

Parental Preference for Telehealth Post-Operative Visits Following Dental Rehabilitation Under General Anesthesia

Anny Yang¹, Jean Star²

¹UCSF School of Dentistry ²Division of Pediatric Dentistry, UCSF School of Dentistry

UCSF School of Dentistry

Introduction

- Severe early childhood caries (S-ECC) often necessitates **dental rehabilitation under general anesthesia (DRGA)**—an invasive procedure that can be emotionally challenging for families.¹⁻³
- More than half of DRGA patients require **repeated treatment**, developing new caries within just two years.⁴⁻⁶
- The **highest relapse rates** occur in patients who **miss their preventive follow-up appointments**, which when attended, have been shown to significantly reduce caries risk.⁷⁻⁹ Despite this, **attendance remains low**, often due to barriers such as transportation challenges.^{10,11}
- Telehealth has proven **effective for post-operative care** in other pediatric medicine specialties, improving parent compliance with professional standards, and leading to **equal or greater satisfaction** compared to in-person visits, particularly in underserved populations.¹²⁻¹⁶

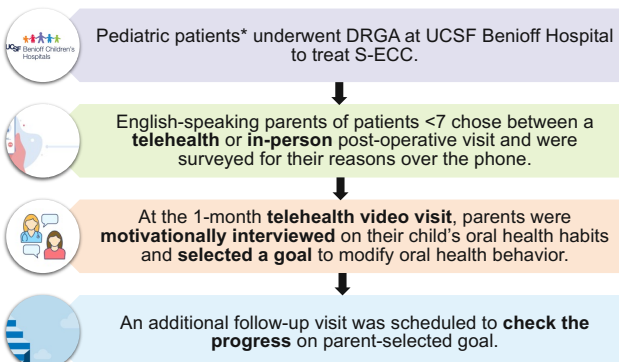


This study aims to **identify parental preferences for telehealth versus in-person post-DRGA visits** and explore the underlying reasons.

Methods

Study Participants

- Out of 155 eligible participants, 46 consented to be a part of this study.



*Patient demographics, including age, distance from UCSF Dental Center, and other relevant factors, were extracted from electronic health records.

Statistical Analyses

Quantitative	Qualitative
Descriptive statistics—zip code, child's age at GA, days between GA and post-op visit of the two groups were analyzed with t-tests.	Thematic quote analysis was completed to identify key factors related to parental preferences.

Results

Telehealth Is Preferred Over In-Person Visits

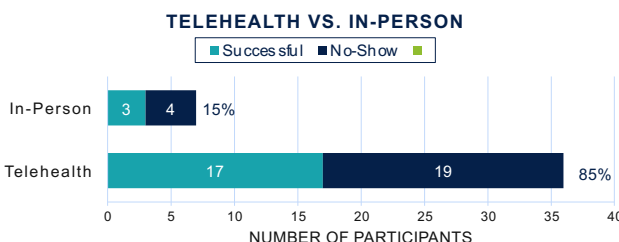


Figure 1. Success and No-Show Rates for Telehealth vs. In-Person Visits

- Of 39 telehealth visits, 44% were successful, with 75% requesting a 3-month telehealth follow-up visit.

Telehealth Preferences Driven by Logistical Motivations

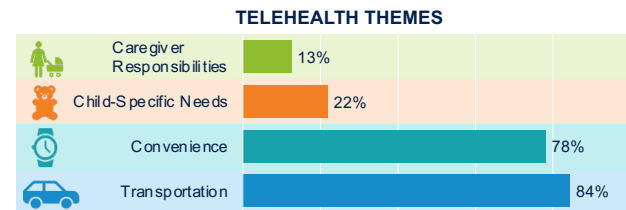


Figure 2. Key Themes for Telehealth Preference

Theme	Exemplary Quotes
Caregiver Responsibilities	"I have a 3-year-old at home with no caretaker available." "I don't have time to come in; I have a lot of kids."
Child-Specific Needs	"My son has a hard time being in doctor's offices with his diagnosis of autism." "My son didn't like the facility. It was traumatic."
Convenience	"I rather reserve 'talking' appointments over Zoom." "I can't take any time off work during weekdays."
Transportation	"Driving to SF is difficult with traffic, and it's hard for me to leave work." "If we were close by, I wouldn't choose telehealth."

Table 1. Supporting Quotes for Telehealth Themes

In-Person Preferences Driven by Personal Interaction

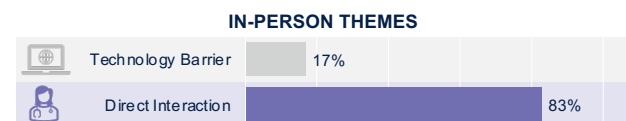


Figure 3. Key Themes for In-Person Preferences

Theme	Exemplary Quotes
Technology Barrier	"I am unfamiliar with telehealth."
Direct Interaction	"My daughter has tooth pain, and I would like to have it checked in-person." "I enjoy 1:1 interactions with the doctor, and I have a gut feeling in-person is better."

Table 2. Supporting Quotes for In-Person Themes

Distance Does Not Drive Telehealth Preference

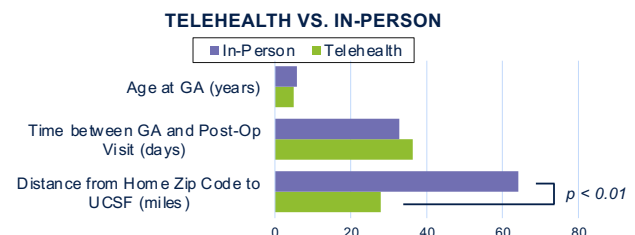


Figure 4. Demographic Differences (Age, Time, Distance)

Conclusions

- Many parents **prefer telehealth** for post-DRGA follow-up visits.
- Telehealth benefits **children with special healthcare needs** by reducing travel stress and improving comfort.
- Transportation challenges, flexibility, and child-specific needs** drive parental preference for telehealth.
- Telehealth has the potential to **improve access to follow-up care** in pediatric dentistry.

Future directions will investigate ways to improve visit completion rates and evaluate the effectiveness of telehealth in modifying oral health habits.

Acknowledgements

This project is supported by Dr. Jean Star, Jessica Snider, UCSF D2 Fellowship Program, and in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award D65HP45706. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

References

