



The COMPASS

Official Publication of the California Association of Oral and Maxillofacial Surgeons



Volume V, Issue 3, Fall 2003

To CE or Not To CE, That is the Question

President's Message

One of the primary functions of any society or association is to meet the educational needs and requirements of its membership. This is certainly true with the California Association of Oral and Maxillofacial Surgeons (CALAOMS) when it comes to continuing education. The Continuing Education Committee goes to great lengths in selecting and putting on courses designed to reflect contemporary issues relevant to the practice of oral and maxillofacial surgery. The Association's ability to offer a large number of CE courses depends, in large part, on the success of the courses offered. Additionally, the courses selected are coordinated over several years in an attempt to meet the interests and education requirements of the entire membership. With this in mind, it seems appropriate to reflect a little over the past year's continuing education program and to look ahead to the upcoming 2004 programs.

We began in January 2003 with Professor Karen Baker presenting over a two-day period at our Annual



...most importantly, it offers each of us the opportunity to broaden our horizons and stay abreast of contemporary oral and maxillofacial surgery in an ever-changing world.

Meeting in Santa Barbara "Patient-Specific Anesthesia and Analgesia" as it relates to the practice of oral and maxillofacial surgery. In conjunction with this meeting; a one-day PALS course was offered as an elective adjunct to the meeting, both being very well received. In early April, in conjunction with the 10th International Congress on Reconstructive Pre-Prosthetic Surgery Symposium, CALAOMS co-sponsored a two-day program, research oriented, in surgically related prosthodontic

reconstruction in Palm Springs, CA. Most recently, in early October at the Resort at Squaw Creek, Louis Clarizio presented over a two-day period on the subject of "Contemporary Functional Esthetic and Hygienic Implant Reconstruction". These three two-day courses spread around the state were designed to meet our anesthetic

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The COMPASS

*published by the
California Association of Oral
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Board of Directors

John S. Bond, DMD

President (408) 356-3151
jsbond@johnsbondmd.com

P. Thomas Hiser, DDS, MS

President-Elect (619) 463-4486
pthiser@aol.com

Michael E. Cadra, DMD, MD

Vice President (209) 527-5050
mecadra@aol.com

Gerald Gelfand, DMD

Treasurer (818) 225-8461
gelfoms@aol.com

Murray K. Jacobs, DDS

Secretary (209) 522-5238
mkjoms@pacbell.net

Mary Delsol, DDS

Past-President (949) 240-2280
mdelsol@earthlink.net

Bruce L. Whitcher, DDS

Director (805) 541-3220
user501968@aol.com

Larry J. Moore, DDS, MS

Director (310) 371-6900
drljmoore@aol.com

Ned L. Nix, DDS

Director (408) 225-5000
omschiefsr@yahoo.com

Lester Machado, DDS, MD

Director (858) 292-5175
lmsurgery@aol.com

Pamela Congdon

Executive Director (800) 500-1332
pamela@calaoms.org

Corrine A. Cline-Fortunato, DDS

Editor (408) 475-0221
landcfortunato@peoplepc.com

Steve Krantzman

Newsletter Production Manager
(800) 500-1332
steve@calaoms.org

Published 3 times a year by the California Association of Oral and Maxillofacial Surgeons. The Association solicits essays, letters, opinions, abstracts and publishes reports of the various committees; however, all expressions of opinion and all statements of supposed fact are published on the authority of the writer over whose signature they appear, and are not regarded as expressing the view of the California Association of Oral and Maxillofacial Surgeons unless such statement of opinions have been adopted by its representatives. Acceptance of advertising in no way constitutes professional approval or endorsement.

Your CALAOMS Central Office Staff

Your staff is here to help you with any questions about membership, continuing education courses, certification, and events. Please do not hesitate to contact us with questions or concerns at:

151 North Sunrise Avenue, Suite 1304
Roseville, CA 95661
Office: (916) 783-1332
Office: (800) 500-1332
Office: (800) 491-6229
Fax: (916) 772-9220
Web Site: www.calaoms.org

Executive Director

Pamela Congdon
Phone Extension: 12
email: pamela@calaoms.org

Information Systems Director

Steve Krantzman
Phone Extension: 13
email: steve@calaoms.org

Administrative Assistant

Debi Cuttler
Phone Extension: 14
email: debi@calaoms.org

Administrative Assistant

Barbara Holt
Phone Extension: 10
email: barbara@calaoms.org

CALAOMS also does business as:

- * Southern California Association of Oral and Maxillofacial Surgeons
- * Southern California Society of Oral and Maxillofacial Surgeons
- * Northern California Association of Oral and Maxillofacial Surgeons
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Editor's Corner



Corrine Cline-Fortunato, DDS
Editor

Recently a letter from the law offices of Bradley, Curley, Asiano, Barrabee and Crawford was received alerting the membership of individuals targeting health care offices with claims of violations of the Americans With Disabilities Act and related state laws. The letter in its entirety is available for review on the CALAOMS web site (www.calaoms.org) and is intended as a risk management vehicle for the dental care provider, particularly those located in older buildings that do not have wheel chair access.

According to the letter two individuals and a Nevada Nonprofit Organization, Americans With Disabilities Advocates, have filed 600 lawsuits in Northern California since 2001 (as of 08/09/03) specifically related to wheel chair access, ramping and handicapped parking. Entitlements include actual damages, an additional amount up to three times the amount of those damages and

attorney's fees (estimated to be in excess of \$50,000 per case).

The letter is filled with useful information such as the legal definition of "a place of public accommodation" and the level of compliance required by Title III of the Americans With Disabilities Act for a site constructed both before and after 1971.

Specific examples are given to clarify the requirements, which are quite detailed (ramping width and gradient ratios, parking space requirements, front door operational force limits and lever hardware requirements, etc.). It also defines violation responsibility (landlord AND business owner).

In summary, two disabled gentlemen are making the rounds posing as patients and looking for violations of the Americans With Disability Act. Since there are no "compliance police" their action takes place in the legal arena, and they are winning. It is no defense to claim that your landlord won't make the necessary structural changes to meet the requirements, that you frequently treat disabled patients or that the building is too old (or costly) to be brought up to code. The Act is quite specific, and while several insurance carriers are challenging these claims, many have had to settle for tens of thousands of dollars.

An audit of your business by persons knowledgeable in the requirements of the Americans With

Disabilities Acts is recommended with the necessary changes made as soon as reasonably possible.

Are Some Disabled Persons Taking Pot Shots at the Medical Community for Personal Gain, or Are They Fighting for A "Just Cause"?



The Editorial staff would like to point out an error in the last issue.

In the article March Continuing Education - "Management of Emergencies in the OMS Practice", credit was given to Dr. Richard Robinson former chairman of the program. Credit should have been given to our very own Dr. Richard Robert who was former chairman of the program.

We are very sorry Dr. Robert for the publication of that error.

President's Message

Continued from page 1



*John S. Bond, DMD
President*

continuing education requirements, as well as the current high level of interest in implant dentistry expressed by our membership.

In addition to these multiple day CE courses, there have been no less than 12-14 either half day or one day courses offered throughout the state, again designed with convenience and an expressed interest by our membership. There were four ACLS courses offered over the year around the state to meet our licensing requirements, as well as an additional PALS course sponsored by UCSF last summer. Two office emergency courses were offered to help in the education of our oral surgery office staff spread around the state. Both were highly attended and very well received attesting to the hard work of fellow members of CALAOMS. The same can be said for the two OMS Assistant Courses offered in May and June of this year. Two Resident Presentations, one in Walnut Creek in February and one scheduled for November in Orange County, continue to both afford Senior Residents of the training programs around the state the

opportunity to present to practicing OMS's as well as demonstrating what is being done currently in these training programs to our membership. Lastly, in November of this year two half day Risk Management Seminars, co-sponsored with SCPIE, are offered to alert and prepare us to deal with potential issues which place us at risk in terms of potential litigation. Currently the area of most concern seems to center around nerve injuries, which will be dealt with at the upcoming seminars presented in both the North and South parts of our state.

