APPENDIX A – Search strategy on MEDLINE (via Ovid) database

1.	surgery, maxillofacial.mp. or exp Surgery, Oral/
2.	operative dentistry.mp. or exp Dentistry, Operative/
3.	dentistry, operative.mp. or exp Dentistry, Operative/
4.	prosthesis, surgical dental.mp. or Dental Implants/
5.	prostheses, surgical dental.mp. or exp Dental Implants/
6.	surgical dental prosthesis.mp. or exp Dental Implants/
7.	surgical dental prostheses.mp. or exp Dental Implants/
8.	dental prosthesis, surgical.mp. or exp Dental Implants/
9.	dental prostheses, surgical.mp. or exp Dental Implants/
10.	implant, dental.mp. or exp Dental Implants/
11.	dental implant.mp. or exp Dental Implants/
12.	implants, dental.mp. or exp Dental Implants/
13.	dental implants.mp. or exp Dental Implants/
14.	procedures, maxillofacial.mp. or exp Oral Surgical Procedures/
15.	procedure, maxillofacial.mp. or exp Oral Surgical Procedures/
16.	maxillofacial procedure.mp. or exp Oral Surgical Procedures/
17.	maxillofacial procedures.mp. or exp Oral Surgical Procedures/
18.	exodontics.mp. or exp Surgery, Oral/
19.	procedure, oral surgical.mp. or exp Oral Surgical Procedures/
20.	oral surgical procedure.mp. or exp Oral Surgical Procedures/
21.	surgical procedures, oral.mp. or exp Oral Surgical Procedures/
22.	procedures, oral surgical.mp. or exp Oral Surgical Procedures/
23.	surgical procedures, oral.mp. or exp Oral Surgical Procedures/
24.	oral surgical procedures.mp. or exp Oral Surgical Procedures/
25.	oral surgery.mp. or exp Surgery, Oral/
26.	maxillofacial surgery.mp. or exp Surgery, Oral/
27.	surgery, oral.mp. or exp Surgery, Oral/
28.	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27
29.	benzodiazepinones.mp. or exp Benzodiazepinones/
30.	Benzodiazepinones.mp. or exp Benzodiazepinones/
31.	Alprazolam novopharm brand.mp. or expAlprazolam/
32.	novopharm brand of alprazolam.mp. or exp Alprazolam/
33.	novo alprazol.mp. or exp Alprazolam/
34.	novoalprazol.mp. or exp Alprazolam/
35.	novo-alprazol.mp. or exp Alprazolam/
36.	Alprazolam pfizer brand.mp. or exp Alprazolam/
37.	pfizer brand of alprazolam.mp. or exp Alprazolam/
38.	maleate, midazolam.mp. or exp Midazolam/
39.	midazolam maleate.mp. or exp Midazolam/
40.	midazolam.mp. or exp Midazolam/
41.	effect, antianxiety.mp. or exp Anti-Anxiety Agents/
42.	antianxiety effect.mp. or exp Anti-Anxiety Agents/
43.	effects, anti-anxiety.mp. or exp Anti-Anxiety Agents/
44.	anti anxiety effects.mp. or exp Anti-Anxiety Agents/
45.	anti-anxiety effects.mp. or exp Anti-Anxiety Agents/
46.	effect, anxiolytic.mp. or exp Anti-Anxiety Agents/
47.	anxiolytic effect.mp. or exp Anti-Anxiety Agents/

