Winter – Spring 2018

SCOA PROCEEDINGS

JOURNEL OF THE SOUTHERN CALIFORNIA OROFACIAL ACADEMY

PRESIDENT'S MESSAGE

by John Scaramella DDS

The Southern California Orofacial Academy (SCOA) has a long history with oral and maxillofacial surgeons (OMS) extending back to 1921 according to our historian Robert Huntington DDS. The oral surgeons in Southern California banded together in their private offices to explore and learn from each other. They learned how to do difficult cases and watched live surgery after office hours. Today we still share the same camaraderie and the desire to continue learning through the lectures and pearls that SCOA has presented and will continue to present by our members and other speakers.

SCOA is about to embark on a new path: The use of high-fidelity simulation anesthesia-emergency preparedness to allow our members and staff direct hands-on emergency experience that can happen in your office with outpatient anesthesia. This course will be designed to give our members simulated emergencies and will be somewhat comparable to the airline pilots' simulation.

We are fortunate to have Roberta Ashley CRNA EdD CHSE who is certified to teach simulation in California and nationwide. Dr Ashley is Assistant Professor of Clinical Anesthesiology at Keck School of Medicine of USC for medical anesthesia residents, at the Herman Ostrow School of Dentistry of USC for OMS residents, and at Harbor-UCLA Medical Center for OMS residents, working with Dennis-Duke Yamashita DDS, Bach Le DDS MD, Mark Urata DDS MD and Nam Cho MD DDS. She also coordinates with Colonya Calhoun DDS PhD and Jettie Uyanne DDS at Harbor-UCLA for their simulation training.

Dr Ashley has offered to help teach simulated emergencies for SCOA members. With this in mind SCOA has applied for a grant to purchase two Gaumard Simulators, a Trauma HAL and a Pediatric HAL. We will be able to offer Advanced Cardiac Life Support (ACLS) emergencies utilizing high fidelity simulation and possibly. in the future, Advanced Trauma Life Support (ATLS) with Trauma HAL, and Pediatric HAL for the American Heart Association (AHA) Pediatric Advanced Life Support (PALS) course.

Our first simulation course will be August 4, 2018 with room for six practitioners and their entire staff for an eight-hour course. In the morning session doctors and staff will participate in high-fidelity simulated emergencies which will be Mega Code scenarios for the ACLS course; the afternoon session will go through the ACLS stations and exam. At noon we will swap groups. This is the preliminary outline for the course: The Gaumard group will allow us to use the simulators for that day, and Emergency Medical Services (EMS SimulationIQ) will loan us the use of their large field cameras to allow us to see the entire scenario for post-simulation discussion. The video may be available for doctors who would like to have a copy; all other copies of their participation will be erased. Our first course will fill up fast so if you want to reserve space for August 4th please let Susan know: 626-287-1185; susan@socalorofacial.org.

Continued on page 2

IN THIS ISSUE

ANNUAL SPRING SCIENTIFIC MEETING WEDNESDAY MAY 2

President's Message continued from page 1

At our recent SCOA board meeting program chair Dr Le asked if there is pathway where we can certify our OMS assistants which has been brought up in the past. Bruce Witcher DDS has moved a bill through the California State Legislature for the certification of dental sedation assistants (DSA) where they can be officially certified the same as orthodontic assistants. This certification requires 110 hours of class which can be done in small groups; the idea is for each practitioner to teach their staff for this course using the OMSA 38-hour course and then taking the rest in the office. This course may be completed on a large scale for OMS assistants in Southern California. This will require multiple hours of preparation and working with instructors already certified by the State of California. Instructors that are SCOA members are Larry Lytle MD DDS, George Maranon DDS, Peter Krakowiak DMD and myself. This course will prepare dental sedation assistants to take the state examination to become certified. Hopefully this course will be available very soon. ■

NEWS FROM SUSAN

Some of our members still tell me they didn't know we have a **website** www.socalorofacial.org and **Facebook page** (link is on website). I have posted current and future meeting information on our Welcome page so please view our website often. You will find information and photos from past meetings; list of SCOA members and their locations; current and archived issues of *SCOA Proceedings;* and you can pay your dues and registration online.

We invite you to complete and return our **2018 SCOA Member Survey** inserted in this issue. Dr Peter Krakowiak formulated this Standard of Care Questionnaire and will report on data findings at our **Spring Scientific Meeting Wednesday May 2** at the Hilton Pasadena. Presenters and topics are on Page 28; program and registration form are inserted in this issue

SCOA will soon provide *High-Fidelity ACRM Medical Simulation.* Be sure to read John's *President's Message* and Roberta's *What Exactly is Medical Simulation?* on either side of this column. Our next **Surgical Airway/ACLS-BCLS Course is Saturday August 4 at the Hilton Pasadena.** ■

I'll see you May 2 at the Hilton.

WHAT EXACTLY IS MEDICAL SIMULATION?

by Roberta Ashley CRNA EdD CHSE

When you hear the word "Simulation" what do you think of? Do you think of CPR manikins, airway task trainers, IV arms, full body robotic manikins who breathe, blink and talk? Do you think of standardized patients who are actors portraying the roles of patients? Do you think of virtual or augmented reality programs and games? Because: All of these are correct! "Simulation" is a very broad term!

We have all used IV arms and intubating heads for the purposes of learning how to start and remove IVs and intubate the trachea. We have placed our assistants in dental chairs and pretended they were patients. We have performed complex surgeries on a haptic-driven augmented reality or virtual reality systems before performing them on patients. We have stood around a CPR manikin during our ACLS and PALS training, looked at changing rhythms on a programmable monitor and discussed how we would treat them if we became unfortunate enough to see them on our patients. We will discuss here ACRM (Acute Crisis Resource Management) simulation which will be coming soon to SCOA members and their staff.

ACRM simulation has its roots in the aviation industry where it is known as CRM (Crew or Cockpit Resource Management) simulation. Aviation, like medicine, is a complex, high reliability, and safety-critical industry; and safety within both disciplines lies at its core a specific type of group cognition called "distributed cognition." The team members must all share a mental model. Team members must not only think about their work, they must also understand that, in the face of changing context, their work will affect the activities of the other members of their team. Clear as mud? Allow me to elaborate a little more.

On December 29, 1972, Eastern Airlines Flight 401 crashed in the Florida Everglades. The crew was very experienced, so just what happened to cause the deaths of 101 passengers and three crew, and the loss of a Lockheed L-1011? Analysis of the cockpit voice recorder and flight data recorder revealed the crew had inadvertently placed the autopilot into a very slow, shallow descent pattern while they attempted to troubleshoot a burned-out landing gear light. The culture of aviation at the time forbade questioning the captain; they often described themselves as "God with a small g and Cowboy with a capital C." This was a very common cultural belief and sometimes even written into flight manuals at the time; you did not question the captain, ever. On that day Air Traffic Control had indeed noticed the slow "controlled descent into terrain" (the plane had departed from its assigned altitude without permission), but the only recorded statement of concern by ATC was a simple "How's it goin' out there, Eastern?"

Many other aviation accidents which occurred during those dark years were traced to a single root cause: The human interface. The reasons for this were not hard to understand. Aviation developed in the 1920s and 1930s, when pilots worked alone. Aviation culture demanded pilots, even as they began to work with navigators and other crew members, be able to demonstrate *without assistance* the handling of any exigencies which might arise. (Gee, does any of this sound familiar to any of you?) As flying became more commonplace, aircraft grew larger and more complex, and were operated by a pilot, co-pilot, flight engineer and flight attendants; teamwork, shared mental models and distributed cognition simply did not exist. Each member did his or her job in a complete silo; and accidents continued to happen. With the availability of flight recorders and cockpit voice recorders, nearly all of these accidents upon analysis were traced to misunderstandings and miscommunications between crew members and/or with the outside.

