Southern California Orofacial Academy

SCOA PROCEEDINGS

Spring 2013

President's Message

Theodore A Tanabe DDS

IN THIS ISSUE

It is hard to believe that we have already moved along into another year. And 2013 should be a very interesting year indeed. We have challenging new health care laws and taxes to navigate. Conducting business with insurance companies seems to get stickier by the day. And the financial climate has not improved substantially for our patients.

Despite the challenges, I still get great joy and satisfaction from my surgery practice and I hope you do too. I don't teach as often as I did in the past, but I still put some time aside to instruct our future oral surgeons. If you have the time, please consider doing some teaching. I know that programs can use the help and you might be surprised by how much the residents push you to keep up with the cutting-edge information that is out there.

SCOA is moving forward with an eye on the future. We welcome input and participation from all of our members, so please let us know what we are doing well and where we can do better. Our Board realizes that this organization cannot thrive without active, enthusiastic members. Our most recent board meeting acknowledged and reinforced the critical need for new board members. We already have a couple of docs who have expressed interest in joining us, and we would love to hear from anyone else out there who would like to help.

I encourage you all to keep fighting the good fight to enrich your own lives as well as the lives of colleagues, staff, and patients. And I hope to see you at both of our meetings this year.

Respectfully,
Ted

SCOA 11th Annual Spring Scientific Meeting

Wednesday April 17
Millennium Biltmore Hotel
Los Angeles

Hands-On Course
8 AM to 12 PM 4 CEU

Lecture Course
12 PM to 8 PM 8 CEU

Presenters April 17, 2013

Ziv Simon DMD MSc
Frank L Pavel DMD
Peter M Scheer DDS MS
Raymond J Melrose DDS
Alan S Herford DDS MD
Mark M Urata MD DDS
Aldo Leopardi BDS DDS MS
Peter K Moy DMD

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The SCOA Board of Directors received the following letter from Dr George Gamboa after our Annual Fall Implant Meeting on October 24, 2012:

To the SCOA Board of Directors:

I want to tell you how much I appreciated what you all did for me on October 24 at the SCOA Fall Implant Meeting. I was overwhelmed and left speechless. It meant so much to visit our senior members from Loma Linda and USC and also become acquainted with many new members that night. So many visited with me before and after the very nice speech and presentation by Bob Huntington. I also received letters from members who could not attend the meeting.

It has been my privilege to work with you folks ever since November 2001 when we first gathered to form this organization. That group included Jerry Sheppard, Cap McCarthy, Lee Reeve, Tom Seaton and Stan Phillips. Several dedicated board members from that time continue to the present, along with equally-committed additions over the years.

I have also enjoyed working with my residents over so many years. I found it to be a two-way street because we all learned from each other. I have memories of times when, in the early days of my profession, oral surgeons were not prone to share educational information. Over the years that has changed to where now oral surgeons gather at continuing education meetings to enhance their training and for camaraderie.

A big thanks to our executive director Susan Smith and the board of directors of SCOA for putting together an excellent Fall Implant Meeting. Also, this meeting displayed a wonderful team of hostesses who greeted all in attendance and made them feel welcome.

The growth of SCOA over the past 11 years has been rewarding to me as I know it has been to all of you. I wish you continued success in the future years.

Sincerely,
George

EDITOR'S CORNER

John J Lytle DDS MD

Intravenous Sedation in a Teaching Environment Part II

In a previous editorial I reviewed my transition through various techniques of administering intravenous sedation or ultralight general anesthesia, as the late Frank M McCarthy so aptly referred to our form of placing patients in a state of unconsciousness that permits us to complete complex procedures; sometimes pain-producing procedures that are rendered surprisingly painless for both the patient and the patient's family when they are involved, especially in the case of children.

I have returned to teaching two days a week and am directly working one-on-one with interns and residents in various stages of their training. This past week we underwent an in-office evaluation conducted by two fine, younger oral and maxillofacial surgeons, both on the faculty of the UCLA School of Dentistry. The surgical assistant staff members in our clinic were apprehensive that they would not be able to respond to questions addressed to them. They made certain the crash carts were up to date and contained each of the required medications, equipment for establishing an airway, and even were ready to place an intraosseous line for administration of fluids. We rehearsed our roles in the weeks preceding the examination and I am confident that we all did a credible job. The exercise once again demonstrated to me that preparation for the in-office evaluation is the most valuable aspect of the program.

The first Anesthesia Symposium took place at LA County General Hospital in 1968. At that Symposium the idea was set forth that in-office self evaluation would be adopted by the Southern California Society of Oral Surgeons (*became Southern California Society of Oral and Maxillofacial Surgeons in 1977*) and the program moved forward under the leadership of Howard Davis, Cap McCarthy, Leland Reeve, Bob Steiner, S James Vamvas and others. The voluntary program was a success and soon spread to other oral surgery societies and eventually throughout the nation. In 1980 the program became a State of California requirement in order to provide office general anesthesia and intravenous sedation.

