

## President's Message



**John J Lytle DDS MD**  
SCOA President

This is my final column as president of the Southern California Orofacial Academy. My two-year term has flown by with the same rapidity as my fifty years in dentistry since graduation from the USC School of Dentistry in 1958.

Our Academy has preserved our ability to provide

meaningful continuing education in areas that are of immediate interest to oral and maxillofacial surgeons and surprisingly to other dental specialists in periodontology, prosthodontology, oral pathology, and public health dentistry.

The continuing basis of oral and maxillofacial surgery is dentoalveolar surgery. Our background in trauma surgery, orthognathic surgery, TMJ procedures, management of benign and malignant tumors of the oral environment and more recently cosmetic procedures provides every OMF surgeon with a level of training and experience that sets him/her apart from all other dental specialists in terms of the amount of exposure to the treatment of structures other than teeth.

Over the last twenty-five years

OMS surgeons have been at the forefront of dental implantology. We have had to hone in on the details of occlusion, gingival anatomy, implant angulation, mesiodistal positioning and to develop individual philosophies concerning implant types and surface coatings. We are the most experienced dental specialists in harvesting bone for autologous grafting and have been very instrumental in developing both particulate and block grafting techniques. The sinus lift procedure has been a natural for OMS surgeons. Obtaining blood for the platelet rich plasma (PRP) procedures is an elementary exercise in most surgeons' hands.

The area of office ultralight general anesthesia and intravenous sedation has

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**2008 ANNUAL SCOA  
IMPLANT CONFERENCE**  
Wednesday Sep 10  
Featuring  
**Bach Le DDS MD**  
Hilton Pasadena  
12 PM to 9 PM  
Staff Presentations  
See Pages 4 & 5

## Southern California Orofacial Academy

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traditionally been one of our strong capabilities. The operator anesthetist model is alive and well but is constantly being challenged by specialists who would prefer to separate the surgeon from the anesthesia. This is one area where we must continue to lead the way. We possess the medications, the monitoring capabilities and the procedural methodology to provide these services to our patients in a fashion that has been proven to be safe and cost effective.

I would advise you practitioners who will be active in the area of general anesthesia in coming years not to adopt unnecessary complicating methods to your already successful current techniques without carefully scrutinizing the risk-benefit ratio. For me as a case in point is the addition of expired CO2 monitors in office open circuit anesthesia. In a closed system intubation environment it is an excellent early warning device. In our open system environment it is an addition complication factor that in my hands does not provide significant additional information. The pulse oximeter is the gold standard and I think will continue to be so in the foreseeable future.

Recently Southern California OMF surgeons were advised that the standard of care requires a continuous intravenous infusion be utilized in every case where sedation or general anesthesia is used. Almost simultaneously an office fatality was reported in which the proximate cause was the accidental infusion of 50% dextrose in toxic amounts. This is not the only case where the wrong bag has been hung and a patient dies. A similar incident occurred several years ago when a premixed lidocaine infusion resulted in cardiac arrest. It is the surgeon's individual responsibility to be certain the correct infusion is being delivered if we are to maintain the operator

*Continued on Page 18*

## Is There a Wolf at Your Door? By John M Scaramella DDS, Editor

We, as oral and maxillofacial surgeons, are very good at assessing risks and risk management. We can recognize litigation attorneys, problem patients, OSHA, dental board, entire civil code statutes, etc. These wolves we recognize and have appropriate safeguards for, i.e. liability insurance, office and personal umbrella policies, auto insurance, office insurance and earthquake insurance, as well as medical insurance (dental insurance?).

But is there a wolf sitting inside our door that we don't recognize, and if we do, is it possible that we believe that it is covered by the above-mentioned policies? If you started your practice in the 1960s, 1970s and early 1980s, there did not appear to be any problem regarding our staff that could not be handled with an office meeting, office policy handbook, and employee problems being handled between the employees themselves.

But things change! Approximately two and one half years ago I had a discussion with two attorneys over dinner (something I will never do again). They opened my eyes to the new reality concerning the number of lawsuits coming from employees involving their employer. These include but are not limited to discrimination, sexual harassment, wrongful termination, breach of employment contract, negligence evaluation, failure to employ or promote, wrongful discipline, deprivation of career opportunity, wrongful infliction of emotional distress, management of employee benefit plans, race and sex discrimination, assault and battery, emotional distress, defamation, etc.