In response to this knowledge, in 1979, NASA launched a workshop titled "Resource Management on the Flight Deck." The first CRM program was launched by United Air Lines in 1981 using flight simulators, and the cockpit then began its gradual change from an autocracy to a democracy. Despite heavy resistance from airline pilot unions, as United's

Continued on page 4

Dr Ashley continued from page 3

safety record began to improve, other airlines began to follow suit. Success stories such as US Airways Flight 1549, which hit a flock of geese on takeoff in 2009, to 2018 where no aircraft accidents were reported at all, CRM has made a real difference in promoting a culture of safety and teamwork, using evidence-based methodology and deliberate practice including simulation. Many pilots now say during their flight pre-briefing, "Hello, I'm your captain. I'm God with a small g and Cowboy with a capital C. Please call it to my attention if you notice me making any mistakes."

ACRM began to transition to medicine following the publication by the IOM's "To Err Is Human" in 2000, which outlined the very real problem of medical errors (approximately 400,000 per year), and indicated the chances of a patient dying in a hospital due to medical errors, nearly all of which were caused by communication errors and poor collaboration, were higher than dying in a traffic accident. Simulation was identified as a proven method to address these issues of poor teamwork, poor communication, missed cues, and others. The NIH began to research and develop methodologies for the purposes of promoting this culture of safety in medicine. The American Interprofessional Health Collaborative (AIHC) was formed in 2009 and included a member from the American Dental Association. The mission of the IPEC was to develop interprofessional education, aka silo-busting.

The first high fidelity anesthesiology simulator was "Sim One" at USC, developed in 1962. "Sim One" was not used for ACRM, however; it was designed and used as a high-fidelity task trainer and quickly failed due to its primitive computer components. The Anesthesia Patient Safety Foundation was formed in 1997 and is a multi-disciplinary organization dedicated to promoting a culture of safety in anesthesiology. During the 1990s advances in computer science were reflected in simulation. David Gaba MD of Stanford University, whom I know, developed the earliest ACRM anesthesiology program specifically designed to teach crisis resource management skills (called Comprehensive Anesthesia Simulation Environment, or CASE) at Stanford University using a Mac computer, a manikin and a waveform generator. Based on the CRM aviation model, it was incorporated into the anesthesiology curriculum, which was followed by Second Life in 1999. Both of these systems stressed debriefing as their primary modality of learning, through the process of reflective learning. Remember, contrary to popular belief we do not learn from our experiences. We learn from *reflecting* on our experiences!

So where does oral surgery fit in here? Not in any significant way, I am sorry to report. ACRM in oral surgery is still very much in its infancy. The Society for Simulation in Healthcare (www.ssih.org), a worldwide organization which promotes evidence-based simulation education and practice, publishes the Journal of Simulation in Education and collaborates with the International Nursing Association for Clinical Simulation and Learning (INACL), an organization which publishes evidence-based standards for simulation education. Neither SSIH nor INACSL recognizes any program which utilizes ACRM principles in the dedicated oral surgery setting. Many medical insurance companies offer discounts to physicians who practice ACRM simulation on a regular basis, as engaging in ACRM has been clearly shown to reduce the likelihood of patient injury or demise in the event of an actual emergency; and a collaborative team model has been clearly shown to apply to anesthesiology as well as it does in aviation. Whether it would apply to oral surgery is one very great unknown. I am honored to be allowed to bring ACRM simulation to SCOA, and perhaps all of us working together can promote a culture of safety and a collaborative team model to the oral surgery setting.

Photos in this article by Medical Photography of the Keck School of Medicine of USC, approved by Keck PR for public use and all permissions given. This is an ACRM simulation session. Residents are all OMS from Harbor and USC. ■

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15TH ANNUAL FALL IMPLANT SYMPOSIUM

by Bach Le DDS MD Program Chair

The SCOA Annual Fall Implant Symposium was held at our official venue, Hilton Pasadena where we were pleased to welcome 18 presenters. We also honored Jack Lytle DDS MD for his many years as a founder and on the SCOA Board.

Aaron Strumwasser MD
Emergency Surgical Airway Lecture

Roberta Ashley CRNA EdD CHSE
Aaron Strumwasser MD
Emergency Surgical Airway Hands-On

Mark Poliquin Esq
Occurrence vs Claims Made

Homayoun Zadeh DDS PhD
Vista: An Alternative Approach for the Management of Soft Tissue Deficiencies Around Teeth and Implants

Sreenivas Koka DDS MD PhD MBA
Truths, Half-Truths and Lies in Prosthodontics and Implant Dentistry

Dale Stringer DDS
Orthognathic Surgery – A 35-Year Perspective

Jay Reznick DMD MD
Digital Technology in the OMFS Practice

Lt Col Rick Berrios DDS
Humanitarian Mission Belize 2017

Gary Carlsen DDS
How Membranes Help Us in Clinical Practice

Christopher Choi DDS MD
Negative Yelp Review Nightmare

Parish Sedghizadeh DDS MS
Death by Ultrasound

Audrey Boros MSc DDS
From Mouth to Microscope: Impact of a Suboptimal Biopsy on Diagnosis

Serge Lokot DDS
Anesthesia Options for Treating Centenarians

Dave Cummings DDS
Basics of Dental Implant Abutments: Zirconium, Gold or Titanium, They All Have Their Place

Peter Krakowiak DMD
Medical Emergencies, Record Keeping and Current State Regulations for Auxiliaries

We appreciated a record number of sponsors in October. Exhibit tables were sold out three months prior to the meeting.

Aidarex Pharmaceuticals
BioHorizons
Brady Price & Associates
Carestream Dental
Dental Implant Technologies
Dentsply Sirona Implants
DoWell Dental Products
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Geistlich Biomaterials
H&H Company
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Lanfried Ortho Technology
Maxxeus Dental
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Nobel Biocare
OMSNIC
One Rep Inc
Osteomed
Snoasis Medical Products
Straumann USA
Stryker Craniomaxillofacial
Ultralight Optics
Xemax Surgical Products

See more photos from our 2017 Annual Fall Implant Symposium on Page 10

SCOA BOARD TRANSITIONS
Welcome to Our New Members

Roberta Ashley CRNA Ed CHSE

Dr Ashley is a CRNA (Certified Registered Nurse Anesthetist), EdD (Doctorate in Education/Doctor of Educational Psychology) and CHSE (Certified Healthcare Simulation Educator). She is Assistant Professor of Clinical Anesthesiology and OMFS Anesthesiology Education Director at the Keck School of Medicine of USC Department of Anesthesiology. Dr Ashley has been supervising OMS resident anesthesiology education for over 10 years at the Ostrow School of Dentistry of USC and Harbor-UCLA Medical Center. Dr Ashley is instrumental in a new project to teach simulated emergencies to SCOA members and is facilitating an application to the National Institutes of Health (NIH) for a grant to purchase two Gaumard Simulators, a Trauma HAL and Pediatric HAL. ashley@usc.edu.

Dave Cummings DDS

Dr Cummings earned his undergraduate degree at the University of California San Diego, dental degree and residency in oral and maxillofacial surgery at the University of Southern California and a fellowship in reconstructive jaw surgery in Santa Barbara. He has been a Diplomate of the American Board of Oral and Maxillofacial Surgery and has enjoyed serving on the Board of Examiners for the past six years. Passionate about teaching the latest technological advancements in oral and maxillofacial surgery, Dr Cummings has held a faculty position as Assistant Clinical Professor at the Herman Ostrow School of Dentistry of USC for the past 15 years. He is a member of the California Association of Oral and Maxillofacial Surgeons. He was chairman of the Oral and Maxillofacial Surgery Assistants Course and is currently on the CALAOMS board of directors. He maintains active hospital privileges and takes oral and maxillofacial surgery call at Mission Regional Hospital in Mission Viejo, Children's Hospital of Orange County and Saddleback Memorial Medical Center in Laguna Hills. He has also served on the Surgical Executive Committee at Mission hospital. Dr Cummings' interests include dental implants, orthognathic surgery, facial trauma surgery, jaw pathology and sleep apnea surgery. He and his wife Marian have two children and reside in Orange County. He enjoys spending time with his family, golf, cycling, and backpacking. drcummings@oralsurgeryteam.com.