Looking ahead to next year, the 8th Anesthesia Symposium will again be held in Palm Springs in January. Subjects will range from Pediatric Anesthesia, Anesthesia in the Medically Compromised Patient, and Outpatient Anesthesia. Additionally, Dr. Lytle will again present the evaluation of the surveys of our membership conducted this last year in his ongoing efforts to document the frequency (or should I say infrequency) of anesthetically related complications. CALAOMS's 4th Annual Meeting will be held the first weekend in May at the Monterey Plaza Hotel. Dr. Sue Carlisle and Officer Steve Mariani will present the topic of "Street Drugs" on Saturday. Then on Sunday, Dr. Moy will present on "Advanced Surgical Concepts in Implant Dentistry." Additionally, throughout the year four OMSA courses as well as two Advanced OMSA courses will be offered around the state for our staffs continued learning enjoyment. Two Medical Emergencies in the Dental Office courses by Rick Jackson, DDS, MD,

will be offered, as well as two Resident Nights and multiple ACLS courses. In CALAOMS's commitment to ensure that all our members who perform anesthesia on patients 14 years of age and younger have received training in Pediatric Advanced Life Support, at least two PALS courses are also scheduled for the upcoming year.

It becomes obvious that CALAOMS is committed to providing quality CE to its members and their staff. I urge you to take a few minutes as you receive this year's brochure outlining the 2004 CE courses and mark those courses that are applicable to you and your staff on your calendars. I urge each member to make a commitment to attend at least one major meeting no less than every other year. It affords each of us the opportunity to meet and interact with our peers around the state. It makes it possible for CALAOMS to continue to offer the level of CE courses that we strive to provide as an association, and most importantly, it offers each of us the opportunity to broaden our horizons and stay abreast of contemporary oral and maxillofacial surgery in an ever-changing world. Thank you for your support and I look forward to seeing you at an upcoming meeting.

John S. Bond, DMD
Present, CALAOMS



AAOMS Annual Meeting

A Membership Perspective

For those of you that missed the Annual Meeting in Orlando, you missed a great meeting. I have been asked to comment on the take home messages from the meeting. I found many great symposia and lectures, however much of what I learned came from discussions with many of my colleagues from the US, the UK, and Canada.

Many of the discussions focused on topics surrounding what I would term “Scope of Practice” and “Preservation of Scope of Practice”. To many the term brings vision of expanded scope including facial cosmetic surgery and perhaps producing the “Perfect Bikini Lines without painful waxing or electrolysis”. The topics I thought best to address fall in three areas:

- Anesthesia
- Trauma Management
- Advertising Ethically and Legally

In relation to Anesthesia, I would hope that we work together to preserve our operator-anesthetist mode of practice. Our British colleagues lost that privilege several years ago due to several highly publicized bad outcomes that are attributed to poor training of the dentist administering the anesthetic and lack of adequate monitoring.

The AAOMS Foundation has sponsored studies on third molar removal and anesthesia over the past few years and the data and conclusions of these studies were addressed at the meeting. The conclusion of the anesthesia study was: “...Office based administration of local anesthesia, conscious sedation or deep sedation/general anesthesia delivered via the OMS anesthesia teams was safe and associated with a high level of patient satisfaction.” What is hidden however, is that there is not universal compliance with the AAOMS Parameters of Care. For example, the compliance rate for use of pulse oximetry in sedation and general anesthesia was 90% whereas the medical community would expect 100% compliance. I was surprised that the use of supplemental oxygen in conscious sedation was 86% and in deep conscious sedation/general anesthesia, 95.2%.

The study is published in JOMS September 2003 issue, I would highly recommend that all members read the study and also the Parameters of Care and evaluate their own practices for compliance with the Parameters. Our ability to provide these services depends on our compliance with the established standards and continued safe delivery of services. The use of conscious sedation by non-OMS is now being scrutinized in Texas with the death of a young man undergoing elective third molar surgery with oral agents, nitrous oxide and local. Discussion of this case at the meeting

implicates overdose of oral agents and lack of appropriate monitoring.

Trauma management courses continue to draw large crowds and there were several excellent presentations during the Trauma symposium and in mini-lectures. Discussions with colleagues indicate that through out the nation there are many oral surgeons that are refusing call at their hospitals or dropping hospital privileges entirely. This is of concern to the leadership of AAOMS. Facial trauma management is the foundation of our specialties contemporary scope of practice. The management of trauma during our residencies allowed us to refine our surgical skills and learn the medical management of patients with a variety of medical problems. The skills learned through the treatment of trauma have allowed innovation in orthognathic, reconstructive and cosmetic procedures. OMS's who are fighting for cosmetic privileges in the hospital settings will point to the fact that we can repair lacerations of the eyes, cheeks, neck and correct underlying bone disarray during the middle of the night, but are not allowed to electively correct the same “pathology” during the light of day. Unfortunately, more and more members elect not to treat trauma for a variety of reasons including reimbursement levels, impact on the office practice, etc.

President, Larry Nissen in his presidential address stated “Denying the public access to OMS expertise in the management of facial trauma individually or collectively for selfish

or economic reasons, in my judgment, should be looked upon as a breach of professional responsibility. It should also be considered a breach of responsibility to the specialty of oral and maxillofacial surgery and to those pioneers whose activities for decades created the environment that allowed for the maturation and evolution of our specialty. I again urge every active OMS to renew their commitment to the management of facial trauma within their communities. It is our professional obligation to the public that we serve, and the profession that we have chosen, and the fundamental reality is, no one does it better.”

The AAOMS Commission of Professional Conduct conducted a forum on “Advertising Ethically & Legally”. Our association along with multiple federal and state agencies do monitor advertising. Unfortunately, some OMS have been venturing into areas in which they are not necessarily qualified by their dental degree, such as bikini lines. Unfortunately, this has resulted in that state association (CT) having to defend the expanded scope of practice and the ability of OMSs to perform ANY procedure outside the mouth including facial cosmetic and sleep apnea procedures. The outcome was expensive litigation, but also ammunition for use by the ACS and the ASPS to advance their goal of restricting the scope of practice of OMSs nationwide.

Any piece of paper that may be seen by the public should be considered a piece of advertising including letterhead, cards, and phonebook ads. There are state laws

and association ethical rules regarding listing degree(s) and non-degree designations. In general, it is not appropriate to advertise in the physician section of the phone book if you are not a licensed physician, in California it is a misdemeanor. If you are a physician it is appropriate to be listed in the general section and possibly under cosmetic surgery. It is not appropriate to advertise under a recognized medical specialty heading unless you are educationally qualified to practice in that specialty area.

Be aware that any advertising can and will be used in court should there be a less than desirable outcome. Multiple examples were given of ads which were false, misleading, guaranteeing outcomes, and with patient testimonials and laudatory statements, all considered to be unethical and some were used in litigation.

We should all consider our practices in anesthesia, trauma services delivery and advertising and evaluate whether we are a credit to our profession or need improvement.

Michael Cadra, DMD, MD
A Social Perspective

September 10th through the 13th marked the dates of the 85th Annual Meeting of the American Association of Oral and Maxillofacial Surgeons scientific sessions and exhibitions, which was held in conjunction with the 50th Annual meeting of the Canadian Association of Oral and Maxillofacial Surgeons. The venue for the meeting was the spacious Orange County

Convention Center in Orlando, Florida. An expression of appreciation is owed to the officers and staff of these two great organizations for their diligent efforts in the presentation and reorganization of this multifaceted professional meeting. Despite having only 90 days to relocate and reorganize the meeting from Canada to Florida, the conference was an enormous success with the fourth largest attendance in our organization’s history. Attendance at this year’s conference was exceeded only by Chicago (2000), San Francisco (2002), and Boston (1999). Registration included approximately 1800 oral and maxillofacial surgeons, 648 assistants, 70 non- members, 1400 spouses and guests, and 1223 exhibitors.

In addition to the usual outstanding cornucopia of major symposia, mini-lectures, special areas of interest meetings, open forums and risk management seminars, this year featured the Anesthesia Assisting Skills Lab, a four-hour hands-on workshop, which was filled to capacity. This year also featured a last-minute program addition provided by Dr. Rolf Ewers, entitled “Tongue Transplant - What Will Be Next?”. Dr Ewers is the Austrian oral and maxillofacial surgeon who led the surgical team that performed the world’s first tongue transplant.