I became concerned, then I reasoned, I have a staff that loves me (don't they?). I tried to run the office like a family. But then families have problems too! It was about this time our little

community hospital was going through the throes of the very same problem with new policies involving sexual harassment, etc. The litigation attorneys had found a new feeding ground for work-related lawsuits. They were rearing their ugly heads.

As I talked to the attorneys, I indicated that I had liability insurance with SCPIE (Southern California Physicians Insurance Exchange) and surely this took care of it. They said it probably did not and I should check with SCPIE. With due diligence I did call and found out that SCPIE does have very limited EPLI (employment practices liability insurance) but only very large groups with multiple corporations are covered. A small private practice, even if it is incorporated, is not covered. As liability insurance, for medical and dental malpractice this is not an option that is routinely covered, as it was explained to me. It would take an entire section to profile and maintain this separate section of liability. So I decided to call TDIC (The Dentists Insurance Company) because I had office insurance and workers comp with them. They said they did have EPLI but only those with their liability insurance could obtain their EPLI. A short time afterward they did send out a bulletin describing their EPLI. It was at that time I tried to call the American Association of Oral and Maxillofacial Surgeons. I was sure they would be able to help. They referred me to OMSNIC (OMS National Insurance Company) and they were not able to assist me unless I was an OMSNIC insured. I was later able to determine they have a very limited EPLI associated with their liability insurance covering approximately \$25,000 but could this be enough?

A little history of EPLI insurance: It became available in approximately 1988. The source of EPLI claims includes employees, former employees, employment applicants and things

*Continued on Page 18*

## **Annual SCOA Implant Conference**

Wednesday September 10 2008

12 to 9 PM

Hilton Pasadena

Eight CEU

### **Meeting Co-Sponsor**



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### **Bach Le DDS MD**

Assistant Clinical Professor of Oral & Maxillofacial Surgery

USC School of Dentistry

Assistant Director of Residency Education

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### **Presenters for Staff Sessions**

**Sandra Reiten CDA RDA**

**Corrine Carroll RN MS**

See Session Topics and Schedule on Page 5

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# Annual SCOA Implant Conference

Wednesday September 10 2008

12 to 9 PM

Hilton Pasadena

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## SCHEDULE

EXHIBITS OPEN 11 AM TO 9 PM

11:00 to 12:00	<b>REGISTRATION, EXHIBITS</b> <b>BOX LUNCHES AVAILABLE IN MEETING ROOM</b>
12:00 to 1:00	<b>SESSION I DOCTORS</b> Esthetic Management of Extraction Sites <b>SESSION I STAFF</b> Dental Implants and Treatment Planning
1:00 to 1:30	<b>BREAK WITH EXHIBITORS</b>
1:30 to 2:30	<b>SESSION II DOCTORS</b> Immediate Implant vs Delayed Implant Placement <b>SESSION II STAFF</b> The 13 Onsite Simulated Emergencies Required by the Dental Board of California
2:30 to 3:00	<b>BREAK WITH EXHIBITORS</b>
3:00 to 4:00	<b>SESSION III DOCTORS</b> Implants in Compromised Sites I Esthetic Zone Reconstruction <b>SESSION III STAFF</b> Utilizing an Implant Coordinator
4:00 to 4:30	<b>RECEPTION</b>
4:30 to 6:00	<b>DINNER AND DOOR PRIZES</b>
6:00 to 7:00	<b>SESSION IV DOCTORS AND STAFF</b> Implants in Compromised Sites II Management of the Severely Atrophic Ridge
7:00 to 7:30	<b>BREAK WITH EXHIBITORS</b>
7:30 to 8:30	<b>SESSION V DOCTORS AND STAFF</b> Management of Complications
8:30 to 9:00	<b>Q&amp;A</b> Continuing Education Certificates Available





This leopard was a trophy from a hunt in Zimbabwe.

