

The Compass

Staying the Course Through Service and Education



Volume VII, Issue 3, Fall/Winter 2005

Local Leaders Take National Spotlight

CALAOMS MEMBERS PREVAIL AT THE AAOMS ANNUAL MEETING

It was nail biting time at the Annual AAOMS Meeting in Boston this year, where CALAOMS Past President, Mary Delsol, and current Treasurer, Larry Moore were running for major national leadership positions--Delsol for ABOMS Director and Moore for AAOMS District VI Trustee. Fortunately, both candidates prevailed making it a clean sweep for CALAOMS.



Mary Delsol, DDS



Larry J. Moore, DDS, MS

Dr. Delsol graduated from the UCLA School of Dentistry and completed her surgical training at the VA Hospital in Long Beach. Dr. Delsol has repeatedly demonstrated her commitment to organized oral and maxillofacial surgery. She served as CALAOMS President in 2002 and has chaired the District VI caucus for 10 years. She has been a delegate to AAOMS and worked on Public Information and the Diversity committees. Dr. Delsol was on the ABOMS Examination committee for seven years where she gained the respect of her fellow examiners who subsequently nominated her for the position.

Dr. Delsol notes, "... the Board has made great strides in re-evaluating and modifying the certification process as the specialty and the environment in which we practice changed. These endeavors must continue, so that certification by the American Board of Oral and Maxillofacial Surgery conveys a meaningful and significant level of

competence to dentistry, medicine, other allied health professions, and to the public. I will strive with utmost commitment and dedication to advance the goals and mission of the ABOMS during my tenure on the board of directors."

Dr. Moore has been involved with organized oral and maxillofacial surgery for 20 years. He received his dental degree from UCLA and his oral and maxillofacial surgery training at Harbor/UCLA Medical Center. Most recently, Dr. Moore has served as chair of the AAOMS Committee on Oral and Maxillofacial Professional and Allied Staff

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Editor's Corner



Tim Silegy, DDS
Editor, of the Compass

It's 6:30 a.m. Central Daylight time and find myself in that "vacant and pensive mood" that Wordsworth so eloquently describes in his poem, *Daffodils*. Driving north on I-35 from Kansas City to Lamoni, Iowa, the site of Graceland University, rolled hay, old barns and windmills take me back twenty years to the time of my undergraduate education.

I spent four years at Graceland, a small liberal arts college in the heart of America, where I was recruited to play small college football. Today is the start of Homecoming weekend, and I am making a quick trip to participate in the Alumni College, a series of guest lectures given by accomplished alumni.

Exiting the freeway, I feel myself relaxed and actually driving the speed limit. The leaves have begun to change and there is a crispness in the air, reminding me that Autumn has arrived. As I merge onto the winding road that leads to campus, my thoughts turn to the many

friends and faculty I haven't seen in almost 20 years.

Alumni Director, Nancy Wallace greets me outside of the student center, gives me a robust hug and quickly scoots me over to a surprise breakfast where a few of the people who influenced my personal and professional development have gathered.

There's Dr. Bruce Graybill, who pounded organic chemistry into my thick skull. Then there's Bob Ramsey and his wife Jerri Gail, who hosted the pre-med party each year at their home. Dean of Students, Tom Powell, who recruited me to Graceland when he was the offensive coordinator and Bill Dudek, the former head football coach (the two of whom are a modern day Laurel and Hardy) begin an onslaught of "I knew him when" stories that keeps everyone in stitches. The new president of the University, John Menzies, extends his hand and says "Welcome back to Graceland, Tim, we are proud of you and honored to have you here."

All too soon it's time for my lecture. I feel humble as I enter the same lecture hall where I learned so much. I see character in the faces of my forty-something friends and wide eyed hope in the eyes of the pre-med students attending my talk. I share with the audience the scope of my practice and how my college experience prepared me for my career. Before I know it, I say goodbye to friends old and new,



and hastily drive south for my flight back home.

Thanksgiving is an appropriate time to share this story with you. My trip caused me to recognize that no matter how hard we work or how great our ability as surgeons, we could never have come this far without the love, support and encouragement of others. One just cannot be successful by going it alone! To quote an often viewed bumper-sticker, "If you can read this, thank a teacher."