48. effects, antianxiety.mp. or exp Anti-Anxiety Agents/
49. antianxiety effects.mp. or exp Anti-Anxiety Agents/
50. effects, anxiolytic.mp. or exp Anti-Anxiety Agents/
51. anxiolytic effects.mp. or exp Anti-Anxiety Agents/
52. effect, anti-anxiety.mp. or exp Anti-Anxiety Agents/
53. anti anxiety effect.mp. or exp Anti-Anxiety Agents/
54. anti-anxiety effect.mp. or exp Anti-Anxiety Agents/
55. anxiolytics.mp. or exp Anti-Anxiety Agents/
56. drugs, anti-anxiety.mp. or exp Anti-Anxiety Agents/
57. anti anxiety drugs.mp. or exp Anti-Anxiety Agents/
58. anti-anxiety drugs.mp. or exp Anti-Anxiety Agents/
59. minor tranquillizing agents.mp. or exp Anti-Anxiety Agents/
60. agents, minor tranquillizing.mp. or exp Anti-Anxiety Agents/
61. minor tranquilizing agents.mp. or exp Anti-Anxiety Agents/
62. agents, minor tranquilizing.mp. or exp Anti-Anxiety Agents/
63. tranquilizing agents, minor.mp. or exp Anti-Anxiety Agents/
64. agents, anxiolytic.mp. or exp Anti-Anxiety Agents/
65. anxiolytic agents.mp. or exp Anti-Anxiety Agents/
66. anti anxiety agents.mp. or exp Anti-Anxiety Agents/
67. agents, anti-anxiety.mp. or exp Anti-Anxiety Agents/
68. anti-anxiety agents.mp. or exp Anti-Anxiety Agents/
69. 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68
70. 69 and 28

APPENDIX B – CHARACTERISTICS OF STUDIES INCLUDED

Study characteristics	**Branco & Bassualdo (2012)**
Method	Randomized double-blind placebo-controlled clinical trial. Allocated 30 participants undergoing dental implant placement surgery into 3 different groups (n=10) to receive a drug 1 hour before procedure. Group I – diazepam 10 mg; Group II – lorazepam 1 mg; Group III – placebo.
Participants	30 participants, both genders, mean age 20-64 years, selected for dental implant placement surgery.
Intervention	Three groups of patients underwent surgery for dental implant placement after oral sedation.
Outcomes	Primary outcomes: anxiety. Secondary outcomes: vital signs (blood pressure, heart rate).
Observations	There were no significant differences in reduction of anxiety or in vital signs pre and post-operatively, only trans-operatively. Effective anxiety control was not demonstrated.

Branco & Bassualdo (2012)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	Randomized, although no detailed report on procedure was provided in study description.
Allocation concealment	High risk	No information or scant description on procedures for concealing allocation of patients into groups.

Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	High risk	The study failed to report this information. The outcomes assessed are subject to influence by lack of blinding.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	Low risk	The study protocol is not available, but the study published clearly included all desired outcomes.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

Study characteristics	**Coldwell et al. (1997)**
Method	Allocated 48 participants undergoing oral surgery for dental extraction into 4 different groups (n=12). Group 1 – alprazolam 0.25 mg; Group 2 – alprazolam 0.50 mg; Group 3 – alprazolam 0.75 mg; Group 4 – placebo.
Participants	48 participants of both genders were selected for surgical dental extraction of 1-4 molars.
Intervention	Four groups of patients submitted to surgical dental extraction after oral sedation.
Outcomes	Primary outcomes: anxiety, adverse effect (anterograde amnesia).
Observations	The study showed that alprazolam caused memory impairment at doses necessary for producing clinically significant anxiolytic effect during oral surgery.

Coldwell et al. (1997)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	Randomized, although no detailed report on procedure was provided in study description.
Allocation concealment	High risk	No information or scant description on procedures for concealing allocation of patients into groups.
Blinding of participants and personnel	Low risk	Study not blinded or incomplete blinding, and outcome unaffected by lack of blinding.
Blinding of outcome assessors	High risk	The study failed to report this information. The outcomes assessed are subject to influence by lack of blinding.
Incomplete outcomes	High risk	Insufficient information to judge. The study did not report this information.
Selective outcome reporting	Low risk	The study protocol is not available, but the study published clearly included all desired outcomes.
Other sources of bias	High risk	Insufficient information to judge. The study did not report this information.