Judy Landfried

Judy has owned and operated several businesses that have exposed her to employment issues, human resource management, contracts, government regulation monitoring, finance, procurement and public relations. Her companies include an aerospace-related cleanroom and testing facility, orthodontic laboratory, restaurant, shoe manufacturing and an international shipping business. She contracts for commercial and residential real estate design, development and construction. Judy is a professional high-conflict mediator, diplomat and Harvard-trained negotiator specializing in multicultural and political issues involving the Middle East and Asia. She mediates litigated cases in business to business disputes, inter- and intra-state issues, dental malpractice and personal injury lawsuits. She serves the Los Angeles Superior Court and Orange County Alternative Dispute Resolution (ADR) panels. Judy started Lanfried Ortho Technology® LLC in 1970. She designs and manufactures tooth-moving appliances, nightguards, surgical templates and intra-oral facial paralysis prosthetics which are her patented and trademarked inventions PalsyPal®. Judy's professional memberships include Southern California Orofacial Academy, California Dental Association, Southern California Mediation Association and the Institute for Multi-Track Diplomacy and World Affairs Councils of Los Angeles and Orange County. "Thank you for the invitation to join your SCOA Board. I look forward to working with such a big-hearted and bright bunch of medical professionals." jsighs@aol.com.

Robert Lytle DDS

Dr Lytle earned Bachelor of Science and DDS degrees from the University of Southern California. He went on to Louisiana State University where he completed a general surgery internship and oral and maxillofacial surgery residency at Charity Hospital in New Orleans. Dr Lytle has served two terms as chairman of the oral and maxillofacial surgery section at Huntington Hospital in Pasadena. He is past president of the Glendale Academy of Dentists. He is in private practice in Glendale, La Canada and Pasadena. Dr Lytle's interests include dental implants, esthetic bone and soft tissue enhancement, anesthesia and digital workflow in oral reconstructive surgery. Dr Lytle and his wife Lindsay reside in San Marino with their three children. He is a Boy Scout leader and enjoys backpacking, fishing and wing shooting. rjlytledds@gmail.com.

Blair Ota MD DDS

Dr Ota graduated from USC School of Dentistry with honors and completed his Oral Surgery Residency at Los Angeles County-USC. He pursued a medical degree at Hahnemann University for the Health Sciences with highest honors. Dr Ota completed his internship in General Surgery at University of California at San Diego and a Fellowship at University of Texas at Parkland Memorial Hospital in Dallas in Aesthetic Maxillofacial Surgery. He was elected to the Advisory Board of The American Board of Oral and Maxillofacial Surgeons and served six years as an examiner. He is a member of the American Society of Maxillofacial Surgeons which is the "Facial Arm" of the American Society of Plastic and Reconstructive Surgeons. He is a General Anesthesia Evaluator for the Dental Board of California and has been Chairman of the Oral and Maxillofacial Department at Hoag Memorial Hospital in Newport Beach and Hoag Memorial Hospital in Irvine California for two terms. During his tenure he served on the Medical Executive Committee of Hoag Memorial Medical Staff. Dr Ota and is wife Paula have been married for 46 years and have five grown children, Bowen, Jamie, Melissa, Erin, and Kiara Ota. He has also been program director and Head Coach of Softball at Northwood High School in Irvine for the past 9 years. drbgota@gmail.com.

RETIRING FROM THE BOARD

Kevin Lew DDS MD

Thanks to Dr Lew for his many years on the SCOA board of directors where he was residents co-chair with Dr Dennis-Duke Yamashita. Dr Lew has a private practice in Los Angeles. He continues to support SCOA and attends all continuing education meetings. drlew@kevinlewddsmd.com.

SPECIAL RECOGNITION

Jack Lytle DDS MD

Dr Lytle has been a dedicated member of the SCOA board of directors since the first Founders Meeting on November 13, 2001. He served as president from 2008 to 2010, editor from 2010 to 2013, and wrote a clinical column for *SCOA Proceedings* from 2013 to 2016. Dr Lytle was honored on October 18, 2017 at the SCOA 15th Annual Fall Implant Symposium. As we start our 17th year Dr Lytle continues as a director and has received special recognition from the board as 'SCOA Director Emeritus'. He proudly accepted this designation "as long as I can keep coming to board meetings." jacklytle@sbcglobal.net.

SCOA 15TH ANNUAL FALL IMPLANT SYMPOSIUM
OCTOBER 18, 2017 HILTON PASADENA

Photography by Joe Katchka and Craig Norris • KatchMoments Photography
See More Fall 2017 Photos of Presenters and Sponsors on SCOA website www.socalorofacial.org

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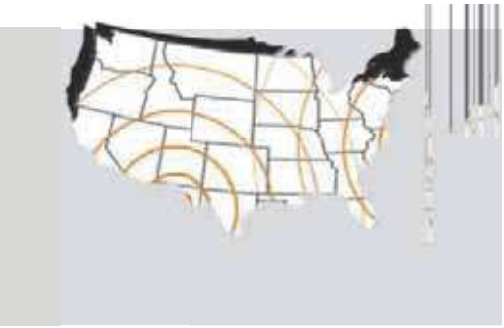

Invitation to all SCOA Members

Come see us in 2018 during the
Spring Implant Symposium, May 2
Fall Implant Symposium, Oct 24
In Pasadena, CA

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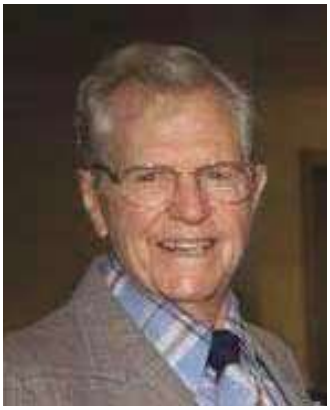
A GIANT'S FOOTPRINT IN SOUTHERN CALIFORNIA

by W Howard Davis DDS



When Susan and I chatted about the recent passing of Hugo Obwegeser, we thought it would be approriate to speak about him in our Journel. In reviewing what has been written about him, there isn't really anything left unsaid. Except how we put him through the ringer in Southern California one fine surgical day.

After Professer Obwegeser's groundbreaking presentation at Walter Reed in 1966, a memorable event in Southern California happened in May 1967, and is described 32 years later in this note to my wife, Janie.

To set the stage, you know how we have learned to work closely with the anesthesiologist to have the endotracheal tube exit the nose closely, and carefully fix the anesthesia tube so that, during a long proceedure, the tube will never cause a necrosis of the nasel ala. Now the letter that Hugo sent to Janie, word for word.