### Frank Pavel DDS

For the few members who may never have heard of Frank Pavel DDS, retired oral and maxillofacial surgeon from San Diego, this article is presented to give the reader an idea of the scope of practice and interests of this true pioneer of oral and maxillofacial surgery during the last half of the 20<sup>th</sup> century. Your executive director Susan Smith, and current president of SCOA Jack Lytle, traveled to San Diego this summer to interview Frank and his wife Marilyn to preserve for our membership the highlights of Frank's remarkable career in oral and maxillofacial surgery. *Editor*

Frank is the son of a Czechoslovakian immigrant who came to America in 1909 through Boston, Massachusetts and settled in Lewiston, Idaho where he met and married another Czech immigrant. The family ultimately consisted of his machinist dad, his mom and five children, two boys and three girls. Frank was born in Lewiston in 1924, the youngest, most athletic and inquisitive. He was fascinated by machines but through his contacts with the family dentist, Dr Peterson, and through reading the book "The Doctors Mayo," he decided to become a dentist and planned to return to Lewiston and perhaps practice with Dr Peterson, his dentist, mentor and friend.

Frank met Marilyn Lester during their senior year in high school in 1941. Frank excelled in basketball and baseball and graduated from Lewiston High School in 1942. He went to Gonzaga University on a baseball scholarship where he was a standout baseball player and a member of the US Navy reserve V-12 program. The Navy called Frank to active duty after one year of college and he spent a year at the Naval Hospital in Farragut, Northern Idaho. He was on accelerated track and graduated from college in 1944. He then entered the University of Maryland School of Dentistry and graduated in 1948 with highest honors in crown and bridge. Frank and Marilyn were married in 1947 in Frank's last year of dental school. They have six children: Margaret, Frank, Kathryn, Richard, Kimberly and Anne.



Frank Pavel, Marilyn Pavel and Jack Lytle at the Pavel's home in San Diego

Frank received an oral surgery scholarship to Johns Hopkins Hospital in Baltimore, Maryland. He was a resident in oral and maxillofacial surgery at Johns Hopkins in 1948 and an instructor in crown and bridge at the University of Maryland Dental School in 1949. He was offered a residency in oral and maxillofacial surgery at the Mayo Foundation for Medical Education and Research at the Mayo Clinic in Rochester, Minnesota. The

*PAVEL Continued from Page 6*

University of Maryland called him back during the Korean War. Since he was in his residency at Johns Hopkins, Frank flew to the Pentagon and asked for three more months to finish his residency so he would be qualified in oral surgery. The Pentagon agreed, then called Frank and asked where he wanted to go next; they suggested Camp Pendleton Hospital.

Frank served at the Naval Hospital at Camp Pendleton and for two years where he was Officer in Charge of Oral and Maxillofacial Surgery for major trauma reconstruction from 1951-1953. During his time at Camp Pendleton, Frank had the highest number of trauma cases for the US Navy in the world.

A civilian consultant saw Frank at Camp Pendleton and asked him to come back to Mayo. He went back to the Mayo Clinic for a three-year residency, then a one-year anesthesia residency under John Lundy MD who introduced sodium pentothal. Frank stayed at Mayo for two more years for a total of five years. While at Mayo, he invented a foot pump for administering anesthesia to non-intubated outpatients. He used this pump at Mayo and later introduced it into practice with Dr Pete Bullard and Dr Sheldon Brockett.

In 1955 Frank was invited by Dr Bullard to join his San Diego oral surgery practice with Dr Brockett (who is now 95 years old). Frank said Dr Bullard handed him the keys to the office and said "I'll be back in two weeks so take care of my patients."

Frank was the sixth oral surgeon in San Diego and helped build the practice with his wife Marilyn. Dr Bullard started the practice in 1927; Dr Brockett came next; Dr Pavel followed; Dr Bill Hendrix joined in 1974.

Frank practiced major surgery from the beginning with Dr Bullard and Dr Brockett. He first used Dingman's procedure to correct jaw

deformities. Then he saw Dr Marsh Robinson use an extra-oral vertical ostiotomy and he continued to use Dr Robinson's technique.

In 1957 Frank and his associates decided to open a satellite oral surgery office in El Cajon. This office drew patients from Arizona. Frank's son Frank joined the practice in 1984. Son Frank L Pavel DMD attended Gonzaga, Tufts, The Ohio State University and received his oral surgery residency training at USC.

In 1966 Frank met Dr Hugo Obwegeser from Austria who shared an advanced interest in maxillofacial surgery. They remain good hunting buddies to this day. Frank has a bedroom in Dr Obwegeser's home in Zurich, Switzerland where he keeps his hunting rifle and hunting jacket.