For many, a large portion of the educational benefit from the Annual Meeting is derived from interacting

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SCPIE's Risk Management Corner

What You *Don't* Say Can Hurt You!

On the popular 1960s TV game show *You Don't Say!*, host Tom Kennedy ended each show by declaring, "Remember – it's not what you *say* that counts, it's what you *don't* say." In order to win, contestants had to correctly guess the unspoken words their counterparts could only hint at – in other words, what they did *not* say.

But when it comes to medical records, what you don't say – or more precisely, don't write – can gain you major legal troubles and a front-row seat in a court of law.

The importance of thoroughly documenting patient medical records cannot be overstated: Statistical analysis has shown that it is the key defense in 80% to 85% of all medical malpractice claims.

The following examples illustrate this point:

• Case #1: Allegation— Failure to monitor Coumadin dependence prior to multiple tooth extraction. Indemnity paid—\$229,456

The defendant physician knew his 71 year old patient was taking Coumadin but he failed to follow-up that the medication was discontinued before subjecting the patient to a 7-tooth extraction. Postoperatively, the patient suffered massive blood loss and a possible stroke. The oral surgeon did not chart any preoperative conversations

with the patient to discontinue the Coumadin although in deposition he stated that he knew he had the conversation with the patient. Remember, if events are not documented, they didn't happen!

• Case #2: Allegation—Negligent treatment of dry socket following a tooth extraction resulting in oral-antral fistula and sinus problems Indemnity paid—\$185,000

The defendant oral surgeon did not document prescription of any antibiotic medication after the dry socket and sinusitis was revealed. The patient returned to the doctor's care on six subsequent visits in which date stamps appear in the chart, but there are absolutely no notes regarding any of these visits. The chronic sinusitis and habitual smoking of the patient should have put the defendant physician on notice to follow the patient more carefully post operatively and to, of course, fully document the course of treatment.

• Case #3: Allegation—Negligent treatment during apicoectomy resulting in numbness of lower lip and chin. Indemnity paid—\$100,000

Because of continued sensitivity following crown placement on a lower premolar tooth, a conventional root canal procedure was performed. The 60 year old patient continued to complain of sensitivity and within six weeks following the root canal, the oral surgeon performed an apicoectomy. The patient's inferior alveolar nerve was surgically traumatized and the patient was left with permanent numbness. The surgeon usually used a written consent form that advised patients of the risk of

nerve injury but inexplicably never gave that form to the patient. There was also no documentation in the chart indicating any discussion with the patient.

Not only do inadequate records figure in lawsuits, California law mandates complete and up-to-date medical records. Business & Professions Code §2266 makes physicians' failures to maintain adequate and accurate records relating to the provision of services to their patients unprofessional conduct punishable by fines of up to \$2,500 *per violation*. The Medical Board of California may pursue citations and other disciplinary action.

Sloppy, illegible handwriting creates confusion and wastes time. More seriously, patient injuries may result if crucial information is misunderstood or not communicated. Legibility is crucial to a solid malpractice defense, as the following case illustrates:

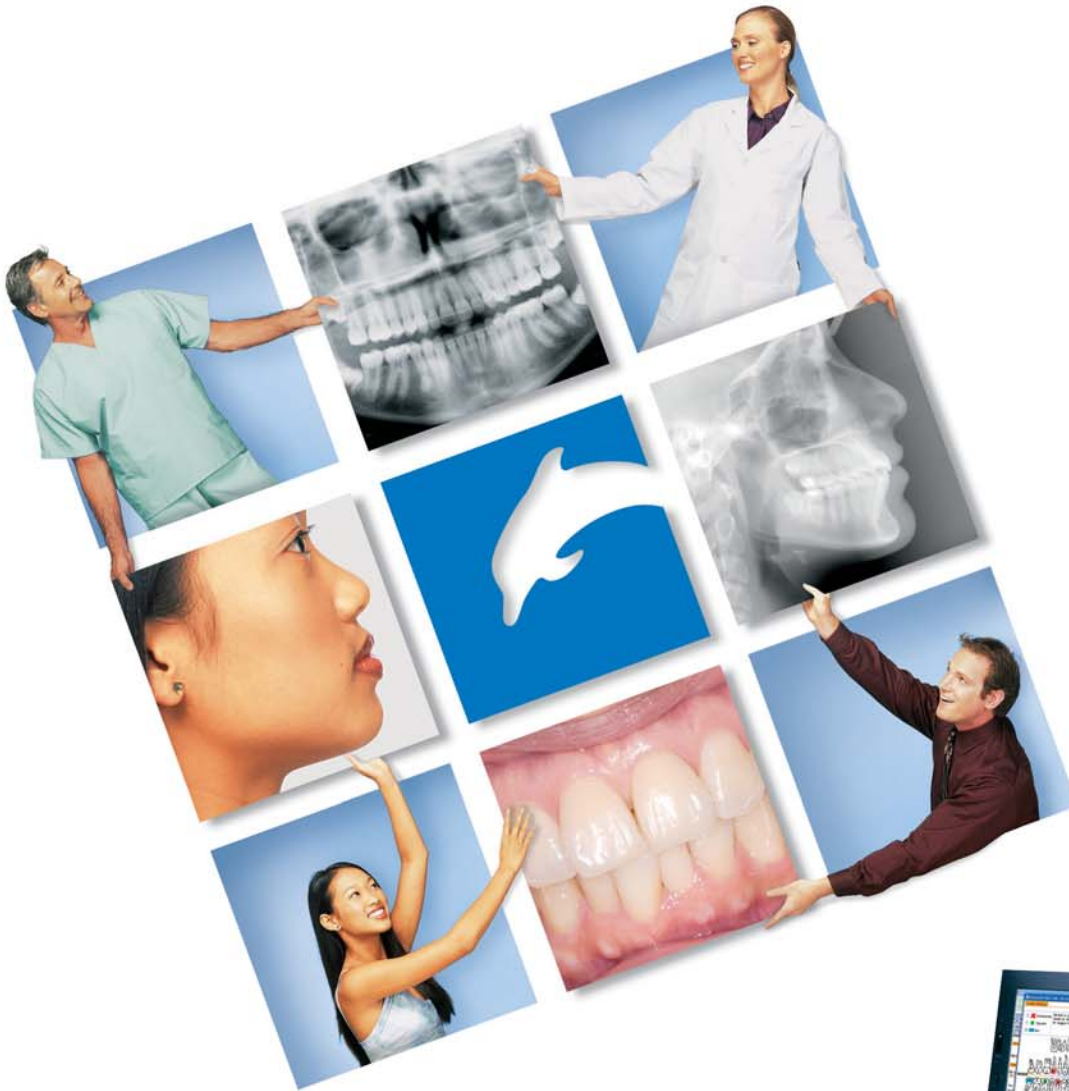
• Case #4: Allegation—Wrongful death of a 42-year-old man due to a medication mix-up Indemnity paid—\$225,000

The pharmacist misread the defendant's prescription due to illegible handwriting. As a result, the patient was given the wrong medication at a level eight times the correct dosage.

Having complete, accurate and legible medical records will not guarantee a successful legal defense, but they are important components of successful patient charting, and they can go a long way toward reducing your liability risk.

Barbara Worsley is Assistant Vice President, Risk Management, at The SCPIE Companies

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Teaching Centers

'Keeping it real in the Inland Empire.' A look into LLUMC

Greetings from Loma Linda, California, the Monte Carlo of the Inland Empire. Located smack in the middle of the two largest counties in the United States, San Bernardino and Riverside, the Department of Oral and Maxillofacial Surgery at Loma Linda University Medical Center provides an extensive array of maxillofacial services to a wide variety of patients. The Department of Oral and Maxillofacial Surgery at Loma Linda University Medical Center was established under the leadership of Dr. Phillip Boyne and became accredited in 1978. Prior to 1978, the program was primarily situated at the Orange County Regional Medical Center until its permanent move to the Inland Empire. Today, our department is chaired by Alan Herford, DDS, MD, who also serves as the program director.