Study characteristics	**Dantas et al. (2017)**

Method	Randomized double-blind clinically-controlled crossover trial. Allocated 40 participants undergoing surgical extraction of third molars into 2 groups (n=40) receiving orally administered drug 30 mins before procedure. Group I – *Passiflora incarnata* 260 mg; Group II – midazolam 15 mg.
Participants	40 participants of both genders were selected for third molar extraction.
Intervention	Two groups of patients undergoing surgery for third molar extraction after oral sedation.
Outcomes	Primary outcomes: anxiety, adverse effects. Secondary outcomes: vital signs (blood pressure and heart rate) and oxygen saturation.
Observations	*Passiflora incarnata* promoted similar anxiolytic effect to midazolam, and participants who received the drug had relatively stable blood pressure, heart rate and oxygen saturation.

Dantas et al. (2017)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	Randomized, although no detailed report on procedure was provided in study description.
Allocation concealment	High risk	No information or scant description on procedures for concealing allocation of patients into groups.
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	Low risk	Blinding of outcome assessors was done, making it unlikely blinding was lost.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	Low risk	The study protocol is not available, but the study published clearly included all desired outcomes.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

Study characteristics	**Manani et al. (1979)**
Method	Randomized double-blind clinically-controlled trial. Allocated 82 patients of both genders, age range 20-50 years, undergoing dental procedures into 4 groups according to drug administered for inducing sedation. Group I – placebo; Group II – trazodone 25 mg; Group III – trazodone 50 mg; Group IV – diazepam 15 mg.
Participants	82 participants of both genders, age range 20-50 years, selected for surgery with oral sedation.
Intervention	O Group I received placebo (Control Group). Group II received trazodone 25 mg. Group III received trazodone 50 mg. Group IV received diazepam 15 mg. All drugs were prepared and distributed in the form of blue capsules to prevent identification of Group by the participants and professionals.
Outcomes	Primary outcomes: anxiety, sedation, adverse effects (drowsiness, vertigo, headache, blurred vision, cold hands and dry mouth). Secondary outcomes: vital signs (blood pressure and heart rate).
Observations	One hour after administration of drug, there was a significant increase in sedation of patients. No adverse effects were observed in patients of control group or trazodone 25 mg group. Patients using diazepam 15 mg or trazodone 50 mg had greater reduction in

	neurovegetative response and higher rate of adverse effects, proving more marked in the group treated with diazepam.

Manani et al. (1979)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	Insufficient information on random sequence generation process to allow judgement. No detailed report on procedure was provided in study description.
Allocation concealment	High risk	No information or scant description on procedures for concealing allocation of patients into groups.
Blinding of participants and personnel	Low risk	The study stated that all drugs were placed into identical capsules, thereby ensuring blinding of participants and personnel.
Blinding of outcome assessors	High risk	The study failed to report this information. The outcomes assessed are subject to influence by lack of blinding.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	Low risk	The study protocol is not available, but the study published clearly included all desired outcomes.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

Study characteristics	**Rodrigo & Cheung (1987)**
Method	Randomized double-blind clinical trial. Allocated 30 participants undergoing surgical extraction of mandibular third molars to receive orally administered drug midazolam 15 mg or placebo, the surgery was carried out by a single operator, randomly, one side per visit.
Participants	30 participants of both genders were selected for surgical removal of third molars.
Intervention	The patients underwent surgical removal of third molars after oral sedation.
Outcomes	Primary outcomes: adverse effects (amnesia, hiccupping, nausea, drowsiness and dizziness) and satisfaction with treatment.
Observations	Midazolam sedation lasted about 45 minutes, produced good operating conditions and stable vital signs with adequate verbal response.

Rodrigo & Cheung (1987)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	Randomized, although no detailed report on procedure was provided in study description.

