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## APPENDIX A

1 August 2008

Dr FB Peerbhay  
Division of Pediatric Dentistry  
Dental Faculty: UWC

Dear Dr Peerbhay

**RESEARCH PROJECT :Dental general anesthesia (DGA) of pre-school paediatric patients in the Western Cap**  
**PROJECT NUMBER : N08/07/198**

It is my pleasure to inform you that the abovementioned project has been provisionally approved on 1 August 2008 **for a period of one year from this date**. You may start with the project, but this approval will however be submitted at the next meeting of the Committee for Human Research for ratification, after which we will contact you again.

Notwithstanding this approval, the Committee can request that work on this project be halted temporarily in anticipation of more information that they might deem necessary to make their final decision.

**Please quote the abovementioned project number in all future correspondence.**

Please note that a progress report (obtainable on the website of our Division) should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.

Federal Wide Assurance Number: 00001372  
Institutional Review Board (IRB) Number: IRB0005239

The Committee for Human Research complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Kind regards

**MERTRUDE DAVIDS**  
**RESEARCH DEVELOPMENT AND SUPPORT (TYGERBERG)**  
Tel: +27 21 938 9207 / E-mail: mertrude@sun.ac.za



Verwysing  
Reference  
Isalathiso  
19/18/RP80/2008

Navrae  
Enquiries  
Imibuzo  
Dr T. Naledi

Telefoon  
Telephone  
Ifowuni  
021 483 9801

**Departement van Gesondheid**  
**Department of Health**  
iSaka IsyaMali

Dr F.B. Mohamed Peerbhay  
Private Bag X1  
Tygerberg  
7505

Fax to 0866134606

Dear Dr Mohamed Peerbhay


**Dental General Anaesthesia of Pre-school Paediatric Patients in the Western Cape**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following members of staff to assist you with access to the facilities:

- 1) Dr Kathy Grammar at [kgrammar@pgwc.gov.za](mailto:kgrammar@pgwc.gov.za) Tel: 021 7821121 (Western and Southern Sub-District)
- 2) Dr J. Claassen at [jclaassen@pgwc.gov.za](mailto:jclaassen@pgwc.gov.za) Tel: 021 4839361 (Klipfontein and Mitchell's Plain Sub-District)
- 3) Dr F. Krige at [fkrige@pgwc.gov.za](mailto:fkrige@pgwc.gov.za) Tel: 023 3488101 (Boland/Overberg District)
- 4) Ms C. Bester at [cwbester@pgwc.gov.za](mailto:cwbester@pgwc.gov.za) Tel: 022 4879210 (West Coast Winelands District)
- 5) Ms L. Phillips at [lphillip@pgwc.gov.za](mailto:lphillip@pgwc.gov.za) Tel: 023 3488101 (Cape Winelands District)
- 6) Ms N.E Msindo-Mayeng at [nmayeng@pgwc.gov.za](mailto:nmayeng@pgwc.gov.za) Tel: 023 4148200 (Central Karoo District)
- 7) Dr T. Marshall at [tmarshall@pgwc.gov.za](mailto:tmarshall@pgwc.gov.za) Tel: 044 8032700 (Eden District)

We look forward to hearing from you.

Yours sincerely

  
DR A. DALVIE  
DEPUTY-DIRECTOR GENERAL  
DISTRICT HEALTH SERVICES AND PROGRAMMES  
DATE: 19/11/2008

CC: DR A. DALVIE

DD: ORAL HEALTH SUB-DIRECTORATE

Dorpstraat 4  
Posbus 2060  
KAAPSTAD  
8000

4 Dorp Street  
PO Box 2060  
CAPE TOWN  
8000

## APPENDIX C

### Questionnaire

**Name of Facility** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_

**Designation/Position  
of dentist** \_\_\_\_\_

From database/records	
Year	No of DGA's per year
2005	
2006	
2007	

1. Do you screen patients for DGA at your facility?

**Yes / No**

2. Where are the patients that are selected for DGA treated?

At the facility	Referred to another facility
-----------------	------------------------------

3. Name the facility that patients are referred to for DGA?

\_\_\_\_\_

4. Do you follow a guideline for DGA at your facility?

**Yes / No**

5. Does the guideline include details about:-

a) Criteria for patient selection for DGA?