Currently the LLUMC OMFS department serves three major area hospitals (one private and two county facilities): Loma Linda University Medical Center in Loma Linda, Arrowhead Regional Medical Center in Colton (San Bernardino County Medical Center), and Riverside County Regional Medical Center in Moreno Valley. These 3 hospitals are the only major trauma centers in the entire Inland Empire and the OMFS department provides full-scope maxillofacial elective and trauma services at each of these hospitals. At Arrowhead Regional Medical Center, the most expensive county hospital ever constructed west of the Mississippi, the OMFS department is the sole provider of maxillofacial trauma care and treats hundreds of maxillofacial injuries each year.

For many years, the LLUMC OMFS department was a one-resident a year training program, but due to an incredible

case-load the program began accepting two residents a year in 2002. Also, newly established for this year is a 6-year dual degreed residency training track in affiliation with the Loma Linda University School of Medicine. A special scholarship has been generously created and funded by Dr. and Mrs. Phillip Boyne to assist 6-year residents with their medical school tuition.

Our department is run by five full time faculty members: Dr. Alan Herford, Dr. Liviu Eftimie, Dr. Dale Stringer, Dr. Phillip Boyne, and Dr. Wayne Tanaka. Additionally, a number of part-time faculty take an active role in the training of residents at Loma Linda: Dr. Lorenz DeJulien, Dr. Kenneth Spint, Dr. Edward Marshall, Dr. Hooman Zarinkelk, Dr. Wilson Baugh, Dr. Harvey Zalsman, Dr. Allen Pulsipher and Dr. Jacob Haiavy.

The residents in the Department of Oral and Maxillofacial Surgery at Loma Linda University Medical Center are fortunate to experience the full scope of oral and maxillofacial surgery each week in their training.

Besides an extensive and varied surgical caseload including large numbers of orthognathic, trauma, reconstruction/implants, cosmetic, dentoalveolar and pathology cases, the Department of Oral and Maxillofacial Surgery at Loma Linda University Medical Center is actively involved in a number of research projects. Dr. Boyne has been a leader in research involving bone grafting and applications of bone morphogenic proteins (BMPs) in maxillofacial surgery and has published over 200 peer reviewed articles and textbook chapters. Dr. Herford has published numerous papers during his tenure at LLU and has designed a plate-guided transport distraction osteogenesis device that is currently available commercially. All LLU OMFS residents are involved in research as well and have presented their papers at a number of national and international meetings.

The OMFS department is an active participant in the Loma Linda University Children's Hospital Craniofacial Deformities Clinic, and all residents are also involved in the teaching of undergraduate dental students at the Loma Linda University School of Dentistry. The department is also involved in international mission work. Recently, attending surgeons Dale Stringer and Liviu Eftimie, and chief resident Brett King, returned from a mission trip to Ho Chi Minh City, Vietnam, where they trained Vietnamese maxillofacial surgeons in orthognathic surgery for the correction of dental/skeletal deformities (see Compass, Summer, 2003).

Currently, there is one fourth year resident, Brett King (Northwestern, DDS'99); one third year resident, Thomas Ying (USC, DDS'01); two second year residents: Rick Rawson (UOP, DDS'02) and Jeff Elo (Indiana, DDS,MM'02); two first year residents: Brandon Brown (Iowa, DDS'03) and Jon Nakano (Boston, DMD'03); and one intern Carlos Moretta (LLU, DDS'01). The new first year residents and intern have fully enjoyed their integration into the program and have embraced their new lives as residents. In fact, it seems that they love it so much that they almost never leave.

The residents in the Department of Oral and Maxillofacial Surgery at Loma Linda University Medical Center are fortunate to experience the full scope of oral and maxillofacial surgery each week in their training. Our chief residents can expect to be first assistant on well over 200 orthognathic cases, hundreds of maxillofacial trauma cases including all varieties of facial fractures, dozens of cosmetic cases, and can anticipate placing over 250 dental implants during their training, amongst many other oral and maxillofacial procedures. Our department is grateful for the dedication of our attendings and the commitment that they have given to the residents, our medical centers, and most importantly, our patients. We look forward to continue to grow and develop as a department and foresee an exciting and rewarding future for oral and maxillofacial surgery. ●

*Dr. Brett King
Chief Resident LLUMC*

UCSF Involvement in the 84th Annual Meeting of AAOMS

The Department of Oral and Maxillofacial Surgery at UCSF was active at the Orlando meeting, and between them presented a total of five abstracts. Tony Pogrel on coronectomy, Brian L. Schmidt (faculty member) on the zygomaticus implant, Richard Robert, DDS, (part time faculty member) on the CALAOMS Nerve Injury Study, Thaddeus Connelly (OMS resident) on nitric oxide synthetase and cancer pain, and Avantika Nath, (GPR resident) on our usage of autologous blood in major oral and maxillofacial surgery.

Additionally, Dr. Pogrel and Dr. Schmidt presented talks as part of major symposia. Dr. Pogrel's talk was on tooth transplantation and also on the use of calcitonin for the treatment of central giant cell granulomas. Dr. Schmidt's topic was on the zygomaticus implants and also on the salvage of failing soft tissue flaps. Dr. Newton Gordon and Dr. Janice Lee were also active at the meeting with committee responsibilities. An alumni dinner held on the 11th of September at Emeril's Restaurant in Orlando attracted 18 faculty and alumni. ●

*Dr. Tony Pogrel
Chairman OMS at UCSF*

Minimally Invasive Salivary Gland Surgery

Thursday, November 20, 2003

9:00 am to 10:00 am

N-721 (to follow Implant Conference)

Mark McGurk, DDS, MD, Professor and Chairman,
Department of Oral and Maxillofacial Surgery
Guy's and King's Hospital, University of London, England

All are invited to hear the latest development on lithotripsy, basket retrieval and laser ablation, amongst other treatments for salivary calculi and other salivary procedures



*UCSF residents and faculty outside the Peabody Hotel, Orlando
From Left to right: Brian L. Schmidt, Assistant Professor, Janice S. Lee, Assistant Professor, Tony Pogrel Chairman, and Thaddeus Connelly, resident in OMS.*

A Brief Interlude into the Life and Times of an OMS Icon - Don Devlin

The temperature was 105 in the valley, but I was at Highland Hospital in Oakland and it was 82 degrees. I went to the program chairman's office where I was to meet Dr. Don Devlin, an oral and maxillofacial surgeon who had practiced the specialty for over 50 years and who, I felt, had a great deal of experiences that he could share. I have known Don for almost 10 years and he has not changed a bit.

You are always greeted by that ear to ear smile and "Hi Vince, how'ya doin'". Don is glad to see you, and enjoys talking to anyone. He will help whenever asked, dresses like the gentleman he is (shirt and tie), and finds the positive in everyone.

Don Devlin is a San Francisco Bay area native, born and raised. He grew up in the Richmond district and as a youth he worked in the Olympic Club in San Francisco for 50 cents per hour as a porter. He joined the then exclusive club (no minorities or women) and as a teen he competed in wrestling, fencing, and track on the club teams. Don went to school in San Francisco and then to UC, Berkley for undergrad. He got his dental degree from UCSF in 1949. His father was an orthodontist who tried to discourage him from entering the dental field. Orthodontics was difficult during the depression years.

Don was introduced into 'oral surgery' by his Uncle Tom who was a practicing oral surgeon in San Francisco and was the first to use pentothal in the bay area. At that time (1949) there were very few complete three year oral surgery programs in the country. One

had to apply to a program for each year of the training.