Hugo L. Obwegeser M.D.,D.M.D.
Prof.em.,Dr.Dr.h.c., F.D.S.R.C.S.(Engl.)
CH-8603 Schwerzenbach, Im Zelg
SWITZERLAND
Tel./Fax: -41-1-8253293 / -1-8871835

January, 23nd.1999

Mrs Jane Davis
93 Vista De Golfo
Long Beach / C

USA - CA 90803 -4158

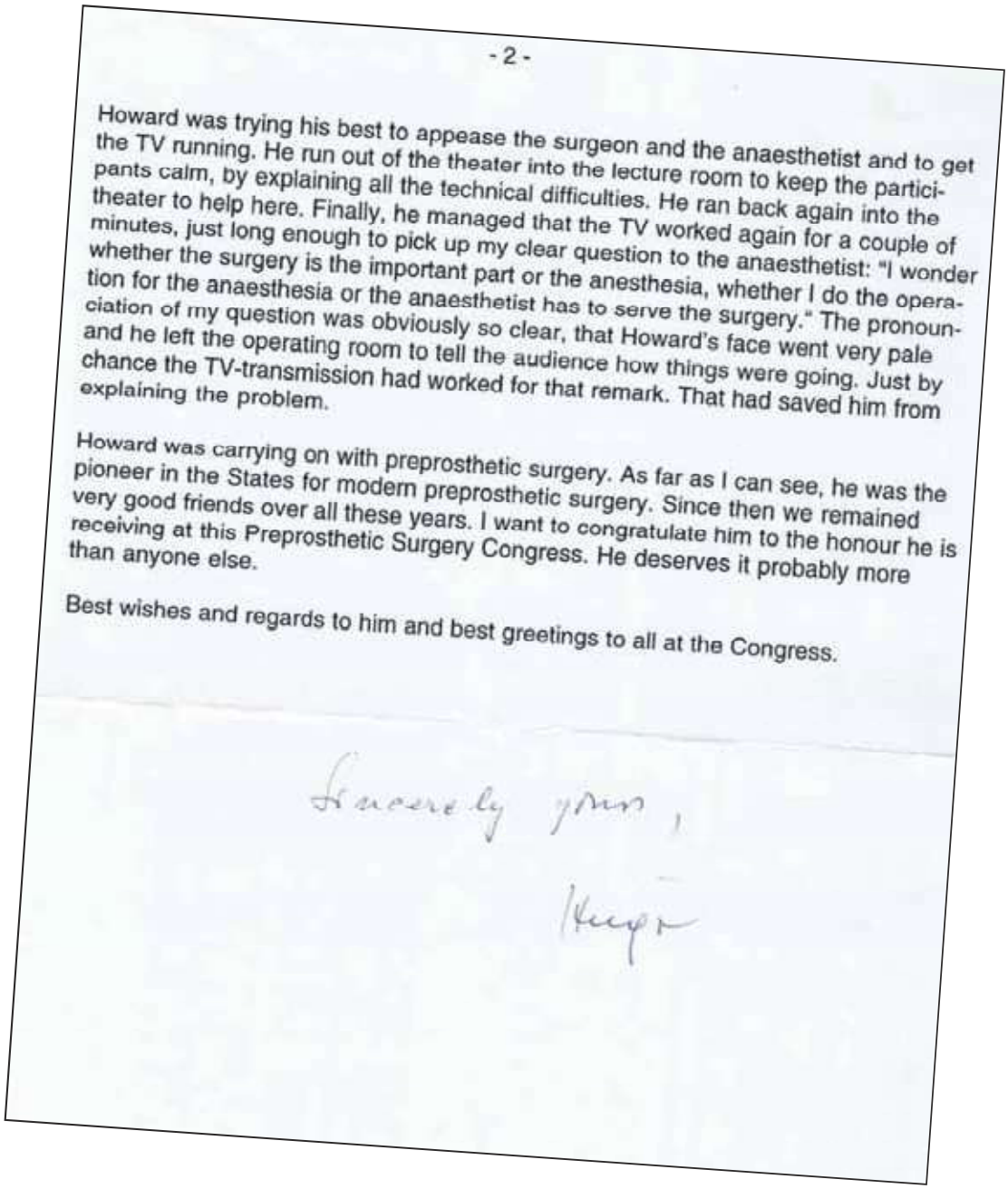
Dear Janie

It was nice to receive Christmas and New Year greetings from Howard and you. Best thanks and again best wishes to both of you.

It gives me much pleasure and I feel very honoured to get the opportunity to write a few lines of memories for Howard's honouring at the Preprosthetic Congress: Howard Davis was one of the earliest visitors I had from the USA after my three days lecture performance at the Walter Reed Hospital in 1966. In those days prosthetic surgery and osteotomies for correction of maxillo-mandibular anomalies were in fashion. He was particularly interested in preprostetic surgery. For that, and I guess also for personal reasons, he visited my clinic several times. He was very much enthusiastic about the results of the submucous vestibulo-plasty procedure and others and in particular about the lowering of floor of mouth and vestibular skin grafting technique. He felt that this is something of great value for so many patients who could not work with their dentures. When I planned a lecture tour in the States he wanted me to perform some demonstration operations at Orange County Hospital in order to convince and stimulate his friends to start also these operations.

I shall never forget that experience of trying to do a mouth floor plasty and vestibular skin grafting under TV. As I had foreseen that some difficulties might arise doing such an operation at a strange place I had brought all my special instrumen-tation from Zurich and had even asked my nurse to come to help me to prepare things before and during the operation. But such an operation in the mouth was strange for the anaesthetist. He did not like the nasal intubation. But I had to insist. The nasal tube finally was far out, not to my pleasure. He was frightend that I would pull out the tube out during my work when I had to turn the head from one side to the other. The anaesthetist did not like that at all. He wanted the patient's head stay straight during the whole operation. So, there was a conflict and it was transferred by TV to the lecture hall.

Continued on page 13



- 2 -

Howard was trying his best to appease the surgeon and the anaesthetist and to get the TV running. He run out of the theater into the lecture room to keep the participants calm, by explaining all the technical difficulties. He ran back again into the theater to help here. Finally, he managed that the TV worked again for a couple of minutes, just long enough to pick up my clear question to the anaesthetist: "I wonder whether the surgery is the important part or the anesthesia, whether I do the operation for the anaesthesia or the anaesthetist has to serve the surgery." The pronounciation of my question was obviously so clear, that Howard's face went very pale and he left the operating room to tell the audience how things were going. Just by chance the TV-transmission had worked for that remark. That had saved him from explaining the problem.

Howard was carrying on with preprosthetic surgery. As far as I can see, he was the pioneer in the States for modern preprosthetic surgery. Since then we remained very good friends over all these years. I want to congratulate him to the honour he is receiving at this Preprosthetic Surgery Congress. He deserves it probably more than anyone else.

Best wishes and regards to him and best greetings to all at the Congress.

Sincerely yours,

Hugo

Hugo graciously didn't mention in his note that the cameraman had to change lenses from time to time for different views During these changes, Hugo stated that , in Europe they have zoom lenses.

As a vignette, after the presentation, Hugo and his assistant had one day before their departure and they were invited by Janie to go to Disneyland, but he commented that he had seen "carnivals" before. Janie prevailed on him to go, and he was so taken by it that he changed his airplane reservation and stayed an additional day to go back to Disneyland.

Oh, and professor Obwegeser apparently felt that I needed more training, as he allowed me additional visits to his clinic in Zurich. Toward the end of the visits, he invited me to be the surgeon for vestibuloplasty with skin grafting. I rewarded hin with dissecting the lingula tissue so vigorously that a pneumothorax was created. It was quickly diagnosed and successfully treated.

Thank you for allowing me to share some memorable times with our great teacher.

Continued on Page 14

A Giant's Footprint Continued from Page 13

Drs Howard Davis and Hugo Obwegester
at the reception following
A Course in Preprosthetic and Orthodontic Surgery.