Similarly, as professionals, we could not survive without the help of our professional organization. Each year a handful of surgeons volunteer their time to make sure our association runs smoothly. Working closely with a highly trained and dedicated staff, they provide CALAOMS members with relevant continuing education courses and a strong and unified political voice.

This holiday season, take the time to thank someone who has made a difference in your life. Drop a note to an old teacher or mentor who helped you along the way. Call up an old friend and thank them for

Letter to the Editor

Dear Editor:

I would like to comment on Dr. Levin's article "Office Accreditation-Why bother?" published in the last issue of the Compass. I have been through the accreditation process and have decided not to renew.

I believe we should not use outside agencies or companies to certify OMS offices as surgery centers. My logic is simple—the California Dental Board already mandates that OMS offices be certified, so why should we also have to be certified by another agency? Another certification seems redundant. At this point, CALAOMS examines and the DBC certifies offices that provide general anesthesia or conscious sedation. This expert service is provided at little cost to the office being examined. The examiners are always oral and maxillofacial surgeons, which is not always the case with outside agencies.

CALAOMS has been providing this service for about twenty years now, and I feel that they have done an excellent job. I do not feel that they should be replaced by AAAHC or any other such agency. The fees I paid to be certified by an outside agency totaled about \$30,000 for four years of certification and the process was done with expertise. AAAHC examines the governance procedures of an office (such as employee manuals, drug logs, and a hospital type of manual) which is not something CALAOMS does. If the membership of CALAOMS wants to add governance examination to the office certification checklist it can certainly do so—and at a much lower price.

In summary, I would suggest that we continue using CALAOMS as our certifying agency. Any fees charged for this service will go back to our own organization and we can customize the certification specifically to the OMS specialty office instead of copying the rules and regulations used by a hospital.

Sincerely,
John E. Kiesselbach

being there when it mattered most.

When you receive your CALAOMS dues statement in the mail, don't lament having to write another check. Be thankful that we have an organization to help us protect our livelihood and achieve our dreams.

Happy Holidays!

Tim



Vintage greeting card provided by Susanna's Loft - Victorian e-cards. You can find this card and other vintage greeting cards for all seasons at susannnsloft.com

A President's Thanks



Michael E. Cadra, DMD, MD
President, CALAOMS

Each Thanksgiving season gives me an opportunity to reflect what I have to be thankful for. This year, my profession and the opportunities it has presented and the people that led me on this path were first on my mind, following my wife and children, of course.

I am thankful for the membership for allowing me many years of service on committees and the last 11 years on the NCSOMS board, then the CALAOMS board. I thank the membership for your participation this year, in responding to surveys, for calling me with input, and for coming to the many excellent CE courses offered this year. I am thankful for those who have stepped up and taken leadership positions, I know that CALAOMS is in good hands for years to come.

I am thankful for those who took time out of their busy practices over 20 years ago to participate in my education. Those include Jack Lytle, Duke Yamashita, Tom Mulkey, Lee Reeve, Ross Prout, Howard Davis and many others. I am thankful that Jack "indoctrinated" us with the need to sit for ABOMS and that we had an obli-

gation to give back to our profession, dentistry and oral and maxillofacial surgery, through service to our professional organizations and our patients. Through their wisdom, and leadership by example, I learned the full scope of oral and maxillofacial surgery and am able to continue to practice full scope OMS.

I am thankful for the residents that were ahead of me, my co-residents and those behind me in training. All of them contributed to my education in some manner.

I am thankful that oral and maxillofacial surgery still excites me. Who would not be excited about providing anesthesia care, implant reconstruction, orthognathic surgery, and even routine dentoalveolar surgery. I have to admit that trauma is still exciting, although the late night calls are not as welcome as they were 10-20 years ago.

I am thankful for those who have "stepped up to the plate" to preserve the ability of the single degree OMS to provide cosmetic services. These include Jeff Persons, Peter Scheer, Craig McDow, Nestor Karas, Lester Machado, John Saunderson and others.

On the subject of cosmetic surgery, the occupational analysis is allegedly going to be completed by the end of December.

Hopefully, our bill will then progress through the remaining votes and this time will be signed by the governor!

I am thankful for our executive director, Pam Congdon and the staff at the CALAOMS headquarters. They support the membership in an exemplary manner!