**Yes/ No**

b) Pre-GA preventive treatment

**Yes/ No**

c) Post GA preventive treatment

**Yes/ No**

6. Does the pre –preventive treatment plan include:-

Type of treatment	YES	NO
a) Fluoride Application		
b) OH instruction		
c) A dietary analysis		
d) Pre GA assessment appointment to evaluate compliance with OH ,dietary advice /feeding practices		

7. With regards the post-GA preventive treatment, where do the patients who are referred to another facility receive the post-GA treatment?

NO POST-GA TREATMENT OFFERED AT ALL	AT THE FACILITY WHERE PATIENTS ARE SCREENED	AT THE REFERRAL FACILITY
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8. How would you describe the type and nature of treatment being performed for patients under DGA at your and/or the referral facility?

COMPREHENSIVE TREATMENT (extractions and restorations)	EXTRACTIONS ONLY
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9. Do you have a waiting list for DGA at your facility or are you aware of any waiting list at the facility that you refer the DGA paediatric patients to? **Yes/ No**

10. What would be your estimate of the waiting list at the facility?

0 – 50 patients	50 - 100 patients	Over 100 patients
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11. How long does a paediatric patient have to wait to be treated under GA after the initial treatment planning is completed?

Less than one month	Between 1-3 months	Between 3-6 months	More than 6 months
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12. How much theatre time do you have available per week? \_\_\_\_\_

13. Is this enough time to address the demand for DGA? **Yes/ No**

14. (If the answer to 13 is NO) In your opinion, what are some of the possible reasons that there is limited time afforded for DGA?

Medical conditions/fraternity given priority over dental conditions/fraternity	Financial resources allocated for DGA is inadequate
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15. Is the general anaesthesia at your facility and/or referral facility done with intubation? **Yes/ No**

16. In your professional opinion and based on your experience at the clinic, would you say that the demand for DGA of paediatric patients is being met?

ADEQUATELY	NOT ADEQUATELY
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17. In your experience with the paediatric DGA, do you get patients requiring retreatment under with DGA? **Yes/ No**

18. What are some of the common reasons that patients return for retreatment?

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19. Do you have conscious sedation available at your facility to treat paediatric patients for dental procedures? **Yes /No**

20. Are there any other comments you would like to make with regards DGA for paediatric patients?

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# APPENDIX D

## Informed consent form

I am a Masters student in the Department of Community Oral Health at the University of Western Cape. I would like to interview you regarding dental treatment of children under general anaesthesia at your facility in order to ascertain the type and nature of treatment performed as well as to determine the guidelines followed with regards to dental general anaesthesia (DGA) of pre-school children. The reason for this study is to identify any potential problems associated with DGA in the public service and assist in the evidence based planning of future GA services in Paediatric Dentistry in the Western Cape.

The interview will be done telephonically and will take about 10 minutes. All information gathered in the study will be treated as strictly confidential. No one will have access to this information except the researcher. Neither your name nor anything that identifies you will be used in any reports of this study. All information collected will be maintained and stored in such a way so as to ensure confidentiality. Your participation is voluntary and you may withdraw from the study without any consequences.

If you would like to take part in the study, please sign the bottom of this letter and fax it to Dr F Peerbhay at 0866134606. For further information, please contact Dr Peerbhay on telephone number 0837860849.

Thank you for your co-operation.

Yours sincerely

Dr Fathima Peerbhay

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**I understand what will be required of me to take part in the study. I agree to participate in the research being undertaken by Dr Fathima Peerbhay. I understand that at any time I may withdraw from this study without giving a reason and without any implications thereof.**

Name:.....  
(print in block letters)

.....  
(signature)

Telephone Number: .....

.....  
(witness)

Date: .....