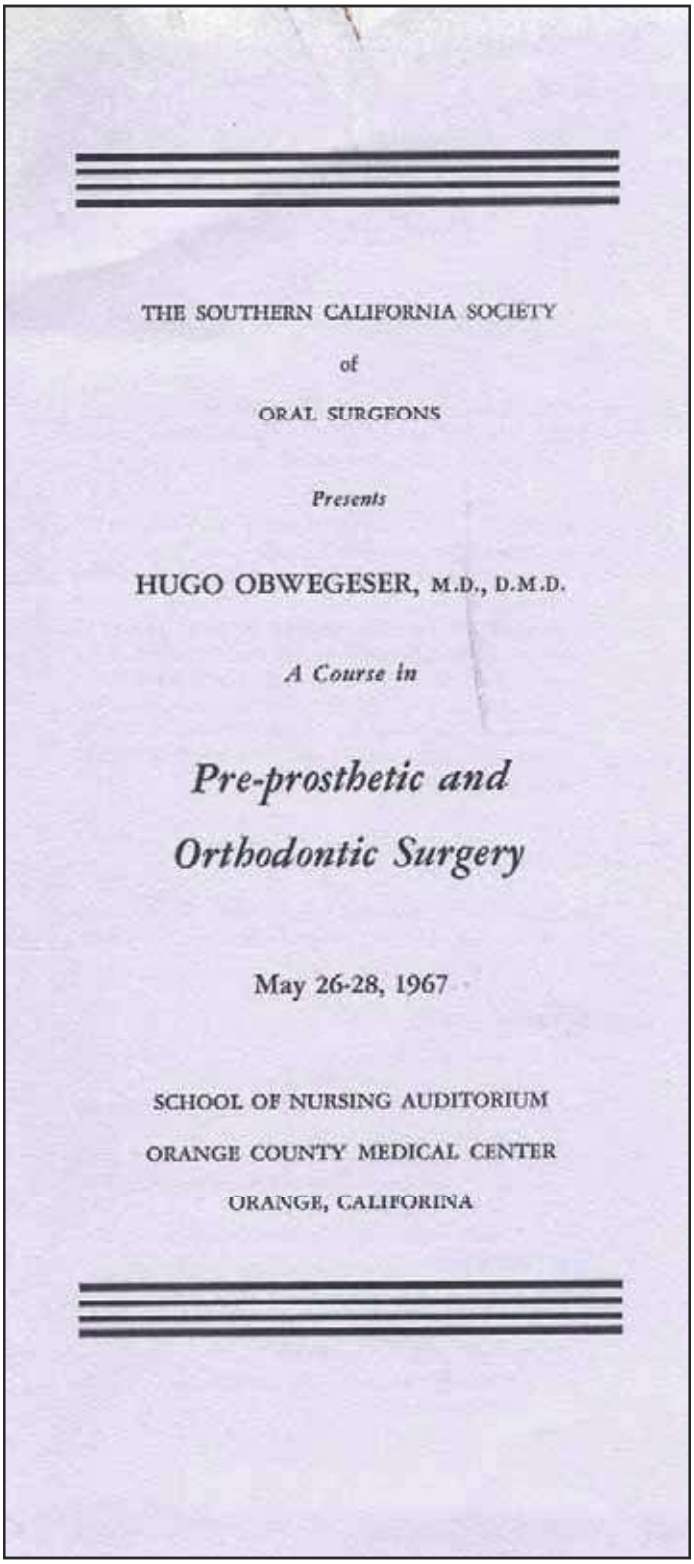
Believe it or not, Hugo was still talking to me after this course." – W. Howard Davis

On the right you see the outside of the meeting announcement for this historic *Course in Preprosthetic and Orthodontic Surgery* given in May of 1967 by Hugo Obwegester MD DMD.

Howard produced this meeting announcement from his archives going back 51 years. –sls

Drs Per-Ingvar Brånemark and Hugo Obwegeser

Would you like to know what is unusual about this picture of Dr Brånemark and Dr Obwegeser? The answer will come in the next issue of the SCOA Proceedings



THE SOUTHERN CALIFORNIA SOCIETY

of

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HUGO OBWEGESER, M.D., D.M.D.

A Course in

Pre-prosthetic and

Orthodontic Surgery

May 26-28, 1967

SCHOOL OF NURSING AUDITORIUM

ORANGE COUNTY MEDICAL CENTER

ORANGE, CALIFORNIA

The inside of this meeting announcement showing the course outline, registration form, and short CV for Dr Obwegeser is shown on page 15.

Continued on Page 15

A Giant's Footprint by W Howard Davis Continued from Page 14

Below is the inside of the 1967 meeting announcement for this historic *Course in Preprosthetic and Orthodontic Surgery* showing the course outline, registration form, and short CV for Dr Obwegeser.

Pre-prosthetic and Orthodontic Surgery

DATE May 26, 27, 28, 1967

TIME 9 a.m. to 5 p.m.

PLACE School of Nursing Auditorium
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Pre-prosthetic and Orthodontic Surgery

NAME _____

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LECTURER

HUGO OBWEGESER, M.D., D.M.D., Professor of Maxillofacial Surgery, University Dental School, University of Zurich, Switzerland

Educated in Austria in Medicine and Dentistry, Professor Obwegeser spent years studying with the world renown Professor Trauner. Sir Harold Gillies, the father of plastic surgery, also had a part in training professor Obwegeser. His mentors instilled in him a pursuit of perfection that becomes apparent after hearing him for only a short time. It is this attention to detail, the presence of antibiotics, and the adaptation of modern surgical principles which has made Professor Obwegeser outstanding in innovating and reviving the intraoral surgical frontiers.

COURSE OUTLINE

Three days of lectures and closed circuit television demonstrations will be presented at Orange County Medical Center, Orange, California.

Areas Covered primarily will be:

1) Pre-prosthetic surgery.
   Special attention to vestibuloplasty using skin grafting, including details of surgery and materials used.
2) Orthodontic surgery.
   Sagittal splitting technique for repositioning body of the mandible.
   Repositioning of dental arch segments.
3) Genioplasty.

Also covered will be:

4) Later repair of the cleft palate.
5) Immediate bone grafting in tumor surgery and bone loss from infection.

SEE OUR SPRING TOPICS ON PAGE 28

PROGRAM AND REG FORM ARE INSERTS

SCOA 16TH ANNUAL SPRING SCIENTIFIC MEETING
HILTON PASADENA • WEDNESDAY MAY 2, 2018 • 8:00 AM TO 5:30 PM

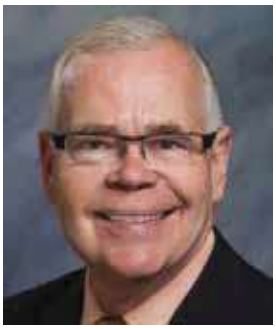

Dr Joel Berger


Dr Robert Bosack


Arthur Curley Esq


Dr David Gilbert


Dr Stephen Goei


Dr Charles Goodacre


Dr Mohammed Husain


Dr Peter Krakowiak

WELCOME TO OUR NEW MEMBERS WHO JOINED SCOA IN 2017

Kaveh Ahani DMD MD San Diego	Simon Choyee DDS Whittier	Austin Hoover DDS Santa Ana	David Nicholls DDS Mission Viejo
Warren Brooks DDS Los Angeles	Todd Cooper DDS Kennewick WA	Jessica Koh DDS Bakersfield	Jeffrey Payne DDS Stockton
Jeffrey Caputo DDS Mission Viejo	Kim Ebner DDS Pasadena	Gennedy Landa DDS MD Calabasas	Ayleen Peterson DDS Woodland Hills
David Cedeno DDS MD Los Angeles	Omar Faridi DDS MD West Covina	Alexei Mizin DMD Calabasas	Jay Reznick DMD MD Tarzana
Rennie Cheung DMD MD Mission Hills	Jeffrey Garcia DDS Palm Springs	Robert Mower DDS Bakersfield	Randall Stettler DDS La Mesa
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PREVENTION OF WRONG SITE SURGERY

by Dave Cummings DDS

Mistakes are an inevitable part of every human endeavor even among the most highly conscientious professionals. (1) Tooth extraction is a common procedure for oral and maxillofacial surgeons and accounts for more than 70% of what we do. (2) With this being said we are at more risk for an "error" when performing these types of procedures.

Many checks and balances have been instituted over time to reduce our exposure to these types of adverse outcomes including recommendations from the Institute of Medicine (IOM), the Joint Commission on Accreditation of Healthcare Organizations (JACHO) and our malpractice carriers.