View of San Diego Harbor from the Pavel's backyard

Frank was president of the San Diego Dental Society in 1969. He was president of the Southern California Society of Oral and Maxillofacial Surgeons in 1976 and president of the Western Society of Oral and Maxillofacial Surgeons in 1978. He is also a Diplomate of the American Board of Oral and Maxillofacial Surgery where he served for 18 years. He was a board examiner and president in 1982.

*Continued on Page 17*



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**Win/Win**  
**By R Dean Lang DDS**

The 2008 Annual SCOA Desert Conference was a great success. We had an excellent turnout to hear our group of presenters. The Desert Conference was held for the second year at Embassy Suites Palm Desert.

Dr Peter Moy was our featured speaker. He is Director of Implant Dentistry, Department of Oral & Maxillofacial Surgery, UCLA School of Dentistry. Dr Moy's presentations included *The Science of rhBMP-2; Clinical Applications and "on-Label" Use of rhBMP-2; How to Incorporate INFUSE into Routine Clinical Practice; and Everything You Wanted to Know about rhBMP-2 but Were Afraid to Ask.*

We had a special treat at dinner on Saturday evening with two of our own SCOA members from the U.S. Army sharing their experiences with us: Maj Rick Berrios discussed his *Deployment in Iraq*. LTC Bob Hale gave us new information about *The Joint Theater Trauma Registry with a Review of Maxillofacial Injuries in Iraq and Afghanistan.*

On Saturday and Sunday mornings Dr Frank Pavel arranged to have our popular Pearls presentations: *Accelerated Surgically-Assisted Orthodontic Treatment* by Dr Jeff Pulver; *Accelerated Healing Protocols for Dental Implants* by Dr Steve Wheeler; *Bisphosphonate-Related Osteonecrosis: What Do You Tell Your Patients and Your Referrals?* by Dr Tony Pitrowski; *The Two-Implant Mandibular Overdenture* by Dr Marc

Salomone; *Surgical Advances in Obstructive Sleep Apnea* by Dr Sandy Ratner; and *Considerations on Immediate vs Delayed Placement Protocols* by Dr Frank Pavel.

We appreciate the continued support of our sponsors and exhibitors. Many of these companies and reps have been with us since SCOA started hosting continuing education meetings. We also welcome new sponsors, new exhibitors and new reps to all of our meetings.

Thanks to Dr Ted Tanabe for inviting Dr Peter Moy to be our presenter, to Dr Frank Pavel who arranged the Pearls and Pearls presenters, to Dr Jim Jensvold who works with our sponsors and exhibitors for every meeting.

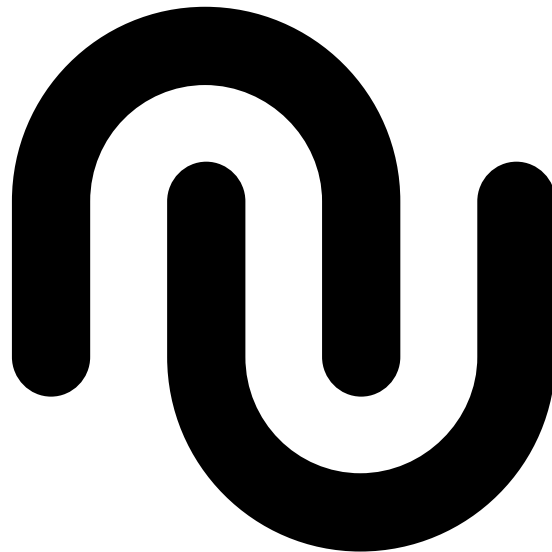


Dr Ted Tanabe, Dr Peter Moy, and Dr Jack Lytle.



Maj Rick Berrios and LTC Bob Hale.