Looking over my records and calculating five-year intervals, I have participated in the process approximately 10 times over the last 50 years. Each time changes have occurred to help ensure that our patients are receiving the latest in anesthetic medications, monitoring techniques, and that our staff members are more qualified to provide for the patient's best and most rewarding outcome. Tremendous progress has been made.

Are the outcomes better? In many cases yes, but in certain areas new problems have arisen. The overproduction of oral and maxillofacial surgeons and the rise of "multispecialty general dental practices" have given rise to the itinerant OMS who travels to a location to perform procedures largely determined by a general dentist or the office manager who is often a senior dental assistant. Financial pressures on the young surgeon may induce him to accept surgical challenges that are not appropriate for a dental office and in some instances not appropriate for a fully-accredited outpatient surgery center.

Last month I advocated using midazolam,

Continued on Page 6

Lytle, Continued from Page 4

phentanyl and ketamine in substantial doses to obtain a level of sedation that would permit a qualified oral and maxillofacial surgeon to complete most of the dentoalveolar procedures that are normally performed; the removal of third molars, supernumerary teeth, bicuspids for orthodontia etc. You will note that most of these procedures are performed on persons during their early years, 6 through 30 to give a specific spread that is fairly encompassing.

The problem arises when these techniques are used on elderly, medically compromised individuals in situations where the patient may be sedated early in the day and continued under sedation for six to eight hours to permit a general dentist to perform multiple implants, sinus augmentation, and to construct provisional restorations for the patient before he is discharged. We have learned over the years that light, short procedures on the elderly are better tolerated than longer procedures or those performed at a deeper level of anesthesia. I would suggest that it is prudent to break these longer treatment plans into shorter segments and to limit the total amounts of midazolam, phentanyl and ketamine to amounts that we have found safe over the years. No specific total doses have been established as “safe” but in persons over 70 I think that doses of midazolam in the 20 to 30 mg range might be considered excessive even if given 1.0 mg at a time over several hours.

Older persons do not metabolize drugs as well as younger persons and although an operator may “get away” with large total doses, eventually a serious respiratory or cardiovascular event will occur in the postoperative period that may result in serious injury or patient death. Bad outcomes occur in the absence of negligence but pushing the limits on length of surgical procedures and on total doses of sedative medications and local anesthetic agents will eventually yield a result that is not intended and will remain in your mind and heart even if you are not found guilty of negligence by a regulatory body. It takes a strong and honest surgeon to state that he feels a proposed procedure exceeds his level of comfort for a particular patient.

John J Lytle DDS MD
Clinical Professor
Oral & Maxillofacial Surgery
The Herman Ostrow School of Dentistry of USC

WELCOME TO NEW SCOA MEMBERS

Simona C Arcan DMD MD
Huntington Beach

Richard H Bruckner DDS
Simi Valley

Gary D Carlsen DDS
Huntington Beach

Bassem Farid DDS
Marina del Rey

Arthur Johnson III DDS MD
Laguna Niguel

Steven B Kupferman DMD MD
Los Angeles

Peter K Moy DMD
Los Angeles

Gregory G Olsen DDS
Folsom

Blair G Ota MD DDS
Irvine

Keith L Radack DDS
Burbank

Ruben Ramirez DDS
San Diego

IN MEMORIAM

Stephen J Nahigian DDS
October 2012

SCOA 11TH ANNUAL SPRING SCIENTIFIC MEETING
MILLENNIUM BILTMORE HOTEL LOS ANGELES
WEDNESDAY APRIL 17, 2013

HANDS-ON COURSE
8 AM TO 12 PM 4 CEU

SOFT TISSUE GRAFTING
ZIV SIMON DMD MSc

LECTURE COURSE
12 PM TO 8 PM 8 CEU

CUSTOM TEMPORARY HEALING CAPS TO MAXIMIZE ESTHETICS
FRANK L PAVEL DMD

UPDATE ON GRAFTING OPTIONS IN ORAL AND MAXILLOFACIAL SURGERY
PETER M SCHEER DDS MS

PROLIFERATIVE VERRUCOUS LEUKOPLAKIA: A CLINICO-PATHOLOGIC ENIGMA
RAYMOND J MELROSE DDS

RECONSTRUCTION OF CONTINUITY DEFECTS
ALAN S HERFORD DDS MD

ALVEOLAR CLEFT REPAIR
MARK M URATA MD DDS

THE CHALLENGES OF TREATING THE EDENTULOUS MAXILLA
ALDO LEOPARDI BDS DDS MS

STATE OF THE ART IN SURGICAL IMPLANT DENTISTRY: MYTHS OR REALITIES?
PETER K MOY DMD

Please See 4-Page Insert with Program Details and Registration Form

SCOA 10th Annual Fall Implant Meeting Report - October 24, 2012

By Bach Le DDS MD
Program Chairman

We welcomed over 125 doctors to the Hilton Pasadena for presentations by Drs Daniel Cullum, Charles Hasse, Gerald Eidenmuller, Dennis-Duke Yamashita, David Gilbert, Joel Berger and to honor Dr George Gamboa, SCOA founding president.