Even with all that we have to be thankful for, we still have challenges ahead. We are entering the next election cycle in 2006. It is imperative that our PAC have adequate funding to educate candidates for state office as to our scope and concerns, and support those that are supportive of our concerns. I ask each of you to consider a donation to our PAC prior to the end of the year and then again immediately after the first of the year.

Our national foundation has asked each of us to support the foundation with the equivalent of what we charge for extraction of four third molars. I would ask that you consider donating a like amount divided between the CALAOMS Foundation and CALAOMS PAC. If every member would support our organization in this manner we will be able to complete the objectives of the PAC and the Foundation! Of course, those of you that wish to contribute more are certainly encouraged to do so.

Again, thank you for the opportunity to serve CALAOMS and best wishes for a joyous Holiday Season.

Michael Cadra



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SCPIE's Risk Management Corner

Emergencies and the 9-1-1 Call

By Barbara Worsley

Even though they occur infrequently, medical emergencies in your office can cause confusion and distress for the patient and the staff. If your office has never faced a medical emergency, it makes the need to be prepared all that more important.

One of the first steps to take in an emergency situation is to call 9-1-1. An estimated 200 million calls are made to 9-1-1 in the United States each year. But do you know when to call this number for help and what to expect when you call?

In general, 9-1-1 is an emergency number for any police, fire or medical incident. There are four major advantages in using this number:

- It removes doubt about the proper emergency response agency because one call can bring multiple agency responses when needed.
- The easy-to-remember number remains the same from one community to another.
- It is easier and faster to call, especially under adverse conditions.

- Wire-line calls, a sophisticated identification system that displays the 9-1-1 caller's address and phone number, reduces interrogation and response time.

Overall, it is estimated that on the average, every individual in the United States or Canada will call for emergency assistance at least twice during their lifetime.



History

When the 9-1-1 number was first implemented in Haleyville, Alabama in February 1968, it was intended as an easy-to-remember, no-coin method of reaching the correct law enforcement, fire and emergency agencies. Although viewed as a national public safety communications system, it is actually under the control of a number of different local agencies. The first 9-1-1 system in California was installed in the City of Gustine, in Merced County, in March 1970.

When to Call 9-1-1 for Help

Many times, people have difficulty recognizing medical emergencies or underestimate their seriousness. The key rule is, if you **THINK** you or someone you know is experiencing a medical emergency --- call 9-1-1 immediately. Some examples would be if someone is

- Experiencing an allergic reaction of any kind
- Having a seizure or convulsion
- Experiencing jerking movement they cannot control
- Burned over an area larger than the palm of your hand
- Electrically burned or shocked
- Bleeding or spurting blood and you can't get it to stop
- Not breathing or having difficulty breathing
- Gaspng for air or turning blue
- Choking and the obstruction cannot be cleared
- Experiencing chest pains or crushing discomfort around the chest area --- even if the pain stops
- Experiencing unusual numbness, tightness, pressure or aching pain in their chest, neck, jaw, arm or upper back.

The signs and symptoms of a medical emergency can be vague or unusual. **Never be afraid to dial 9-1-1 because you are unsure a**

real emergency exists. Liability claims have resulted when clinical office staff have failed to timely intervene on a patient's behalf and delayed transferring the patient to the hospital. The dispatch center and emergency service professionals will help in times of confusion or doubt.

What to Expect When You Call 9-1-1

Always be prepared to briefly explain what your exact situation is. Sometimes in an emergency, it may seem like these questions are being asked to determine whether or not you need help. In actuality, they are being asked to determine the level of help you need. Your answers should be brief and responsive. Remain calm and speak clearly. Expect to be asked the following questions:

1. Person's problem or the type of incident ("Tell me exactly what happened")
2. Approximate age
3. Is he or she conscious?
4. Is he or she breathing?

Getting this information from the caller typically takes less than 30 seconds. After that you may be asked to do nothing, stay on the line, or assist in providing care for the ill or injured person.