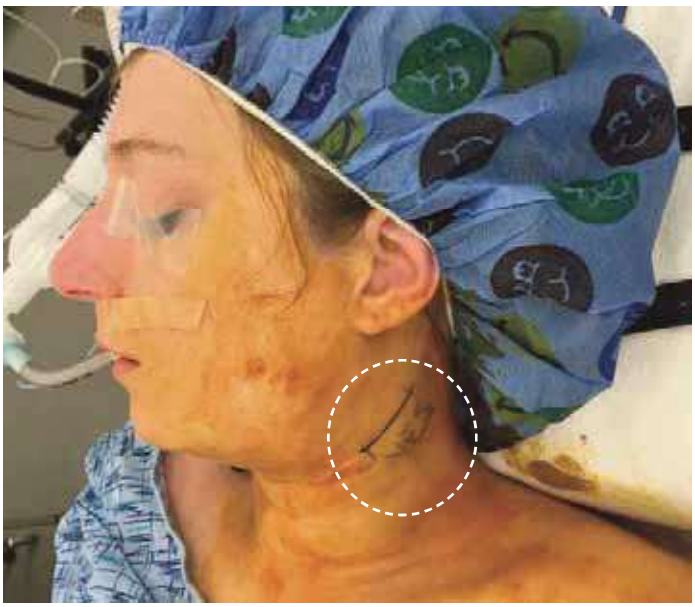
In 1999 the Institute of Medicine issued a report on medical errors and patient safety.[3] They estimated the annual medical costs to be $37.6 billion and of those $17 billion were preventable. They encouraged and focused on implementing systems of delivery of care that would decrease these types of incidents.

The most influential changes came from JACHO in 2004. They reviewed cases from 1995-2004 looking for wrong site surgery. They found Orthopedic Surgeons had the highest incidence of wrong site surgery with 41%. Oral and Maxillofacial Surgery was "clumped" with ENT, Ophthalmology and Thoracic Surgery and that incidence of wrong site surgery was 14%.[4] In 2004 JACHO mandated compliance with the Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery.

The Universal Protocol is comprised of three basic principles. 1) Pre-operative verification process; 2) Marking the operative site; 3) "Time Out" before starting the procedure. JACHO mandates this protocol as part of their accreditation process so any hospital or surgery center that is JACHO "compliant" will be following these guidelines (i.e. your local hospital or surgery center).

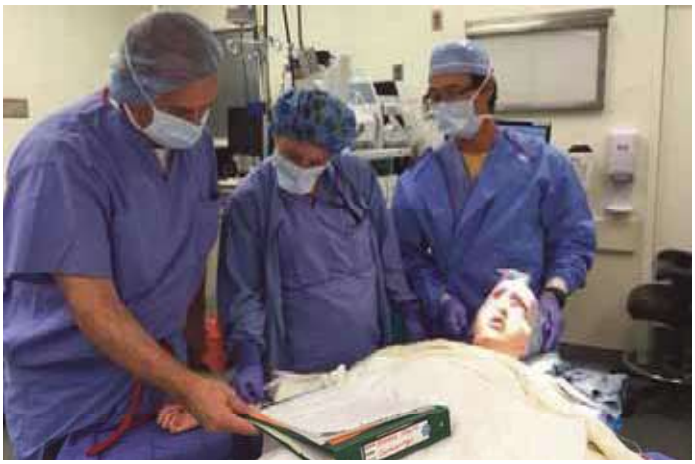
The pre-operative verification process in the hospital setting may vary slight from one hospital setting to another. In most hospital settings the pre-operative nurse will confirm the correct person and correct procedure. They will also verify the consent, history and physical, labs, implants, imaging and npo status of the patients.

The second part of the Protocol is marking the surgical site. The nurse will have the surgeon mark the surgical site. X marks the spot is no longer used as this can be confusing. The correct notation on the patient is to scribe the word "yes" over the surgical site.



One of the exclusions to marking the surgical site is extraction of teeth. In hospital settings the Operative Tooth is named or teeth marked on a dental radiograph.[5]

The last part of the Universal Protocol is the "Time Out." This is a team approach with the surgeon, anesthesiologist, circulating nurse, surgical technician and any other ancillary staff participating in the operating room. Who leads the time is not so import but completing it is! Minimal requirements include the name of the patient, identification (medical record) number, the surgical site and the correct procedure to be completed.



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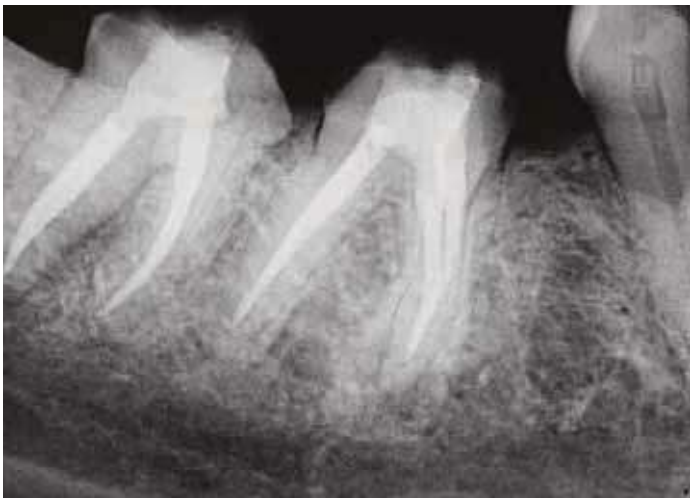
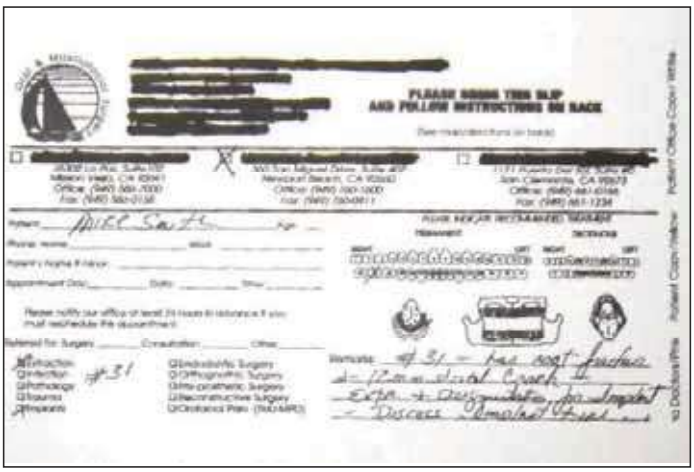
The implementation of the Universal Protocol has been a very successful tool to help improve patient outcomes for wrong site surgery. This protocol is effective in the hospital setting but there are really no established protocols in the outpatient settings. Every practitioner needs to understand the causes of wrong site surgery and develop some type of protocol for their own office.

There are many reasons that wrong site surgery can occur. Bell divides the reasons into three categories: Inadequate or incomplete communication, lack of independent examination, and inadequate imaging.[6]

The most common reason for wrong site surgery (tooth) is lack of communication.[2] Peleg reported 54 cases of wrong tooth extraction over a nine-year period. He found 12% of those cases were because the referral was written incorrectly.[7] Communication can be via a handwritten referral, facsimile, telephone call, email or text message. The use of a written referral that clearly defines the proposed procedure is strongly recommended. Prior to the procedure the surgeon should review the referral, understand the referral, and confirm that the referral also makes ogical sense. There are a few different numbering systems that dentists and orthodontists use to identify teeth. The American Dental Association recognizes the Universal Numbering System and the International Number System. If the numbering system is not clear or appropriate then contact the referral and clarify exactly what he/she would like before proceeding with the surgery.

