through the form of a Ph.D., which requires 4-6 years to complete and culminates in board certification.

Given all of these factors, the Japanese Dental Society of Anesthesiology publishes a scientific, peer reviewed journal 5 times per year. Many regular meetings and conferences are held by various interested groups.

The extremely high standard and subsequent safety record has allowed for the flourishing of this discipline. In the 40 odd year history of dental anaesthesiology and the numerous cases managed by dental anaesthesiologists there has never been a documented fatality attributable to the anesthetic procedure or operator.

Dental anaesthesiologists also play a significant role in the education of managing medically compromised patients. Only dentists truly understand the demands placed on dental patients.

Local anaesthesia which has been the mainstay for pain control in dentistry may not be sufficient for all patients, every time.

Without a doubt Japan has the most sophisticated and unique dental discipline for the management of pain and anxiety. As oral health education develops and evolves in the Pacific and in other areas around the world it may be desirable to examine this model of pain and anxiety control provision.

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Reference

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- Iwatsuki & Ueda *Journal of Japanese Dental Society of Anesthesiology* 31(1)2003

The greatest evil is pain
St Augustine (354 - 430)