Decisional Conflict and Regret following Dental Treatment under General Anesthesia

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Background

- Dental treatment under general anesthesia (DGA) is used in pediatric dentistry for children with limited cooperation due to young age, medical complexity, extensive dental needs, emergencies, language barriers, or travel constraints.^{1,2}
- Decisional conflict (DC) is personal uncertainty in making healthcare decisions after weighing risks.³
- Decisional regret (DR) is the belief that a different choice may have led to a better outcome.⁴
- DR prevalence is reported to be 14% in other surgical specialties, but it has not been studied in pediatric DGA.⁴
- This study aimed to investigate the prevalence and factors associated with DC and DR among caregivers of children undergoing DGA to address a gap in the literature.

Methods

- One hundred one caregivers of children who underwent DGA at Children's Hospital Colorado between August 2022-2024 completed the DC-DR surveys.
- The survey assessed decisional conflict, decisional regret, and care-related factors after DGA.
- Decisional conflict and decisional regret were assessed using validated five-item scales, with scores ranging from 0 to 100. Scores above 25 indicated significant decisional conflict or regret.







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Figure 1. Relationship between Decisional Conflict and Regret

- DC was detected in 16% of caregivers with higher prevalence in caregivers from Hispanic background (*P*=0.19).
- DR was detected in 19% of caregivers, with Asian parents having higher odds of DR (21.1% vs. 5%; *P*=0.042).
- DC and DR were strongly correlated, with 73.3% of parents with DR also having DC (p <0.001).
- Parents with DR more frequently reported postoperative pain (68.4% vs. 35%; *P*=0.010) and 'Not being oneself' (31.6% vs. 11.3%; *P*=0.037).

Discussion

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- A strong correlation between DC and DR suggests that unresolved concerns preoperatively may contribute to post-treatment regret.
- Postoperative complications (pain, behavioral changes) were associated with increased DR, consistent with previous research.
- Ethnic differences were observed, suggesting the role of cultural attitudes and communication strategies in decision-making experiences.
- Future multi-institutional, longitudinal studies should incorporate perioperative assessments and factors for DC and DR.

Conclusions

- There was a strong correlation between DC and DR.
- Approximately, 16% parents experienced DC and 19% reported DR.
- Caregiver's ethnicity and postoperative complications (pain, behavioral changes) were associated with differences in DC-DR.
- Enhancing preoperative counseling and shared decision-making tools may help reduce DC and DR.

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