

For full-arch implants, you'll usually choose between IV sedation or general anesthesia. Both can be safe when done by trained teams with proper monitoring. Your medical history, anxiety level, and the clinic's setup should drive the decision—not marketing.

Ask who manages your airway, who monitors you, and what safety standards the office follows. For complex, long surgeries like full-arch, many surgeons favor general anesthesia with a dedicated anesthesiologist so the surgeon can focus 100% on your procedure .

Anesthesia options

Local anesthesia + oral sedative

- **What it is:** Numbing shots where we work, plus a pill to “take the edge off.”
- **You're:** Awake and responsive.
- **Usually for:** Short, simple procedures—not typical for full-arch.
- **Monitoring:** Basic vital signs per ADA guidance; levels of sedation must be matched to provider training and state rules.

IV (moderate) sedation

- **What it is:** Medicines through an IV (often midazolam/“Versed” and fentanyl) make you relaxed and drowsy; you may doze and often remember very little.
- **You're:** Breathing on your own, able to respond to light touch or voice.
- **Pain control:** Still requires local numbing. Patients can feel pressure; injections can still be noticeable .
- **Monitoring:** Continuous monitoring required; ADA guidelines call for equipment and trained personnel, including capnography (CO₂ monitoring) as standard for moderate sedation in many settings.

Deep sedation / General anesthesia (with airway control)

- **What it is:** You're fully asleep. An anesthesiologist or qualified anesthesia provider manages your airway (eg, breathing tube or other airway device).

- **You're:** Unaware of the procedure.
- **Why some surgeons prefer it for full-arch:** Better control of airway, fluids, and patient movement, allowing more thorough irrigation and efficiency during complex, lengthy surgery—often improving short- and long-term results .
- **Monitoring:** Full ASA/ADA-level monitoring with continuous presence of a qualified provider.

At Smileloc, our surgeons use general anesthesia for “all-on-X” cases so they can focus solely on surgery while a dedicated anesthesiologist focuses solely on your safety and comfort .

Who each option is for

- **Local + oral sedative:** Very short procedures, strong gag reflex control not needed, minimal anxiety.
- **IV (moderate) sedation:** Healthy patients (often **ASA I–II**) with moderate anxiety having limited procedures, or when general anesthesia is not indicated/available. (ASA = medical fitness scale your anesthesia team assigns.)
- **Deep sedation / General anesthesia:**
 - Full-arch surgery (multiple extractions, bone work, multiple implants)
 - Severe dental anxiety or strong gag reflex
 - Need for absolute stillness and airway control
 - Patients who want “asleep the whole time,” with an anesthesia specialist present

Your candidacy also depends on your **ASA status** and medical history (sleep apnea, reflux, heart or lung disease, BMI, meds). A true anesthesia evaluation should happen before you're booked.

What to expect on surgery day

- **Fasting (NPO):** Most adults can have clear liquids up to 2 hours before anesthesia or procedural sedation; solids usually stop 6+ hours before (your team will give exact

times).

- **Monitoring:** Pulse oximetry, blood pressure, ECG when indicated, and end-tidal CO₂ for deeper levels/sedation continuum—per ADA/ASA standards.
- **Dedicated roles:** In a best-practice setup, an anesthesiologist manages anesthesia while the surgeon operates—this division of labor reduces distraction and supports safety .
- **Recovery:** You'll be monitored until you meet discharge criteria set by ADA/ASA guidance. Have an adult escort home.

Benefits & risks: side-by-side

IV (moderate) sedation

- **Pros:** Lower cost than general anesthesia in many offices; fast recovery; less anxiety/amnesia for most patients.
- **Cons:** You may still feel pressure or injections; airway is unprotected; depth can unintentionally drift deeper—so offices must be ready to “rescue” a deeper level safely (training + equipment).

Deep sedation / General anesthesia

- **Pros:** You're fully asleep; protected airway and better control of fluids; stillness can help with complex, long surgeries; many surgeons report improved efficiency and comfort for full-arch cases .
- **Cons:** Typically higher facility/provider cost; slightly longer recovery; requires a fully equipped setting and a dedicated, highly trained anesthesia provider.

Shared risks (managed by trained teams): Nausea, low oxygen, blood pressure changes, rare allergic reactions, aspiration risk (why fasting matters). Your team mitigates these with pre-op screening, monitoring, and emergency readiness.

FAQs

Q1: Is general anesthesia “overkill” for full-arch?

Not necessarily. Full-arch is long and complex. Being fully asleep with a protected airway can make surgery smoother and more controlled; many oral surgeons prefer this setup for all-on-X

cases . That said, healthy, low-anxiety patients may do well under IV sedation when the team and plan are appropriate.

Q2: How do I know if I'm healthy enough?

Your anesthesia provider will assess your **ASA status** (I–VI) based on your medical history. This helps match the safest anesthesia level and setting. Bring medication lists and disclose sleep apnea, reflux, heart/lung disease, or past anesthesia issues.

Q3: Why do I have to stop eating and drinking?

To reduce aspiration risk. Most healthy adults stop solids ~6 hours before and may have clear liquids until 2 hours before anesthesia/procedural sedation unless told otherwise. Follow your exact instructions.

Q4: Will I feel anything under IV sedation?

You'll get numbing injections; IV meds help you relax and often cause amnesia, but some pressure or brief discomfort is still possible .

Q5: Does anesthesia choice change my results?

Your smile outcome depends on surgical planning, execution, and prosthetic accuracy. But anesthesia that keeps you still and protects your airway can help the team work more efficiently during full-arch surgery .

External Sources

- [American Dental Association – Anesthesia & Sedation overview and 2016 clinical guidelines.](#)
- [American Society of Anesthesiologists – ASA Physical Status and Sedation Continuum statements.](#)
- [ASA – Preoperative Fasting guidelines \(2017 with 2023 modular update\).](#)