The presentations were: Lingual and Inferior Alveolar Nerve Damage and Repair by Dr Berger; Advanced Treatment Strategies for Implant Reconstruction; Single to Full Arch; Parts I and II by Dr Cullum; Accelerated Osteogenic Orthodontics from the Oral Surgeon's Viewpoint by Dr Hasse and from the Orthodontist's Viewpoint by Dr Eidenmuller; Virtual Treatment Planning Using CBCT for Orthognathic Surgery by Dr Gilbert; and Reconstruction of Mandibular Continuity Defect by Dr Yamashita.

Thanks to all Silver sponsors. We value your generous support and our doctors always appreciate your door prizes. We want to recognize Platinum sponsor Nobel Biocare and Gold sponsor Osteohealth for providing additional support for Dr Cullum's presentations.

I look forward to seeing members and sponsors at the SCOA 11th Annual Spring Scientific Meeting April 17 at the Millennium Biltmore Hotel Los Angeles.

Presenters at the SCOA Fall Implant Meeting with SCOA president Dr Ted Tanabe: From left: Drs Gerald Eidenmuller, Charles Hasse, Joel Berger, Dennis-Duke Yamashita, Daniel Cullum, David Gilbert.

Meeting Honoree Dr George Gamboa with Mrs Gamboa, SCOA president Dr Ted Tanabe, and SCOA past presidents, Drs Bob Huntington, Jack Lytle, Ross Prout.

SCOA PRESIDENTS

George C Gamboa DDS MS EdD
2001 to 2004

Ross W Prout DDS
2004 to 2006

Robert E Huntington DDS
2006 to 2008

John J Lytle DDS MD
2008 to 2010

Theodore A Tanabe DDS
2010 to 2013

SCOA 10th Annual Fall Implant Meeting October 24, 2012

Drs Ted Tanabe, George Gamboa

Dr Chris Larson, Denis McNicholl [Medical Purchasing Solutions]

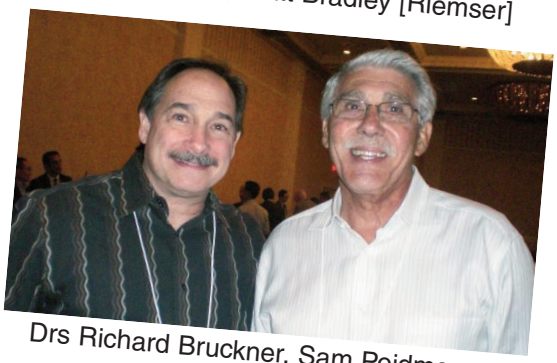
Drs Keith Hoffmann, Larry Hundley, George Gamboa

Dr Stanley Koh, Kelvin Yevilov [Surgical Solutions USA]

Drs Loretta Gilmore, George Gamboa

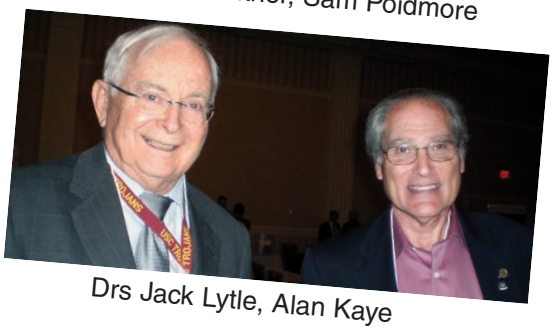
Dr Dustin Rowe, Matt Bradley [Riemser]

Drs Jim Sellas, Jason Gile, Frank Pavel



Drs Richard Bruckner, Sam Poidmore

Joanie Uherek [H&H/Exactech], Vince Holden [H&H], Dr Vladimir Polyakov



Drs Jack Lytle, Alan Kaye

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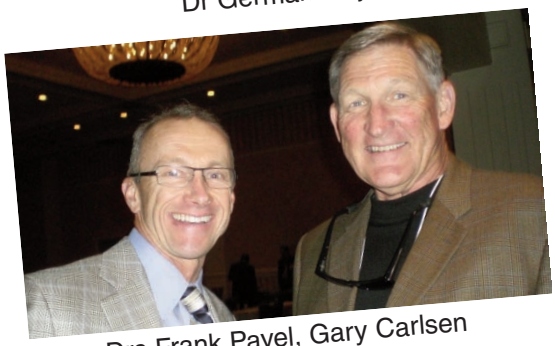
Drs Dan Copps, Joel Berger

Drs Ted Tanabe, George Maranon, Daniel Cullum

Karen Talofa and Angela Lipe [Osteohealth], Dr German Trujillo

Drs William Ardary, Blair Ota



Drs Frank Pavel, Gary Carlsen

Alex Karim [Megagen USA], Dr Kevin Lew

Dr Arthur Johnson, Justin Swann [Xemax]

Drs Ken Girard, Duke Yamashita

Drs Jim Sellas, Randy Halliday

Dr Sean Daneshgar, Judy Lanfried, Drs Dan Rudin, Paul Bilovsky

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Wednesday April 17, 2013

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