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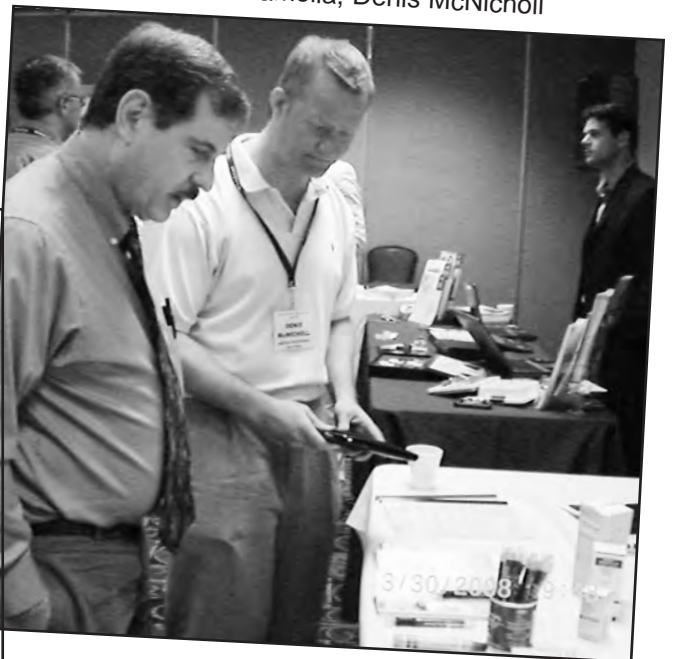


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Dr John McAndrew



Maj Rick Berrios, Crystal Berrios

Dr John Scaramella, Denis McNicholl



Holly Holden, Vince Holden, Dr David Gilbert, Dr William Bate

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2008 Desert Meeting



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Dr Peter Moy, Dr Michael Clark



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Jennifer Bettencourt, Mike Martinek

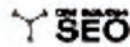


Dr Howard Davis, Dr John McAndrew,  
Todd Goodsell, Dr Joe Goodsell



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Robbie Acosta



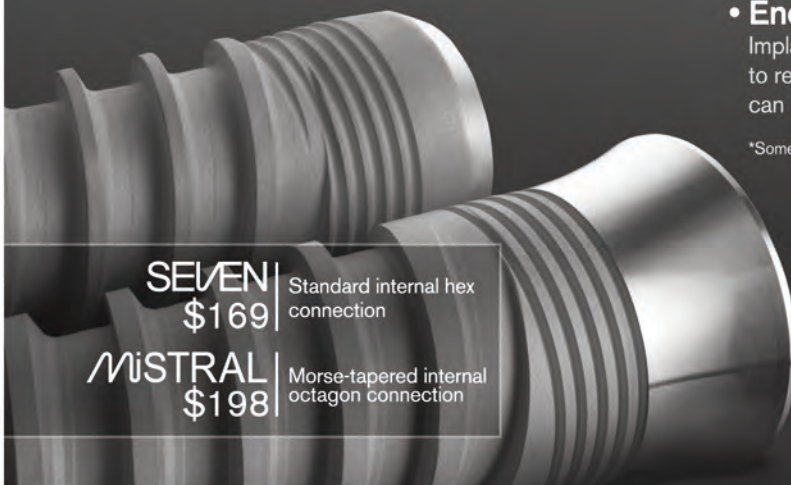


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2008 Desert Meeting



Surprise! Happy Birthday Frank!