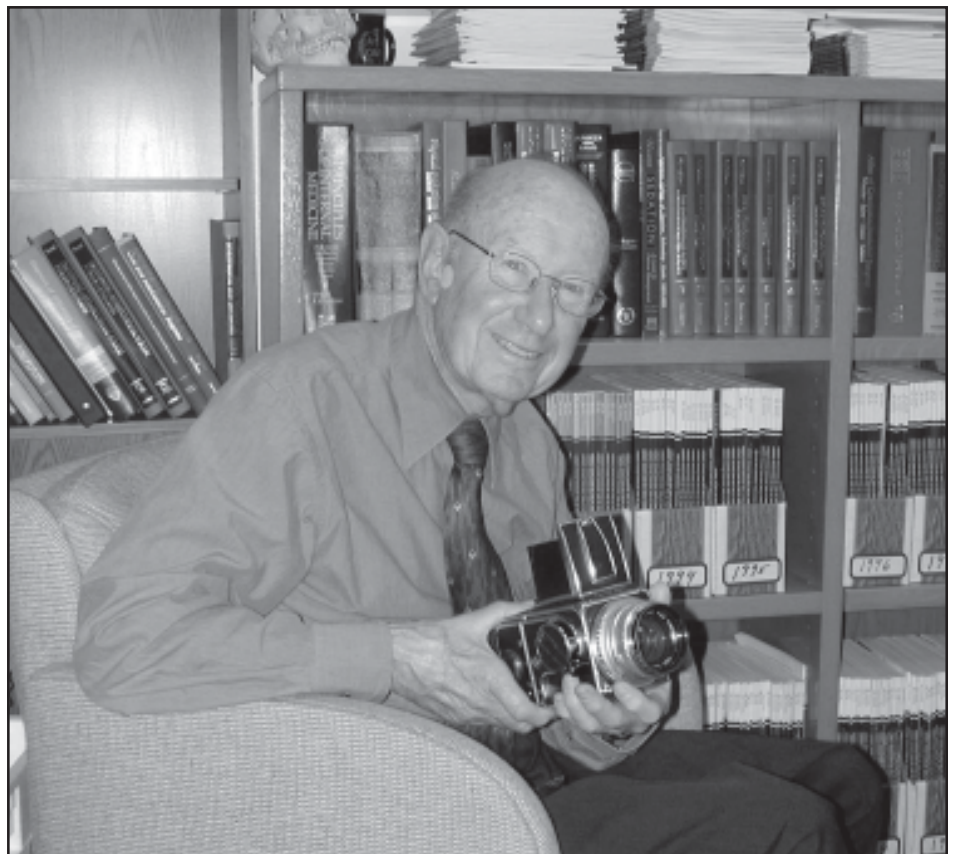
Retirement seldom enters his mind...he enjoys the people he interacts with in oral surgery, the training programs, and the societies.

The chief of oral surgery at UCSF, Dr. Sanford Mouse, suggested Don apply to Oklahoma which was to be the first time Don had been out of California. He started October 1, 1949 and was paid \$75 per month during his first year. He

was the only dentist there, and it took him six months to change the name on his office door to oral surgery. Under the direction of Dr. Reichman, Don did mostly exodontics and other dentoalveolar procedures. Housing and meals were provided in those days, and (typical Don Devlin) he says the food was good.

In 1950, he applied and was accepted to his second year of training at Northwestern University where most of his didactic education took place. He took anatomy from Dr. Harry Sicher and surgical pathology from Dr. Joe Schaefer. One of the residents in the clinic at Northwestern at the time was Dr. Dan Laskin.

Don then decided to enter military service, and joined the Army Dental Corps. He was stationed at Fort Ord near Monterey from 1951 to 1953 where he



Don Devlin proudly shows his Hasselblad camera, as he discusses his experiences

practiced oral surgery. Difficult cases were referred to Dr. Bob Shira at Letterman Army Hospital.

Don completed his oral surgery (as it was called then) training with 16 months at Cook County Hospital, Chicago where Dr. Dan Laskin was on the faculty. There he rotated on anesthesia, medicine, and was the senior surgeon. Major cases included cancer surgery, radical neck procedures, trauma and dentoalveolar surgery. He was paid \$50 per month and lived in hospital housing and ate the hospital meals (not very good food).

After completing his OMS training, Don joined his Uncle Tom and practiced oral surgery at 450 Sutter in San Francisco and a second office in San Leandro. Patients were charged \$5 per extraction, \$25 for bony impactions, and \$15 for sedations. (automobile gas was 25 cents/gal.) Eventually, the practices grew such that a nurse anesthetist was hired to do the anesthesia. Don spent more time in the San Leandro office and opened a 6 bed hospital to manage the post operative patients. The major general anesthetic agent was sodium pentothal which resulted in prolonged recovery justifying the facility. The 'recovery facility' was approved by the CMA, Blue Cross, and AHC, and is an outpatient facility today. The introduction of Brevital improved recovery time and allowed patients to be sent home without needing the recovery hospital.

The equipment used in his clinic consisted of belt handpieces (which heated up greatly), osteotomes, steel burs, pump up chairs and gurneys, and anesthesia machines. Most of the surgical help was provided by experienced nurses.

His practice was successful, and Don pursued his hobbies with enthusiasm. He bought a Hasselblad

camera in 1965 and rekindled his interest in photography which started with his first Brownie at age 5. He spent two weeks studying photography with Ansel Adams in Yosemite. He bought his first of many boats in 1957 which he piloted all over the Sacramento delta. His current houseboat is a summer home at a delta harbor called 'Grindstone Joe's.' Also in 1957, Don bought his first season tickets to the San Francisco 49ers and has done so every year since (he sold one of his boats to Y.A. Title).

Continuing education was primarily at society meetings as there were few organized courses when he was first in the practice of OMS. Don was a member of the California OMS societies, being president of the NCSOMS in 1964. He was an examiner for the American Board of OMS, a member of the Western Society of OMS, and in 1976 was a Fellow of the American College of Dentists.

Malpractice insurance was \$15 a year for many years. Difficult times for the industry followed. In 1985, the malpractice industry was in crisis and Don and several oral surgeons started their own Patient Care Association, the Risk Management Group. The organization was headquartered in the Cayman islands and consisted of oral and maxillofacial surgeons from northern California (PEER was in southern California).

Through the years, Don has seen many changes in the specialty, most of them favorable. The anesthetics are less risky, less invasive resulting in safer anesthesia. Anesthesia monitors have improved safety, but there is no substitute for personal patient monitoring. Surgical handpieces are better designed for the surgeon and safer on the patients. He feels the OMS training is better structured conforming to standards.

Dental insurance has been beneficial for patients allowing them to be able to get dental care which they could not afford previously, Don says. California Dental Insurance later became Delta Dental was in the forefront.

Retirement seldom enters his mind. Two years ago, Don attended the Denver OMS review course and recently he took and passed ACLS. He is in the 49th year of teaching OMS at the UCSF School of Dentistry and OMS training program. Besides, Don says, he enjoys the people he interacts with in oral surgery, the training programs, and the societies.

Among his greatest achievements Don lists his first marathon (he has run many marathon races), and having the honor of the Northern California Society of Oral and Maxillofacial Surgeons in 1999 and the Western Society of Oral and Maxillofacial Surgeons in 2001 dedicate their meetings to him.

A history buff, his two current projects include the history of oral surgery and the history of San Francisco.

The door is always open at the Devlin house and you will be greeted with a smile and "How'ya doin'". Don makes you feel good about yourself as well.

By Vince Farhood, DDS



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01-165-87	CLARIZIO PACKER	78.00
01-165-96	CLARIZIO ELEVATOR, MARCHIONI/LIFT	42.00
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25-393-05	DOUBLE ENDER CURVETTE #1	45.00
25-493-01	MILLER-COLLAPSE BONE FILE FIG 1 CROSS CUT	13.00
35-133-07	CASTROVIEJO CALPEER, 0.28MM, SHORT, BOM, 3-1/4"	275.00

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Sinus Lift Instruments

A Social Perceptive

Continued from page 7

with colleagues from around the country, while concurrently catching up on old friendships. (It has always appeared a little peculiar to me to observe the aging of our friends, while my wife and I appear to neither wrinkle, gray, experience hair loss, nor droop.)

The pinnacle of the entertainment portion of the conference was the President's event held on Friday evening at the Linda Chapin Auditorium at the Orange County Convention Center. Those of us fortunate enough to attend were treated to an hour and a half of musical excellence by the captivating tenor Michael Amante. The 2003 President's Event, the meeting's primary social function, was held in honor of the AAOMS out-going President Larry W. Nissen and his wife Carol. Mr. Amante's musical selections were from a variety of genre, ranging from opera, to Broadway musicals, to Tom Jones, to Roy Orbison, to classic rock. My personal favorite was his rendition of Roy Orbison's #1 bestseller, "Crying Over You".