An independent examination by the oral and maxillofacial surgeon is very important. Many patients will ask the surgeon do you agree with what the problem is or is there anything else that can be done. The patient is looking to you to confirm that diagnosis. Performing an independent examination allows you to confirm the diagnosis with the patient and to confirm that the written referral is accurate. Ultimately this will lead to the patient being more comfortable proceeding with the treatment plan. If you are not clear about the procedure or the referral then it would be prudent to delay the treatment until all the information has been obtained. Here is an example: A 51-year-old male patient is referred to your office for the extraction of tooth 31. You have a written referral that states to extract 31 and there is a 12 mm pocket on the distal of 31. Your periapical radiograph shows two root-canaled molars. It appears that these molars have drifted forward and that there was a previous extraction in the 30 position. (See radiograph and referral slip below.)





Which tooth do you extract? It is difficult to know for sure if the dentist is referring to tooth 31 that is currently in the 31 position or if it is tooth 31 that has drifted into the 30 position. In this case performing an independent exam is essential to obtain the correct diagnosis. Probing of both teeth confirms which tooth the dentist is referring to and which tooth needs to be removed. If, after your independent examination you are still not clear you can always contact the referral for final confirmation of the correct tooth.

Inadequate imaging may result in wrong site (tooth) surgery. Many images can be of poor quality and can prevent you from making the correct diagnosis. Whether it is Cone Beam Computerized Tomography (CBCT) or plain film radiographs they need to be appropriately label with the name of the patient, date the image was obtained, date of birth and most importantly have the correct labeling of right vs left side. Improperly labeled radiographs can easily lead to the removal of the wrong tooth.

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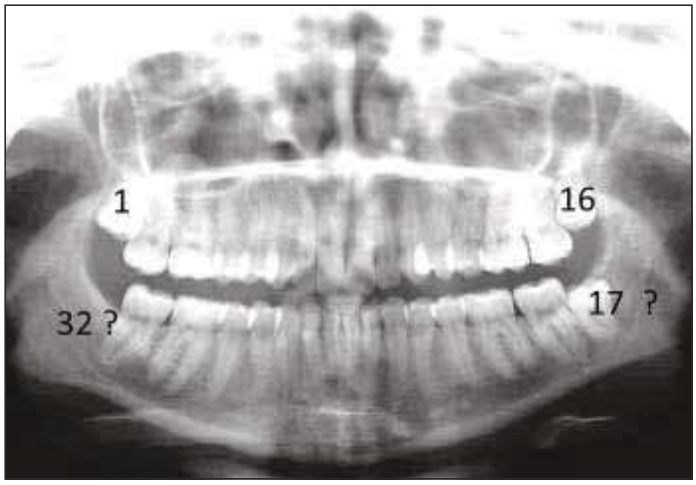
If there is any confusion take a new image of the patient.



Other risk factors for wrong site surgery include likeness of the site and procedure, similarity of patients' names (i.e. siblings, twins), and failure to have safety checks or a protocol in place.

At the 2015 AAOMS scientific session Robert and Curley[8] presented an office protocol on prevention of wrong tooth extraction. They developed an acronym called **EXTRACT.**

E (Examine) An independent examination preferably on a different day.

X (X-Ray Check) Is it diagnostic, current, correct patient and date and appropriate orientation?

T (Treatment Plan) After your independent examination do you agree with the referring dentist?

R (Review) the chart prior to performing the surgery.

A (Announce) your plan to the patient and your team – "Time Out."

C (Count) the teeth during the "Time Out."

T (Treat) the patient but start by recounting the teeth.

Whether you use this excellent protocol or not the most important point here is that you have a protocol. This includes a protocol for you and your staff so your staff can also assist you in the prevention of these unwanted outcomes.

If you do inadvertently remove the wrong tooth, explain it immediately to the patient or family member if the patient is a minor. Notify the dentist or physician that has referred this patient to you. Notify your malpractice carrier for advice and support. With the advice of your liability carrier you can consider replacing the tooth at no charge and cover the restorative costs as a gesture of good will. Patients want full disclosure and the risk of litigation is doubled if the patient is not informed of the mistake.[1]

Many of our liability carries also offer many vehicles of continuing education on how to help prevent wrong site (tooth) surgery. These companies offer continuing education through webinars, online classes or seminars. Some carriers will offer a discount on your premiums for taking these classes. Taking advantage of these educational sessions can help you reduce the cost of your premiums and reduce your chances of extracting the wrong tooth.

There are many factors that can affect wrong site (tooth) surgery and we have discussed some of these here. Taking the time to establish an in-office protocol for you and your staff will force you to address the potential pitfalls of extracting the wrong tooth. A well-established protocol that you and your staff are comfortable with is the key to successful outcomes.

As one of my attendings in residency used to say "It's always better to be lucky than good!" ■

References:

1. Witman: Archives of Internal Medicine 1996
2. Lee, Curley: JOMS 2007
3. Kohn: National Academy Press Washington DC 1999
4. www.jacho.org
5. Knight: The American Journal of Surgery December 2010
6. Bell: OMS Guardian 2016
7. Peleg: Quintessence Int 2010
8. Robert, Curley: AAOMS Scientific Session 2015

ROBERT E HUNTINGTON DDS

Lifelong Leadership

by Jack Lytle DDS MD

Our spotlight on outstanding members of the Southern California oral surgery community focuses on Robert E Huntington DDS FACD FICD, an exceptional pioneer in development and leadership within the specialty of oral and maxillofacial surgery during the latter half of the twentieth century in Southern California and continuing through the first decades of this current century.

Bob was born in Compton, California on March 24, 1937 to Dr and Mrs Ronald M Huntington. The senior Dr Huntington was a young dentist struggling to succeed during the difficult economy of the Great Depression. The family finally settled in Arcadia and Bob graduated from Monrovia-Arcadia-Duarte High School. It was apparent early on that Bob was a scholar and leader in high School. He was musically talented and played in the high school band and orchestra. He was vice president of the student body. He played on the tennis team all four years and not surprisingly was the valedictorian of his graduating class of 1954.

One of Bob's 1955 Jaguar XK 140 Roadsters

Occidental College was his next challenge. He entered as a pre-dental student with the goal of completing the requirements for dental school at USC in three years. He was able to achieve academic success by receiving his BA degree in three years in addition to being involved in student government. He also served as a yell at Oxy where he met his future wife Virginia, an Oxy song leader, during this eventful period.

At the USC School of Dentistry, he was an outstanding student evidenced by his election to OKU the national dental honor fraternity. Following graduation, he opened a general practice in Tustin and also practiced with his dad in Paramount.

He always had the oral surgery bug while in dental school and applied for and was accepted to the USC oral surgery residency in 1964. There along with another USC dental graduate, Norman Fisher DDS and a Minnesota grad Larry Dermody DDS he completed the three-year program in oral and maxillofacial surgery in 1967. He entered practice with Dan Young DDS and Eber Graham DDS in 1967 for one year then left for a practice closer to home with Bill Holmes DDS in Newport Beach. During that year Dr Graham left Dr Young's practice and opened a solo practice in nearby Upland. Dan contacted Bob and made him an offer he couldn't refuse. Dr Bob returned to Pomona where he and Dan remained partners for the next 30 years.

One of Bob's 1955 Jaguar XK 140 Roadsters**

The Young and Huntington practice was modeled after the Hubbell high-volume, affordable-fee template that was built on careful control of expenses and attention to every detail of the delivery system. Drs Young and Huntington published a detailed manual on how they managed this practice and grew it into the powerhouse practice of the tri-county area. Their published manual was widely circulated and presented at annual oral surgery meetings in the early 1970s. Dr Huntington retired from active practice in 2009. He was invited to become a part-time associate with Dr Ron Kaminishi in Bellflower from 2009 to 2014.

He began his dental leadership roles in the Tri-County Dental Society that covers the broad areas of eastern Los Angeles County, Riverside and San Bernardino Counties. He served in numerous capacities and ultimately president of Tri-County in 1977. He later served as trustee of the California Dental Association representing the Tri-County Society.