Dr Tom Birney, Dr Bob Huntington



Dr Tony Pitrowksi, Dr Dennis Smiler



Scott Price, Dr Howard Park



Dr Mike Marshall, Mark Boll



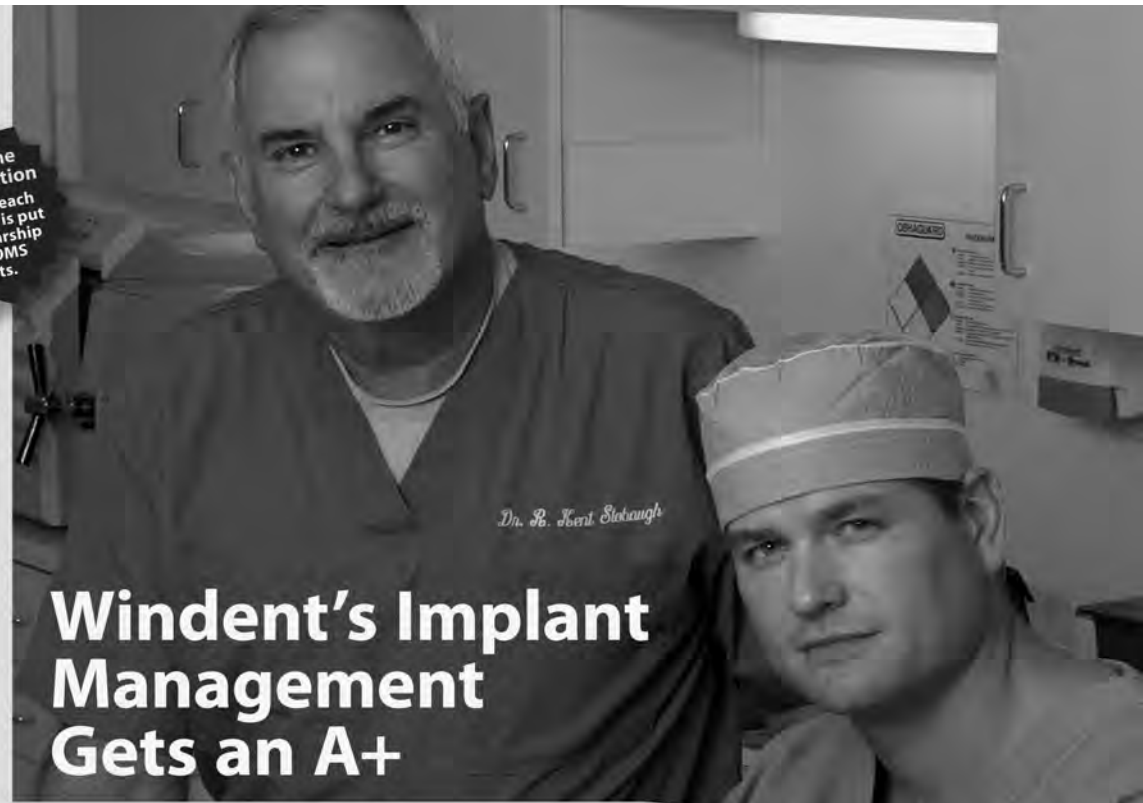
Holly Holden, Vince Holden, Dr David Gilbert



Dr Frank Pavel, Marcia Lytle, Dr Jack Lytle, Marilyn Pavel, Dr Frank Pavel



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Dr. R. Kent Stobaugh, D.D.S. (standing) and his associate Dr. Paul S. Metz, D.D.S., M.D. (seated) Oral & Maxillofacial Surgeons of Houston Houston, Texas



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*PAVEL Continued from Page 7*

Among Frank's numerous academic appointments and professional memberships, he was Associate Clinical Professor of Surgery at the School of Medicine, University of California at San Diego for 23 years and was president and founder of the Oral and Maxillofacial Surgery Foundation of San Diego. He was a founding member of The Doctors Mayo Society. He was elected president of the Mayo Clinic Alumni Association in 1989, the first dentist to serve as president

Frank often operated in Mexico on philanthropic missions. He became an ambassador to the Mexican Dental Society and was made an honorary member of the Tijuana Dental Society. He was also the first honorary member of the Ohio Society of Oral Surgeons.

For 47 years, Frank treated trauma patients from Oceanside to the Mexican border. He and his son performed 450 orthognathic surgeries over a three-year period. On a typical eight-hour day Frank saw 30 patients, did 15 general anesthesia cases, and often at 5:30 PM started a double-jaw orthognathic surgery with a hip graft....then continued a similar schedule the next day.

We learned an interesting thing about Frank that we want to share with you: Frank was left-handed until he started attending Catholic school where he was forced to write with his right hand. Therefore, and from that time on, he has been ambidextrous in all things, including oral and maxillofacial surgery.

Frank was one of the millions of Americans who, as members of "The Greatest Generation," had their lives and careers molded by the events of the Second World War.

*Written by Dr Jack Lytle and Susan Smith with Dr Frank Pavel, Marilyn Pavel, Dr Frank L Pavel and Madeleine Pavel.*

## 2008 Desert Meeting



Dr Jack Lytle, Dr Larry Lytle, Dr Frank Pavel,  
Dr Fank Pavel



Dr Bob Fontanesi, Dr Paul Braun



Dr Bob Huntington, Holly Holden, Vince Holden



Denis Slawsby, Dr Marc Salomone

*WOLF Continued from Page 3*

your employees do or don't do excluding molestation. I have been advised that employment practices liability allegations cost money. Defense costs can reach upwards of \$250,000-\$750,000 or more, even when the allegations are absolutely false. The length of time that allegations can be filed went from one year to two years after 9/11 as per the federal government. The deductibles for EPLI range from \$5000-\$10,000 depending on the type of program you select. The approximate \$25,000 total package from OMSNIC does not appear to be enough for protection. I was able to find several brokers that said they could find EPLI insurance for our office. But it still took four and one-half months with multiple, extremely lengthy application forms that were really made for very large corporations. A plan was finally made with a subsidiary of Lloyd's of London for around \$4000.