An important function of the AAOMS Annual Meeting was the business of the House of Delegates. One important item of business to our membership was the election of Elgan Stamper of Glendale as President of AAOMS. Congratulations Elgan! (Our last California President of AAOMS was Dr. Terry Slaughter of Salinas in 1978.) In addition to the

election of Elgan, Jay Malmquist (Oregon) from district VI was elected Vice President, and Rick Crinzi (Washington) was re-elected to a second term as our District VI trustee. This year the house approved 11 resolutions. A couple of highlights include, the approval of the budget, the implementation of the AAOMS Office Anesthesia Evaluation Program, the encouragement to our membership to participate in local hospital trauma call, and seeking incentive pay for maxillofacial surgeons serving in the armed services comparable to the compensation of physicians. A complete discussion of the resolutions is available on the AAOMS website at www.aaoms.org.

Last but not least, the AAOMS Foundation is currently engaged in a major capital gifts campaign. To bolster this effort, an OMSF Benefit Golf Tournament was held at the Hawks Landing Golf Course at the Orlando World Center Marriott. The tournament was well supported by members, vendors, and guests. The format for the tournament was a four-man scramble. CALAOMS was well represented, as two of our members were part of the winning foursome. Despite the play of Dr. David Crane (Visalia), and yours truly, Dr. Murray Jacobs (Modesto), our team finished with an uninspiring 10 under par to win the tournament.

Please make your plans now to join with your fellow oral and maxillofacial surgeons for the 86th Annual Meeting, which will convene in San Francisco in September 2004.

OMSA Corner

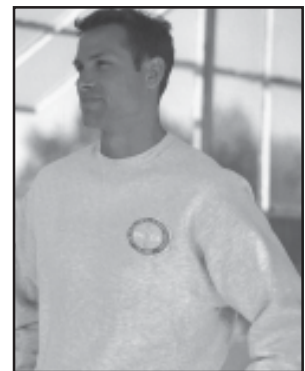
Advanced Oral and Maxillofacial Surgery Assistant Course Now Offered!

New for 2004! CALAOMS is now offering an Advanced OMSA course. This will give assistants an additional choice in CE courses that can be used toward the renewal of their OMSA Certificate.

This all-new course is designed to give assistants the information and skills needed to assist their doctors with all procedures and clinical environments.

Fundamentals of sterile technique will be reviewed in detail, as this is a critical topic for assistants wishing to assist in the hospital environment. After a review of basic principles, course participants will be introduced to a variety of surgical procedures including, orthognathic surgery, arthroscopy and TMJ surgery, facial cosmetic surgery, facial trauma surgery, bone grafting, and implantology.

OMSA Sweatshirts, Great Gifts for the Holiday Season!



These ash colored sweatshirts have embroidered OMSA Logos on them in Gold and Blue. They come in sizes sm - xxl and are \$25.00 ea. plus shipping and handling. Contact the central office to place your order.

CALAOMS Health Foundation, Myth or Mystery?

Dear CALAOMS Member,

Did you know that CALAOMS has a charitable foundation? That is okay; neither do most of your colleagues. It seems to be the best kept secret in California but I am about to let the cat out of the bag.

The consolidation of the NCSOMS and SCSOMS into CALAOMS was, legally speaking, no small project. Since the southern society was a 501 (c) 3 organization while the northern society was a 501 (c) 6 organization their respective reserve funds could not just be combined. As a result, the reserve funds of the SCSOMS, which could only be used for educational and philanthropic purposes, were used to give birth to the CALAOMS Foundation.

Though the Foundation is in its infancy, the Foundation does have bylaws, duly elected officers, and a Board of Directors, which oversees the assets of the Foundation and determines which projects to fund. The actual funds of the Foundation are managed by a professional brokerage house in an effort to maximize the corpus, no small task in these difficult economic times. Nevertheless, the Foundation has used grants to support the residency training programs in California and to support educational programs of CALAOMS. Grants have also been made in support of other foundations (e.g., the AAOMS Foundation). Supporting educational programs has a direct benefit to you, the CALAOMS member, as off setting costs helps to keep registration fees down and ultimately helps to control your dues, which you may note have

not been increased since the consolidation while all our other dues continue to escalate.

So where am I going with this? Oh, c'mon, you have already figured it out. We need your support to fulfill the vision established for the Foundation. That vision very simply is to support educational programs and to promote oral health, and therefore the general health, of the citizens of California. As I prepare to become President of the Foundation Board in 2004, I foresee wonderful programs, which the Foundation can promote to help the less fortunate of California. All it takes is money. In addition to continuing support for the training and educational programs, I would like to see the Foundation establish a program similar to the Donated Dental Services (DDS). Ours could be referred to as the Donated Surgical Services program in which we identify indigent patients with maxillofacial deformities and provide needed surgical services to help these patients. I do not need to tell you the many benefits derived by helping a child with a jaw deformity or a cleft lip or palate. These benefits and improvements are many, including functional, esthetic, social, and psychological. We will be asking our membership to identify patients who could benefit from such a program as well as asking our members to volunteer their services in an effort to make such a program a success. These types of programs currently exist in many countries and no doubt some of you have participated. Yet there is much to be done right here at home and the Foundation can help to offset costs that cannot be donated. It will take time and the willingness of our members to volunteer their time and expertise, but I believe it can be done.

I know there are a lot of Foundations and other worthy charities that want a piece of your pie. There is the AAOMS Foundation, CDA Foundation, and local foundations, just to mention a few. Even the ADSA has a foundation and I am sure all your Alma maters have their hand out. I understand; I live in the same world. As you pick and choose, please remember that supporting the CALAOMS Foundation reaps benefits at home, not only helping those we serve, but elevating the public image of oral and maxillofacial surgery. That image is important as we continue to deal with the many issues that confront us. For me it is a win-win situation and I hope you will see it that way too.

Dues statements will be coming soon (those dues that have still not been increased). On it you will have the opportunity to step up and financially support your foundation. I am not asking for a lot of money. If every member of CALAOMS donated just \$50.00, we would raise over \$25,0000 for the Foundation. Surely you can afford \$50.00 and many of you can support it at a higher level. That is money that can do a lot of good. So now that you know there is a CALAOMS Foundation, please support it and help us with this important work.

If you have any questions or comments or perhaps some ideas for Foundation programs, please contact me at gelfoms@aol.com or (818) 225-8602 or feel free to contact any member of the Foundation Board or the Executive Director, Pam Congdon, in the central office.

Gerald Gelfand, D.M.D.
Treasurer
CALAOMS Foundation

The Resort at Squaw Creek in Review - CALAOMS' Fall Meeting

The CALAOMS Fall meeting at the Resort at Squaw Creek, October 11 and 12, featured Lou Clarizio, DDS as speaker. Over 40 members and 20 exhibitors attended this successful meeting. The meeting followed our popular half day format with morning lectures and an afternoon off for recreation. The weather was great, with cool Fall evenings but warm, sunny afternoons. Members who attended experienced a high quality educational program in an elegant resort near beautiful Lake Tahoe.

The Resort

The Resort at Squaw Creek is located adjacent to Squaw Valley, just minutes from Lake Tahoe. The Resort features the Trent Jones Jr. Championship Golf Course which made for a challenging CALAOMS golf tournament Saturday afternoon. The Resort featured four restaurants, three heated outdoor pools, a waterslide, a fitness center and a full service spa. There was a fully

equipped conference center as well as plenty of space for exhibitors.

Members were greeted by CALAOMS staff Pam Congdon, Barbara Holt, Debi Cuttler and Steve Krantzman. Dr Clarizio presented his program on contemporary functional, aesthetic and hygienic implant reconstruction Saturday and Sunday morning.

The Speaker

Dr. Clarizio's presentation was fast paced, covering a variety of implant related topics including socket preservation, early loading, indexing, and treatment of the severely atrophic edentulous mandible and maxilla. His talk featured a systematic approach to problem solving for each aspect of implant dentistry. Dr. Clarizio made use of the latest audiovisual technology with excellent clinical slides as well as video clips all shown by LCD projector.

Dr. Clarizio included a section on clinical excellence and efficiency covering his own practice philosophy designed to control stress and improve quality of life. He used examples from his own practice that

revealed the number of patients he sees in a day far exceeds that of the average OMS. The key, according to Dr. Clarizio, is having a great staff.