While being involved in broader dental leadership roles he was at the same time committed to continuing education, teaching in the oral surgery program at USC and advancing

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in the leadership of the Southern California Society of Oral and Maxillofacial Surgeons and the American Society of Oral and Maxillofacial Surgeons. He followed the author as president of SCSOMS in 1982. During the 1980s he was involved in our defense of office-based anesthesia and was chairman of the anesthesia committee again in 1988 while also being active at a national level as a director and president of the American Board of Oral and Maxillofacial Surgery in 1989.

**Purchased from Alex Trebek in 1976
(Unemployed and before *JEOPARDY!*)

Oral and maxillofacial surgeons faced a malpractice insurance crisis in 1984 and again Dr Huntington was a leader in developing alternative insurance products for his colleagues. He was chairman of the board for PEER Insurance, an offshore company that was able to provide excellent insurance coverage at a reasonable price. During the 1990s the AAOMS-backed insurance companies made continuation of PEER unnecessary and the company was closed in 1998

Bob and Virginia visited Sony Pictures Entertainment and the *JEOPARDY!* set

During all of these interesting times Dr Huntington continued to be an active athlete playing tennis with his good friend and oral surgeon Dr Tom Birney. As the new century opened Dr Huntington and his wife acquired a second ranch home in Garner Valley in the mountains above Palm Springs. This ranch was constructed with a full basement garage along with a barn and guest accommodations. Here he was able to display his car collection consisting of numerous Jaguar roadsters** and Porsche coupes and convertibles. These autos were restored to like-new condition and shown at numerous "Concours d'Elegance." The Huntingtons had many ribbons and trophies on display at the ranch.

I met recently with the Lytles and Huntingtons. This was the time to have an article about Bob in SCOA Proceedings. Jack interviewed Bob while I took notes and photos. We all enjoyed a visit over lunch. sls

Beginning in 2001 many of the more senior members of SCSOMS felt that our camaraderie and continuing education needs were not being met by the newly combined southern and northern societies of oral and maxillofacial surgeons. A meeting was held following the memorial service for one our important members, Dr Frank Barbee, and it was determined that a new organization would be formed to fill the perceived void and our current SCOA was formed. Dr Huntington was a founding director and president in 2007.

At every stage of his participation in the affairs of dentistry and the specialty of oral and maxillofacial surgery, Bob Huntington has been a leader. During all of these activities, Bob has been committed to his Christian faith and his family. He truly represents the best of dentistry and our specialty.

Bob and Virginia Huntington with Alex Trebek at Sony Pictures Entertainment.

Do you remember when we displayed Bob's 1955 Jaguar XK 140 Roadster in the lobby of the Palm Springs Hilton at our 2006 SCOA Desert Meeting? It was a tight fit as the Jag was rolled through the front doors of the lobby – with not even one inch to spare on either side while we all held our breath. sls

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SCOA Desert Meeting April 1-2, 2006 Meeting Brochure

Large Restorations, Dry Sockets, Functioning Esthetics

Sounds like a typical Continuing Education topic for a meeting of Oral and Maxilliofacial Surgeons doesn't it?

1955 Jaguar XK 140 Roadster

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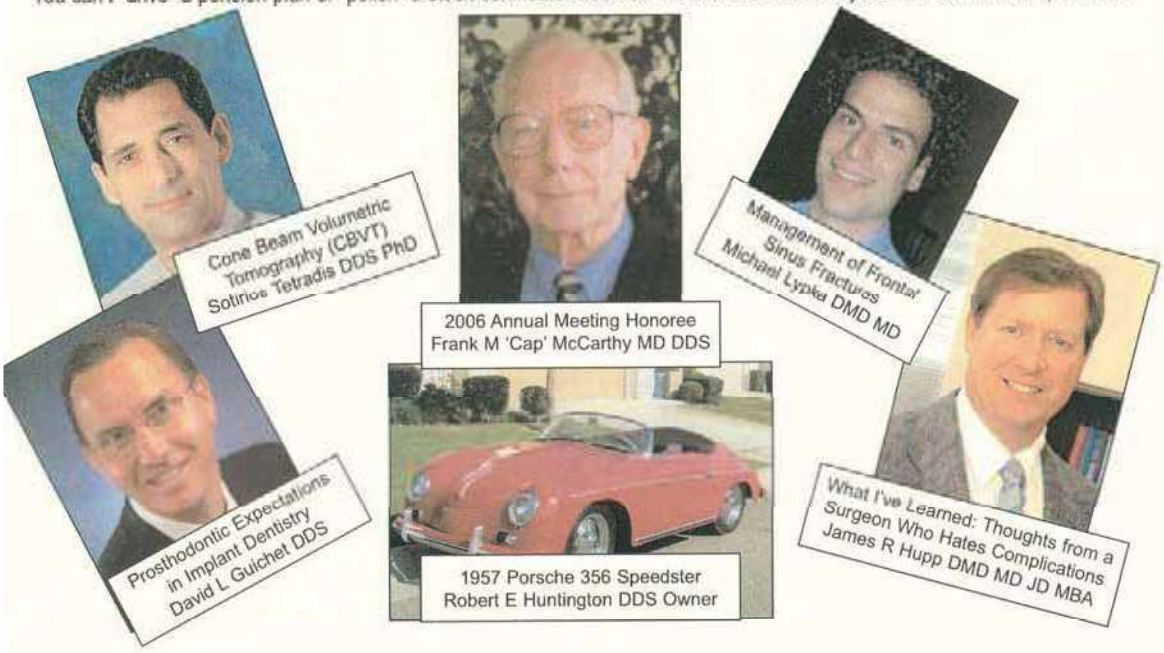

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IN MEMORIAM

Judy (Mrs Frank "Cap" McCarthy) passed away January 10, 2018 at the age of 93.

Robert Hanel DDS passed away on July 10, 2017 at the age of 76. He was one of our original SCOA members in 2001. Dr Hanel was in private practice for 39 years in Torrance.

Ralph Waugh DDS MD passed away December 27, 2017 at the age of 93. He had offices in Palmdale, Lancaster and Ridgecrest. Dr Waugh attended every SCOA CE meeting from April 2002 to April 2017.**

Ross Prout DDS passed away November 28, 2017 at the age of 91. He practiced in Tarzana and was on the faculty and a lecturer at Los Angeles County-USC Medical Center for the Oral and Maxillofacial Surgery residency program.**

**Read our articles about Dr Waugh (Winter-Spring 2015) and Dr Prout (Winter-Spring 2016) on SCOA website: www.socalorofacial.org ▪ Click on *SCOA Proceedings* link/top of page to see list of past issues.

SCOA 16TH ANNUAL SPRING SCIENTIFIC MEETING

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Dr Joel Berger


Dr Robert Bosack


Arthur Curley Esq


Dr David Gilbert


Dr Stephen Goei


Dr Charles Goodacre


Dr Mohammed Husain


Dr Peter Krakowiak

In Order of Presentation

Tooth Retention through Endodontic and Periodontal Treatments or Tooth Replacement Using Dental Implants or Fixed Partial Dentures: Which Treatment is Best? (Charles Goodacre DDS MSD)

The Dental Patient Safety Foundation – Initiatives to Improve Office Anesthesia Safety
Concepts in Geriatric Anesthesia for Longer Procedures (Robert Bosack DDS)

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*The Law and Anesthesia Complications (*Arthur Curley Esq)

Innovative Surgical Techniques and Unique Cases

1) Immediate Reconstruction of the Partial Maxillectomy Defect (David Gilbert DDS MS MBA)

2) New Concepts in Bone Grafting (Joel Berger DDS MD)

Pearls and Misadventures

1) Interesting and Unusual Cases (Stephen Goei DDS MS)

2) Results of SCOA Member Survey: Specific Protocol Questions about Antibiotic Use for Routine Extractions; Use of Pain Medications; Pre-Operative Imaging; Use of Surgical Guide in Implant Surgery (Peter Krakowiak DMD)

Radiographic Features of Osteomyelitis and ONJ (Mohammed Husain DDS)

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