Do's and Don'ts of 9-1-1

- Do not program 9-1-1 into your auto-dial telephone. You won't forget the number and

- programming it invites accidental dialing of the number.
- Dial 9-1-1 only for an emergency. An emergency is any serious medical problem (chest pain, seizure, bleeding), any type of fire (business, car, building) or any life-threatening situation (fights, person with weapons, etc.).
- Do not dial 9-1-1 for a non-emergency. A nonemergency incident is a property damage accident, break-in to a vehicle (when suspect is gone), theft of property (when suspect is gone), vandalism (when suspect is gone), panhandlers, intoxicated persons who are not disorderly, etc.
- If you dialed 9-1-1 in error, do not hang up the telephone. Instead, stay on the line and explain to the dispatcher that you dialed by mistake and that you do not have an emergency. Otherwise a police officer or deputy may be dispatched to confirm that you are OK. This will needlessly take resources away from genuine emergencies.
- Be prepared to describe the persons involved in any incident. This includes their race, sex, age, height and weight, color of hair, etc.
- Be patient as the dispatcher asks you questions. Most likely a response is being made while you are still on the line with the dispatcher.



CALAOMS MEMBERS TAKE ON NATIONAL LEADERSHIP ROLES

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has been involved with OMAP, a national program similar to OMSA, which trains oral and maxillofacial surgery assistants.

Dr. Moore has a personal interest in temporomandibular joint surgery and has been an ABOMS examiner for six years. Dr. Moore's motivation comes from his desire to serve the specialty and to represent his many friends and colleagues in the Western Region. A very humble individual, Dr. Moore doesn't see himself as an important person. "In China," he says, "there is no such thing as a 'VIP.' Instead a person of notoriety is viewed as a 'VRP' a very responsible person."

California oral and maxillofacial surgeons are fortunate to have two very responsible leaders serving us on the national level.



AAOMS AND CALAOMS WORKING TOGETHER TO MAKE A BETTER TODAY AND TOMORROW FOR CALIFORNIA ORAL AND MAXILLOFACIAL SURGEONS AND THEIR PATIENTS

Physical Fitness - Why Bother?



By Dan Levin, DDS

It is Thanksgiving. What a great time to reflect on all those aspects of life that we are most grateful for: our families, our practices, our communities and the list goes on. Isn't it interesting just how much we take for granted? There are so many things we expect to occur uninterrupted. Take for instance, our office equipment. We use our monitors, panos and drills daily, never thinking that they someday they may break down. When they do break, this generally translates into a huge inconvenience and loss of production, so much so, that we spend a fortune on preventative maintenance and back-up equipment. But what about our *main machine*?

No doubt, we are all thankful for our health, but like everything else we hold in value, our body requires a certain level of preventive maintenance. We all have very busy lives between our family commitments and practices, so it's very easy to rationalize that there is no time for our own PM. But think about it, if something happens to you, it's not

good for yourself, your family or your practice.

This article is not intended to be a lecture on eating less and exercising more. Everyone has heard this a billion times from a billion different sources. This article is geared to those of us over 40 years old who are less than occasional exercisers and anyone who has been at least thinking of starting a fitness program. If you are an athlete or an experienced lifelong exerciser, read something else.

At or around age 40, our metabolism drops off significantly. All of those big, 3-Pepsi lunches begin to catch up with us and pretty soon, our slim youthful figure is gone and is replaced with a big "spare tire." And it only gets worse with each advancing year. Hopefully, you get an epiphany, which prompts action. Maybe its rising cholesterol or blood pressure or you are becoming more insulin resistant. Or perhaps you just want to look good this summer in a new Speedo or qualify for the Boston Marathon.

A few years back, I personally did not pay too much attention to my diet, eating somewhat on the unhealthy side most of the time. For me all of those TV aerobic shows were just entertainment while lounging with coffee and a donut. While I lived a fairly active lifestyle, my cardio and weight

training was inconsistent at best. Slowly and somewhat insidiously the intramuscular fat began to spill out, and before I knew it, I was seriously overweight and totally unfit. The final straw was when doing an insurance treadmill, the cardiologist said "not even a skipped beat. Just think how good you could be if you were fit!"

Several weeks ago, the LA Times ran a photo shoot of our Governor, and the fitness guru of all times, Jack LaLanne. At age 90, Jack looked great! In an interview, he said that at 5:30 a.m. daily, he got out of a warm bed, next to hot women, and went to a cold gym. It works for him, but how inspiring is this for the rest of us? The point is that a well-tuned main machine requires a lifestyle commitment and the best way to accomplish this is to make this commitment part of a daily routine.