Justin Swann of Xemax Surgical Products, Inc., educates Dr. Michael Mullen on his vast product line.

A few helpful tips from his lecture:

1. Use a Centerpulse "screw removal tool" (works like an easy-out) to remove broken screws.
2. If you have to remove an implant, use an Ace trephine slightly smaller than the implant itself to preserve bone.
3. To decontaminate an implant surface for treatment of peri-implantitis, use phosphoric acid etch instead of the citric acid you never seem to have when you need it.

On practice management:

1. The key to efficient consultations is referral education.



Beautiful vistas of Squaw Valley greeted the members as they entered the lobby



Dr. Neal Garrett of Oral Pathology Associates discusses his companies services with Dr. Christopher Kane during one of the morning coffee breaks.



1st Place: Kelly and Ned Nix, Murray Jacobs and son Mike Jacobs.



2nd Place: Paul Congdon, Ron Krantzman, LaMonte Lamoureux, and Steve Krantzman not pictured.

2. When you promote yourself as an implant practice, don't forget about third molars.
3. Staff enthusiasm is generated by Mission & compliments(1) and salary(2).
4. Make your practice an incredible place to work.

CALAOMS Golf Tournament Results

- Closest to pin #1
LaMonte Lamoureux
- Closest to pin #2
Ron Krantzman
- Long Drive #1
Ned Nix
- Long Drive #2
Mike Jacobs
- Longest Put:
Ned Nix

Bruce Whitcher, DDS



3rd Place: David Crane, Buck Dobon, John Bond, and Phil Ohlsson

In summary, this was a great meeting. It was held in an exceptional resort setting with plenty of activities as well as featuring an excellent speaker. Be sure to mark your calendar for future CALAOMS meetings. Our programs for 2004 will be some of the best we have ever had.

We would like to thank Dr. Clarizio and also our exhibitors and CALAOMS staff for making this a successful meeting.



It doesn't get much better than this! Beautiful scenery, nice weather, and a challenging course.

Bill Emmerson's Campaign Totals

Bill Emmerson's Campaign generated \$313,000.00. From that total, Oral and Maxillofacial Surgery donated over \$89,575.00.

CALAOMS would like to thank the following for their generous contributions.

Dr. and Mrs. Aanestad	Dr. Mary Delsol	Dr. Murray Jacobs	Dr. Michael Preskar
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Dr. Marty Craven	Dr. Martin Hoff	Dr. Frank Pavel	
Dr. Howard Davis	Dr. Lawrence Hundley	Dr. Jeff Persons	
Dr. Mitchell Day	Dr. Robert Huntington	Dr. Charles Phillips	

The generous support of CALAOMS and individual oral surgeon members is appreciated. I am truly honored by your commitment to my campaign for the State Assembly.

My campaign thus far has raised \$313,000 from nearly 700 statewide donors. Oral surgery played a major role in that successful effort. Decision makers throughout California have taken note of oral surgery's and dentistry's significant commitment to political action.

California is facing serious problems, from an enormous budget deficit to a major crisis in the workers' compensation program

I am committed to working on the economic issues that make California a difficult place to live and work.

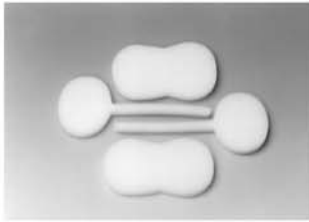
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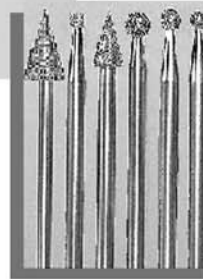
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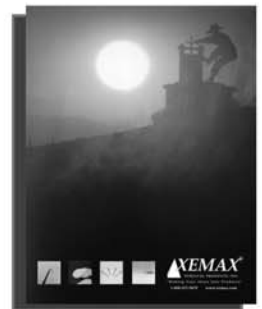


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General Announcements

ANESTHESIA SYMPOSIUM VIII January 17-19, 2004

Forty years ago, Dr. Jack Lytle initiated the first survey of anesthesia techniques and morbidity/mortality within the membership of the Southern California Society of Oral Surgeons, and reported his findings at the first Anesthesia Symposium held in Los Angeles. The quintannual Anesthesia Symposia and Dr. Lytle's most recent 5-year survey results have been a strong tradition of the SCSOMS since 1963.

Now that CALAOMS represents the whole state, Dr. Lytle agreed to expand the survey to include all California oral and maxillofacial surgeons. He will present the results of his 1998-2003 survey at Anesthesia Symposium VIII which will be held January 17-18, 2004 at the Palm Springs Hilton Hotel.

The Board of Directors of CALAOMS have enthusiastically endorsed the Anesthesia Symposia tradition and its role in keeping California OMS's on the cutting edge of outpatient anesthesia techniques and safety. Historically, this meeting has been among the very best attended continuing courses sponsored by oral surgery, and has attracted many OMS's



from Northern California and out-of-state, OMS surgery assistants and office staff also benefit from attending the lectures and discussions.

This year we are pleased to have as our featured speakers Robert Steelman, DDS, MD, a pediatric critical care specialist from the University of Oregon; Angela Zimmerman, MD, Assistant Professor and pediatric anesthesiologist at Oregon Health and Science University; O. Ross Beirne, DMD, PhD from the University of Washington; and Dr. Jack Lytle, DDS, MD from the University of Southern California. Michael Cadra, DMD, MD and the CALAOMS Anesthesia Committee will also present a discussion on in-office evaluations titled "The Good, The Bad, and The Ugly."

Mark your calendars now for the weekend of January 17-18, 2004 and come to Palm Springs for this important education meeting. Consider bringing your office staff to raise their professional skills, too. Palm Springs is beautiful in January, and the hotel rates are quite reasonable.

Roger Kingston, DDS

Upcoming Events

2003

SCPIE/Risk Management Seminar
November 5, 2003 Costa Mesa

SCPIE/Risk Management Seminar
November 12, 2003 Pleasanton

Resident Presentations
November 19 Irvine

2004

Palm Springs Meeting - Anesth. Symp. 2004
January 17-19, 2004 Palm Springs

PALS
January 19, 2004 Palm Springs

OMSA Home Study Course
February 1, 2004

Resident Presentations
February 18, 2004 TBA

ACLS
March/April Solano

Medical Emergencies
March 24, 2004 Pleasanton

CALAOMS 4th Annual Meeting
April 30 - May 4, 2004 Monterey

ACLS
May 15-16, 2004 San Diego

In Memoriam

Bernard C. Kingsbury

July 31, 1917 - August 19, 2003

I am sorry to inform you that Dr. Bernard C. Kingsbury, Jr., (B.C.) died on August 19, 2003 at his home in Green Valley. He was 86 years old, and is survived by his wife of 37 years, Myrna, nine children and numerous grandchildren and great-grandchildren. Dr. Kingsbury was CDA President in 1975-76, served as a Board of Trustees member, was president of the Napa-Solano Dental Society and was president of the California Dental Service (now Delta Dental). His father, Dr. Bernard C. Kingsbury, Sr., also served as president of the California Dental Association and the American Dental Association, representing the first time in CDA's history that a father/son team has served as CDA president.

An oral surgeon, B.C. also served as president of the American and California Society of Oral Surgeons and was a graduate of the College of Physicians and Surgeons (now UOP). B.C. was a commander in the U.S. Navy and served in the Pacific Theater in World War II, including combat in Pearl Harbor on December 7, 1941, during which he was injured. He received Presidential commendations for his service.

Dr. Kingsbury was a practitioner in Vallejo for 50 years, and was extremely active with local hospitals and numerous community groups. He was the third CDA president after unification, and was one of several leaders who provided direction for the "new CDA."

Bereavement cards and expressions of condolences may be sent to:

Mrs. Bernard C. Kingsbury, Jr. (Myrna)
4565 Green Valley Road
Fairfield, CA 94534

In lieu of flowers, the family suggests a contribution be made to:

California Maritime Academy Foundation
BCK Memorial Fund
200 Maritime Academy Drive
Vallejo, CA 94590
Contact: Susan Bigler (707) 654-1011

I know you join me in extending our sympathies to Dr. Kingsbury's family. We have lost another innovative leader.