Allocation concealment	Low risk	The pills were sealed and coded in envelopes and thus information on procedures confirmed concealment of allocation of patients into groups.
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was incomplete, but the authors claimed outcome was unaffected by the lack of blinding.
Blinding of outcome assessors	Low risk	Blinding of outcome assessors was done, making it unlikely blinding was lost.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	High risk	Study protocol not available and there was insufficient information to allow judgement.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

Study characteristics	**Pinheiro et al. (2014)**
Method	Randomized double-blind clinically-controlled study. Allocated 20 participants undergoing bilateral extraction of third molars into 2 groups (n=10) orally administered drug 1 hour before procedure. Group I – *Valeriana officinalis* 100 mg; Group II – placebo.
Participants	20 Participants aged 17-31 years of both genders were selected for bilateral extraction of impacted third lower molars.
Intervention	Two patient groups underwent surgery for extraction of third molars after oral sedation.
Outcomes	Primary outcomes: anxiety, adverse effects (drowsiness, fear and muscle relaxation). Secondary outcomes: vital signs (systolic and diastolic blood pressure, heart rate).
Observations	Pre-operative dose of *Valeriana officinalis* had greater anti-anxiety effect than placebo.

Pinheiro et al. (2014)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	Low risk	Medications with the same concentrations, size and appearance were placed in envelopes, thus there was sufficient information on the method used for random sequence generation.
Allocation concealment	High risk	Insufficient information on random sequence generation process to allow judgement. It was stated that envelopes were used, but it remained unclear whether these were sealed, opaque or numbered sequentially.
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	High risk	Insufficient information to judge. The study did not report this information.
Incomplete outcomes	Low risk	There was no loss of outcome data.

Selective outcome reporting	Low risk	The study protocol was available and all pre-specified primary and secondary outcomes of interest in the review were reported as proposed.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

Study characteristics	**Romano et al. (2011)**
Method	Randomized double-blind clinical trial. Allocated 15 participants undergoing dental implant were orally administered the drug midazolam 15 mg or placebo 1 hour before the procedure. The surgery was carried out by the same operator in 2 surgical visits with 30-day interval between sessions.
Participants	15 participants age 21-50 years of both genders were selected for dental implant placement.
Intervention	Two patient groups underwent surgery for dental implant placement after oral sedation.
Outcomes	Secondary outcomes: vital signs (heart rate).
Observations	No difference for use of 15 mg midazolam versus placebo, with no advantage for incidence of arrhythmias. Anxiolytic premedication failed to prevent arrhythmia.

Romano et al. (2011)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	There was insufficient information on procedures for concealing allocation of patients into groups.
Allocation concealment	Low risk	It was stated that envelopes were sealed, providing information on procedures concealing allocation of patients into groups.
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	High risk	Insufficient information to judge. The study did not report this information.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	Low risk	The study protocol is not available, but the study published clearly included all desired outcomes.
Other sources of bias	High risk	Insufficient information to assess whether there was relevant risk of bias.

Study characteristics	**Silveira-Souto et al. (2014)**
Method	Randomized double-blind crossover clinical study. Allocated 30 participants undergoing surgery for extraction of third

	molars to receive orally administered medication *E. mulungu* 500 mg or placebo, 1 hour before procedure, at first or second surgical intervention, left or right side, compared to placebo group.
Participants	30 participants of both genders were selected for extraction of third molars.
Intervention	Patients underwent surgery for extraction of third molars after oral sedation.
Outcomes	Primary outcomes: anxiety and satisfaction with treatment. Secondary outcomes: vital signs (blood pressure) and oxygen saturation.
Observations	*E. mulungu* can be considered a viable alternative, having produced no meaningful changes in physiological parameters (respiratory depression or motor abnormalities).