Eating correctly is part of the equation, as I don't think that the original Thanksgiving cornucopia included a big Mac, fries and a Coke. Fitness experts often say

feed the muscle, starve the fat. It doesn't take a rocket scientist (or even an oral surgeon for that matter) to figure out that if you want to lose a little weight, it's not going to work just by downsizing your standard daily portion of French fries. Eating sensibly fits well into a lifestyle change.

Jack LaLanne boasted on his birthday recently that he has not eaten birthday cake since age 13. That works for Jack, but it seems to me that there is more to life than tofu, lentils and food juicers. Sensible eating does not exclude occasional indulgences. If 80% of the time you watch the amount and kind of food you eat, take the remaining 20% of the time and enjoy yourself. If you don't have a clue on what is sensible, check out the new 2005 USDA food pyramid at www.mypyramid.gov. This interactive site gives advice based on age, gender and activity level.

Also, know your body mass index. The BMI is a relationship

between height and weight and it is nearly universal for non-super muscular adults. Go to any Internet search engine and check out BMI. If you are trying to lose weight, this can give you a goal with purpose. And speaking of weight, try not to get too hung up on the absolute number since it reflects everything—water, bone, muscle and fat. What is important is body fat. There is a healthy range for the different age groups and gender and the trend can easily be followed with a number of commercially available and inexpensive fat scales or skin calipers.

Recently, Canadian researchers reported on their study of more than 27,000 people in 52 countries and concluded that using the waist-to-hip ratio instead of BMI to measure obesity, increases by three-fold the number of people considered to have a risk of an MI. Larger waist size (indicating amount of abdominal fat) was harmful, while larger hip size (a possible indication of lower body muscle) was protective, the researchers noted. To do this simple test, measure your waist and hip circumference and then determine the waist: hip ratio. Women should not exceed 0.8 and men 0.95.

So, how much should you eat (or not eat)? Assuming you pick the right foods, a general rule of thumb is 11 times your current weight equals your basal metabolic rate in calories per day. Add to this, 20% BMR for a sedentary life style, 30% for moderate activity or 40% intense activity. Since there are 3500 calo-

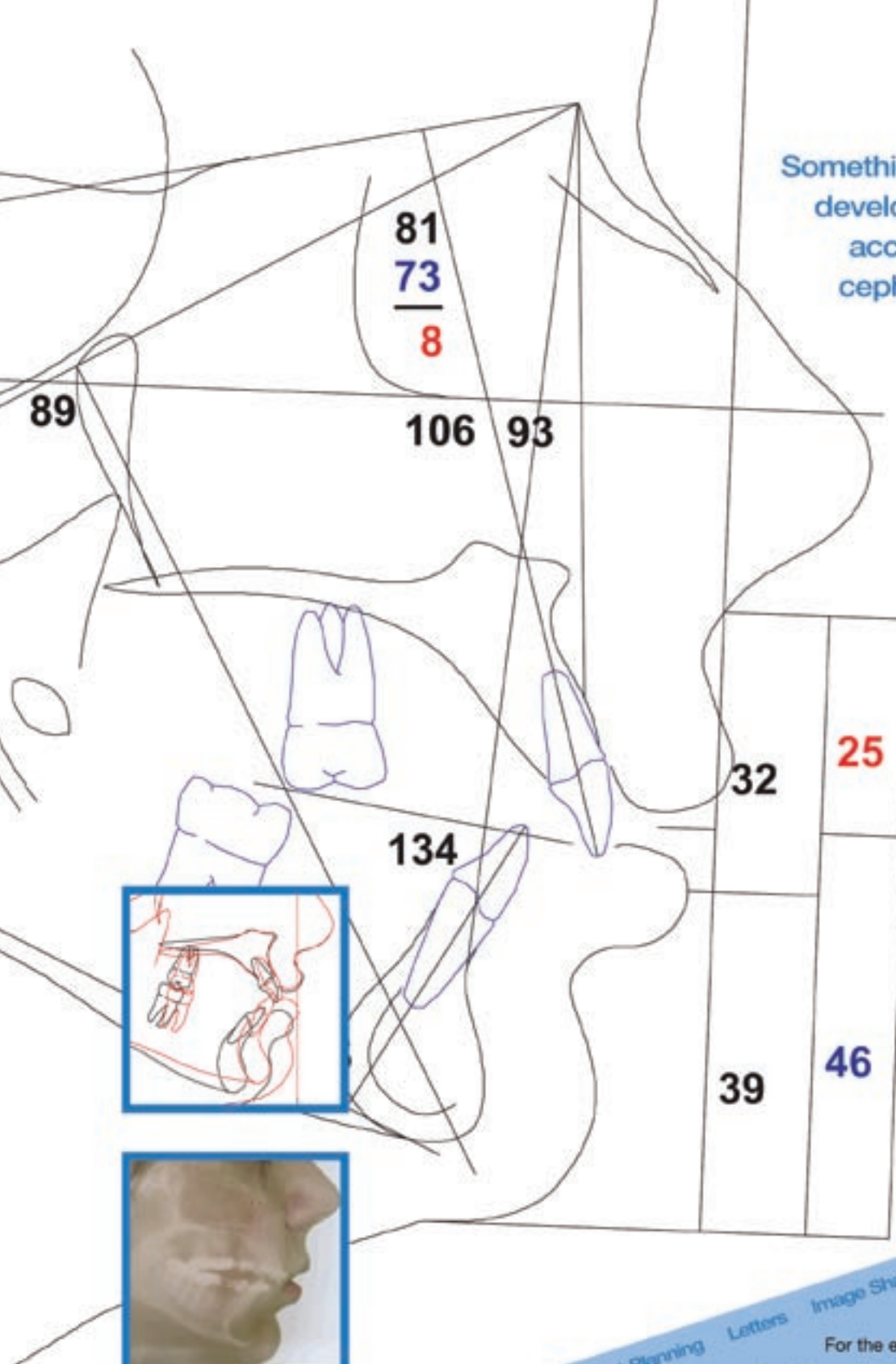
ries per pound, subtracting or adding 500 calories per day will lead to a 1-pound per week weight change.