Over the last two years rates have come down, but I knew that there had to be a better way to obtain this type of insurance. I had the opportunity and good fortune to speak with Jason Sexton, representing SCPIE insurance, who has worked very hard to help us obtain an EPLI insurance program through a brokerage in San Diego. This company, Barney & Barney LLC can work with the oral and maxillofacial surgeons in California since neither SCPIE nor the new acquiring company TDC (The Doctors Company) have this benefit for their insured. Barney and Barney LLC now makes it easier to obtain the EPLI insurance with a one-page application form, reasonable rates and the ease of access. This may make this one wolf easier to identify, tame and control.

*If any of our members have experiences or suggestions regarding EPLI insurance, I would like to share them (this can be anonymous) in our next issue of SCOA Proceedings.....Editor*

*LYTLE Continued from Page 2*

anesthetist model of practice and plan to utilize a continuous intravenous drip during sedation and general anesthesia. The argument that MD anesthesiologists do this does not hold water. Our incremental dosing utilizing an angiocatheter or other access technique has proven to remain open during surgery and is a more reasonable standard of care.

There has been a long line of Southern California oral surgeons who have devoted countless hours to the development and practice of safe office-based anesthesia. Each of us must be willing to continue our education in anesthesia, learn from mistakes presented in risk management seminars and to pass on to younger and future practitioners the best information we have available.

John J Lytle DDS MD  
President, SCOA

### **RESIDENT SEEKS PRACTICE**

#### **Armond Kotikian DDS MD**

is chief OMS resident at the University of Michigan. He is originally from Southern California and wants to move back to the area in December 2008. Dr Kotikian is looking for someone who wants to sell their office or is looking for an associate with early partnership. Dr Kotikian was a physiological science major at UCLA where he received his DDS. He has OMS training at the VA Medical Center in Long Beach and Henry Ford Hospital in Detroit. His medical degree is from Wayne State School of Medicine and he will finish his OMS residency in December 2008. You can reach Dr Kotikian at 818-388-2737 or [armkotik@gmail.com](mailto:armkotik@gmail.com).



## FROM THE HUB



By Susan Leslie Smith  
Executive Director

### Annual SCOA Implant Conference

The Annual SCOA Implant Conference is Wednesday September 10, 2008 from 12 PM to 9 PM at the Hilton Pasadena. Our presenter is Dr Bach Le and his topic is *Esthetic Implant Site Development*. We have brand new staff sessions this year with presenters Sandra Reiten CDA RDA and Corrine Carroll RN MS. You can mail or fax the registration form 626-287-1515, call me to register 626-287-1185 or register online [www.socalorofacial.org](http://www.socalorofacial.org).

### Annual SCOA Desert Conference

Plan now to attend the Annual SCOA Desert Conference Friday February 6 to Sunday February 9, 2009 at our beautiful new location the Miramonte Resort & Spa in Indian Wells.

### SCOA Board News

On September 10, 2008 Dr Jack Lytle retires and Dr Bob Huntington becomes SCOA president. Dr Ted Tanabe takes over treasurer responsibilities from Dr Huntington and Dr Dean Lang takes Dr Tanabe's place as program chairman.

### SCOA Presidents

Dr George Gamboa, 2001 to 2004  
Dr Ross Prout, 2004 to 2006  
Dr Jack Lytle, 2006 to 2008

## In Memoriam



*We remember friends who  
have passed away  
since SCOA started in 2001*

*Bob Steiner 2001  
Frank Barbee 2001  
Helen Brockett 2002  
Woody Eklund 2002  
Jerry Sheppard 2002  
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Duke Jones 2003  
Lynn Fontanesi 2003  
'Little' Bob Thompson 2005  
Lee Reeve 2006  
David Cordoba 2007  
Paul Knight 2008  
Phil Boyne 2008*

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# **Thanks to Our Exhibitors!**

**SCOA Annual implant Conference  
Wednesday September 10, 2008  
Hilton Pasadena**

## **Meeting Co-Sponsor**



## **Exhibit Tables**

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Medical Purchasing Solutions  
Neoss Inc  
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