Silveira-Souto et al. (2014)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	Low risk	Randomization was performed using randomized computer-generated numbers, thus there was sufficient information about the method used for generating the random sequence.
Allocation concealment	Low risk	Information was given on procedures for concealing allocation of patients into groups, through coding in protocols
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	Low risk	Blinding of outcome assessors was done, making it unlikely blinding was lost.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	Low risk	The study protocol is not available, but the study published clearly included all desired outcomes.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

Study characteristics	**Studer et al. (2012)**
Method	Randomized double-blind crossover study. Allocated 12 participants undergoing surgery for bilateral extraction of third molars to receive drug orally administered 1 hour before procedure. Group I – midazolam 7.5 mg; Group II – clonidine 150 ug. The procedure was performed by the same dental surgeon during two surgical visits with follow-up of 7 days.
Participants	12 participants of both genders were selected for bilateral extraction of third molars.
Intervention	The patients underwent surgery for extraction of third molars after oral sedation.
Outcomes	Primary outcomes: anxiety, adverse effects (dizziness, nausea, headache, fatigue, metallic taste and concentration difficulties. Secondary outcomes: satisfaction with treatment.
Observations	The two medications were rated similar for patient satisfaction. Oral administration of clonidine 150 ug and midazolam 7.5 mg

	medications promoted similar anxiolytic effects before surgery with local anaesthesia.

Studer et al. (2012)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	Low risk	Randomization was performed using randomized computer-generated list, thus there was sufficient information about the method used for generating the random sequence.
Allocation concealment	High risk	No information or scant description on procedures for concealing allocation of patients into groups.
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	High risk	The study failed to report this information. Outcomes assessed were subject to influence by the lack of blinding.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	Low risk	The study is not available, but the study published clearly included all the desired outcomes.
Other sources of bias	High risk	Insufficient information to assess whether there was relevant risk of bias.

Characteristics of studies	**Shivananda et al. (2014)**
Method	Randomized double-blind crossover clinical trial. Allocated 20 participants undergoing periodontal surgery. Twenty subjects requiring minimum 2 sextants of flap surgery were selected for the study. Each sextant was randomly assigned into experimental and control sites.
Participants	20 participants of both genders were selected for periodontal surgery, experimental group under 68 kg received diazepam 5 mg and over 68 kg 10 mg - the night before and 1 hour before surgery.
Intervention	Modified widman flap surgery was performed in experimental site with pre-operative oral diazepam sedation and local anaesthesia. Similar surgery was performed in the control site with pre-operative oral placebo and using local anaesthesia only.
Outcomes	Secondary outcomes: oxygen saturation
Observations	There was no statistically significant difference between sedated and non-sedated patients for oxygen saturation. Oral conscious sedation can be used for anxious patients during periodontal surgery for alleviation of anxiety and for better patient acceptance during surgical procedures without significant respiratory depression.

Shivananda et al. (2014)	**Deemed risk of bias**	**Support for judgement**
Random sequence generation	High risk	There was insufficient information on procedure concealing allocation of patients into groups.

Allocation concealment	High risk	No information or scant description on procedures for concealing allocation of patients into groups.
Blinding of participants and personnel	Low risk	Blinding of participants and personnel was done, making it unlikely blinding was lost.
Blinding of outcome assessors	High risk	The study failed to report this information. Outcomes assessed were subject to influence by lack of blinding.
Incomplete outcomes	Low risk	There was no loss of outcome data.
Selective outcome reporting	High risk	The study protocol was not available, thus there was insufficient information to allow judgement.
Other sources of bias	Low risk	The study appeared to have no other sources of bias.