Michael Edward Fox

June 15, 1956 - October 4, 2003



Michael Fox was born in Peoria, Illinois, on June 16, 1956. He received his B.S. degree from Bradley University, and attended Loma Linda University School of Dentistry where he earned his D.D.S., and was elected to O.K.U.. After three years teaching and practicing general

dentistry, Michael continued his postgraduate dental education at Loma Linda, earning his Masters degree, and completing his residency in Oral and Maxillofacial Surgery. He went on to Baylor University Medical Center where he completed a full year postgraduate fellowship focusing on orthognathic surgery. He was a Diplomate in good standing of the American Board of Oral and Maxillofacial Surgery. Dr. Fox practiced in Whittier and in Chino Hills, California, and also maintained an active role in teaching. He served over ten years as Adjunct Assistant Professor in the Department of Oral and Maxillofacial Surgery at Loma Linda University.

On a personal note, Mike was the best partner a surgeon could hope to have. His skill in the operating room was formidable, and his dedication to and love of the profession were obvious to all who knew him. He was hard-working, loyal, honest, unselfish, and kind. He pushed me by his example to continue taking trauma call, and to practice the full spectrum of oral and maxillofacial surgery. Michael died on October 4, 2003 after a prolonged battle with heart disease. His loss is a great loss to our specialty.

Mike is survived by his beloved wife Jacqueline Marie (Mimi) Fox, and children Bradley James Fox and Breann Kathleen Fox.

CALAOMS would like to recognize the passing of Dr. John Kiesselbach's wife, Jan, Dr. Robert Fontanesi's wife, Lynn, and the very recent passing of member Ronald Hecker, DDS. Our warmest heart felt condolences go out to their families and friends.



AAOMS District VI Update



*Richard A. Crinzi, DDS, MS
AAOMS District VI Trustee*

It was a busy summer with AAOMS activities. The highlights include a week-long June Board of Trustees meeting in Sonoma; an excellent Western Society of OMS meeting in Whistler B.C.; a summer 6th District caucus and culminated with the AAOMS meeting in Orlando, FL.

Although the road to Orlando for the 85th AAOMS Annual Meeting, Scientific Sessions and Exhibition traveled a circuitous route through Toronto, the final destination proved a beautiful locale for an enjoyable and successful program.

Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) 50th anniversary meeting, the AAOMS Annual Meeting welcomed 4000 total registrants, including 1600 members, their families, staff and invited guests to a program that featured symposia on the latest clinical treatments and surgical techniques; practice clinics and workshops; practice management sessions and assistant skills programs.

Prior to the beginning of the Annual Meeting, the Board of Trustees convened their September meeting.

Following are the highlights of our actions:

1. Reviewed the association's July 2003 financial statements and noted that revenues and expenses were at or better than the amount budgeted. The Board thanked outgoing Treasurer Jay Malmquist for his financial stewardship over the last two years. AAOMS is in excellent financial "health".

2. Approved an agreement with computer hardware and support provider COMPUTek to market the necessary equipment and service in conjunction with the sales of Discus Dental's OMSVision practice management software system.

3. Reviewed a new recruitment video designed to encourage dental students to consider a future in oral and maxillofacial surgery. The 10-minute video will be accompanied by a more detailed brochure that will be given to the students and featured on the AAOMS Website.

4. Accepted the OMSITE Committee's recommendation to change the name of the OMS In-Training Examination (OMSITE) to the Oral and Maxillofacial Surgery Self-Assessment Tool (OMSSAT). The new name more clearly reflects the examination's change from a "secured" exam to an educational self-assessment mechanism.

5. Thanked the OMS Foundation for extending their financial support for the annual Faculty Educator Development Awards (FEDA) from five to 10 years. Now in its second year, the FEDA represents a concerted effort by

AAOMS to encourage new OMSs to consider careers in OMS education.

An important function of the AAOMS Annual Meeting, of course, is the business addressed by the House of Delegates. This year the House approved 11 resolutions, including the following:

1. Approved the 2004 AAOMS operational budget with revenues of \$12,654,435 and expenses of \$12,429,989.

2. Amended the Bylaws to require implementation of the AAOMS Office Anesthesia Evaluation Program with evaluation and re-evaluation every five years, or re-evaluation in accordance with current state dental board regulation by OMS component societies and counterparts in order for fellows and members to maintain active membership status in the OMS component societies and counterparts in order for fellows and members to maintain active membership status in the OMS component societies and counterparts, including annual status reports on the office anesthesia evaluation and re-evaluations to the Committee on Anesthesia. OMS state societies are also required to amend their Bylaws to incorporate the five-year requirement for transmittal to the AAOMS by the third session of the AAOMS House of Delegates in 2006.

3. Called for the AAOMS and component societies to strongly reinforce the responsibility that all AAOMS fellows and members have to participate in maxillofacial trauma call as an active member of a hospital staff in their community.

4. Encouraged the AAOMS to seek incentive pay for oral and maxillofacial surgeons serving in the armed forces comparable to that paid physicians.

5. Established the Committee on Public and Professional Communication as a standing committee.

A complete discussion of the resolutions is available on the AAOMS Website at www.aaoms.org.

I am also happy to report that the House of Delegates installed Dr. Elgan P. Stamper as President of AAOMS and elected Dr. Jay Malmquist as our Vice President. It has been a long while since we have had a president from the 6th District and we are all looking forward to working with Elgan and Jay for the betterment of our Association. Additionally, Dr. Ira D. Cheifetz was elected Treasurer and Dr. Daniel Daley was chosen President Elect. Dr. Larry W. Nissan will serve on the Board as the Immediate Past President. Trustees serving on the AAOMS Board are nominated by the district caucuses and elected by the House of Delegates. This year in Orlando, I was re-elected for a second term as District 6 Trustee. I will be working with Dr. Lee D. Pollan, (District 1) and Dr. Edwin W. Slade, Jr, (District II) who were also re-elected for a second term. Trustees continuing to serve on the AAOMS Board of Trustees are Dr. Donald L. Seago (District III); Dr. Mark Tucker (District IV) and Dr. R. Lynn White (District V). Dr. Seago and Dr. Tucker also announced their intention to run at next year's House of Delegates for the AAOMS Vice President's position.

I would like to express my appreciation to the District 6 Caucus and the House of Delegates for the opportunity to continue to serve for the next two years.

It also seems appropriate that I "bug" you a little bit with regard to your participation and continued support of our Association. The AAOMS Foundation is in the midst of a major

capital gifts campaign. Our goal has targeted 2.5 million in member pledges and 1 million in corporate pledges. To this point, we have reached approximately 2/3rds of this goal. One only has to look at the benefits of the ongoing *Third Molar Study & The Anesthesia Outcomes Study* funded by your Association and the Foundation to realize the value of these education and research projects and the positive impact they are having on our private practices. Justification and support for procedures that we perform on a routine basis as a result of these studies alone will add demonstrated value to the services we routinely provide. I would challenge each of you to commit a minimum of \$2000 over a five year period to the Foundation. Additional revenues from your commitment will have a significant impact on our specialty and is a minimal financial burden. If you contributed more, *Thank-you!* It also goes without saying that our successes in the legislative and regulatory arena, depend on continued support of OMSPAC. Thanks to the efforts of members such as Dr. Lanny Garvar, Dr. Tim Shahbazian and others working with the "Informed" Legislators, OMS's will receive a 3% increase (the only specialty that will receive an increase) from the Centers for Medicare and Medicaid Services (CMS) this year. Please consider additional support to OMSPAC, which was also directly involved with this effort. If you have any comments or need assistance, please feel free to contact me at drcrinzi@aol.com and I will be happy to assist you. ■

In good health,

Richard A. Crinzi, DDS, MS
AAOMS District VI Trustee
Richard A. Crinzi, DDS, MS



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NEWLY RENOVATED OFFICE with 15 operatories. We are looking for an oral surgeon, board eligible, for a private practice. Please call, and ask for Lucy the Office Manager at (909) 735-7300 or Fax resume to (909) 549-1233.

DOWNEY, CA

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1663 Dominican Way Ste. 112
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