APPENDIX C – LIST OF EXCLUDED STUDIES AND MAIN REASONS FOR EXCLUSION

Other administration route	1. Barclay JK, Hunter KM, Jones H. Diazepam and lorazepam compared as sedatives for out patient third molar surgery. British Journal of Oral Surgery. 1980;18:141-149. 2. Bavisha KA, Elias M, Paris S, Leon AR, Flynn PJ. Comparison of patient-controlled and operator-controlled conscious sedation for restorative dentistry. European Journal of Anaesthesiology. 2004;21:284-288. 3. Cheung CW, Ying CLA, Chiu WK, Wong GTC, Ng KFJ, Irwin MG. A comparison of dexmedetomidine and midazolam for sedation in third molar surgery. Anaesthesia. 2007;62:1132-1138. 4. Fan TWV, Ti LK, Islam I. Comparison of dexmedetomidine and midazolam for conscious sedation in dental surgery monitored by bispectral índex. British Journal of Oral and Maxillofacial Surgery. 2013;51:428-433. 5. Hosie HE, Brook IM, Nimmo WS. Comparison of sedation with temazepam by mouth and diazemuls I.V. for dental surgery. Br J Anaesth. 1988;60:18-23. 6. Luyk NH, Whitley BD. Efficacy of oral midazolam prior to intravenous sedation for there moval of third molars. Int J Oral Maxillofac Surg. 1991;20:264-267. 7. Ochs MW, Tucker MR, White RP, Anderson JA. Recovery following sedation with midazolam or diazepam alone or in combination with fentanyl for out patient surgery. Anesthesia Progress. 1986;230-234. 8. Osborne GA, Rudkin GE, Curtis NJ, Vickers D, Craker AJ. Intra-operative patient-controlled sedation. Anaesthesia. 1991;46:553-556. 9. Rodrigo MRC, Tong CKA. A comparison of patient and anasthetist controlled midazolam sedation for dental surgery. Anaesthesia. 1994;49:241-244. 10. Richmond MN, Daum REO. Premedication with oral slow release morphine in dental anaesthesia: A comparison with temazepam. Anaesthesia. 1988;43:694-696. 11. Stopperich PS, Moore PA, Finder RL, McGirl BE, Weyant RJ. Oral triazolam pretreatment for intravenous sedation. Anesth Prog. 1993;40:117-121.

	12. Rubim J, Schweggmann I, Uys P. Lorazepam as a premedicant in dental surgery. S AfrMed J. 1980;58(3):124-126. 13. Mohamad EM. Midazolam versus but or phanolaslocal an anesthetic adjuncts in oral surgery: a clinical assessment. Egyptian Dental Journal. 1987;33(4):363-374. 14. Zanette G, Manani G, Favero L, Stellini E, Mazzoleni S, Cocilovo F, et al. Conscious sedation with Diazepam and midazolam for dental patient: priority to diazepam. Minerva Stomatol. 2013;62:355-374. 15. Manani G, Baldinelli L, Cordioli G, Consolati E, Luisetto F, Galzigna L. Premedication with Chlordemethyldiazepam and anxiolytic effect of diazepam in implantology. AnesthProg. 1995;42:107-112. 16. Lieblich SE, Horswell B. Attenuation of anxiety in ambulatory oral surgery patients with oral triazolam. J Oral Maxillofac Surg. 1991;49:792-795. 17. Luyk NH, Weaver JM, Beck FM, Loetscher CA, Sacks J. The effectiveness of flurazepam as night sedation prior to there moval of third molars. Int J Oral Maxillofac Surg. 1988;17:347-351. **18.** O'Boyle CA, et al. Comparison of midazolam by mouth and diazepam I.V. in out patient oral surgery. Br J Anaesth. 1987;59:746.
Not oral surgery	19. Ahmed N, Khan FA. Evaluation of oral midazolam as pre-medication in day care surgery in adult Pakistani patients. J Pak Med Assoc. 1995;45(9):239-241. 20. Hargreaves J. Benzodiazepine premedication in minorday-case surgery: comparison of oral midazolam and temazepam with placebo. Br J Anaesth. 1988; 61:611-616. 21. Patel T, Kurdi MS. A comparative study between oral melatonin and oral midazolam on preoperative anxiety, cognitive, and psychomotor functions. Journal of Anaesthesiology Clinical Pharmacology. 2015;31(1):37-43. 22. Baird ES, Curson I. Orally administered diazepam in conservative dentistry. British Dental Journal. 1970;128:25-27. 23. Irjala J, Kanto J, Irjala K, Salonen M, Viinamaki O. Temazepam versus flunitrazepam as na oral premedication in adult surgical patients. European Journal of Anesthesiology. 1987;4:435-440. 24. Raybould D, Bradshaw EG. Premedication for day case surgery: a study of oral midazolam. Anaesthesia. 1987;42:591.
Not RCT (n=12)	25. Johren P, Jackowski J, Gangler P, Sartory G, Thom A. Fear reduction in patients with dental treatment phobia. British Journal of Oral and Maxillofacial Surgery. 2000;38:612-616. 26. Ochs MW, Tucker MR, White RP. A comparison of amnesia in outpatients sedated with midazolam or diazepam alone or in combination with fentanyl during oral surgery. JADA. 1986;113:894-897. 27. Khosla VM, Boren W. Diazepam (Valium) as preoperative medication in oral surgery. Anesthesiology. 1969;28(5):671-679. 28. Debernardi G, Debernardi C. Sperimentazione clinicasull'azione di una benzodiazepine (Lexotan) sulcomportamento del paziente ansiosonell'ambulatorio odonto stomatologico. Min Stom. 1985; 34:323-328. 29. Noguchi T, Hayano Y, Iwasaka H, Miyamoto M, Habu A, Tsuzaki K, et al. A study of clinical efficacy of triazolam as preanesthetic medication. 1985;34(4):493-499. 30. Shane SM, Baltimore. Amnesia for brief exodontia procedures using small doses of diazepam and methohexital with local block anesthesia for ambulatory patients. J Oral Surgery. 1971;29:191-193. 31. Skelly AM, Boscoe MJ, Dawling S, Adams AP. A comparison of diazepam and midazolam as sedatives for minor oral surgery. European Journal of Anaesthesiology. 1984;(1):253-267.

	32. Wahlmann UW, Dietrich U, Fischer W. Zurfrage der oral em sedierung mit midazolam bei ambulante zahnarztlich-chirurgischen eingriffen. Disch Zahnarztl Z. 1992;47:66-68. 33. Reinhardt LC, Felberg RV, Lemes CHJ. Comparative study of bone response guided tissue regeneration clinical evaluation of the anxiety and cardiovascular parameters with the use of anxiolitic in the pre-operative in bucomaxilofacial surgery. Full Dentistry in Science. 2010;1(4):328-331. 34. Aeschliman SD, Blue MS, Williams KB, Cobb CM, MacNeill SR. A preliminary study on oxygen saturation levels of patients during periodontal surgery with and without oral conscious sedation using diazepam. J Periodontol. 2003;74(7):1056-1059. 35. Moorthi RK, Kumar MPS. Pre- and post-operative anxiety in patients undergoing dental extractions. Drug Ivention Today. 2018;10(12):2445-2449. 36. James D, Nazar N. Role of anti- anxiety drugs patient cooperation during minor surgical procedure. Research J. Pharm. and Tech.2018; 11(8): 3389-3391
Other medication or comparator	37. Kanto D, Salo M, Happonen RP, Vahlberg T, Kanto J. Tramadol premedication in operative extraction of the mandibular third molar: a placebo-controlled crossover study. Acta Odontologica Scandinavica. 2005; 63:43-49. 38. White CS, Dolwick MF, Gravenstein N, Paulus DA. Incidence of oxygen desaturation during oral surgery out patient procedures. J Oral Maxillofac Surg. 1989;47:147-149. 39. Dellovo AG, Souza LMA, Oliveira JS, Amorim KS, Groppo FC. Effects of auriculotherapy and midazolam for anxiety control in patients submitted to third molar extraction. Int J Oral Maxillofac Surg. 2018;18:1-6.

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