Don't you just love this commercial on television showing this rather chubby couple in bathing suits bemoaning that they are overweight and need to become fit? The next scene shows them a few weeks later, again in bathing suits but this time trim and cut after just taking this magic pill. There are hundreds of snake oil products including diets, pills, supplements and special exercise machines out there preying on a susceptible public. Unfortunately, the cold hard reality is that physical fitness requires an effort that must be maintained on a regular basis. What an unfortunate irony of unhealthy physiology that we as humans are so good at storing fuel (fat) and so poor at storing fitness. But that's the way it is so we have to deal with it.

The Surgeon General recommends 30-60 minutes of moderate physical activity most days of the week. If you want to be like Jack, establish a daily routine for physical activity. The activity should include cardiovascular work somewhere between 65-75% of your maximum heart rate for about 30 minutes. Invest in a good heart rate monitor watch. A great company is Polar, though there are many including Nike and Timex. I favor Polar because it offers a huge line of different watches designed for all different levels of activity, interests and goals. All these watches allow you to calculate your projected maxi-

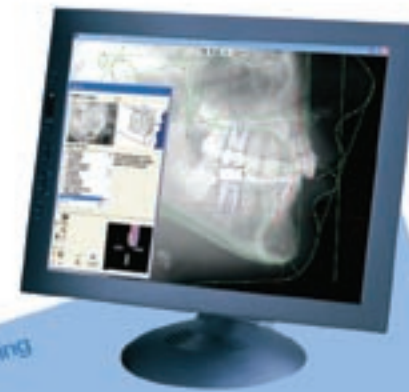
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mum heart rate (you know, 220 minus your age) and then monitors such things as your intensity visa vi heart rate, time of exercise and calories burned.

As far as physical exercise goes, just about any activity works—running, elliptical, rowing, biking—you name it. Pick something you like and mix up the activities from day to day to stay more motivated. Two other very indispensable items are an iPod (or other mp3 player) and a big screen TV for indoor exercisers. Not all of this cardio stuff is fun, but music and television can make it very tolerable.

You may recall from early 15th Century history the Spanish explorer, Juan Ponce De Leon. He traveled from Puerto Rico to Florida looking for the legendary fountain of youth. Fortunately, we do not have to do much traveling since the fountain of youth lies in everyday resistance training. From cardio, you can easily segue to hitting the iron.

Weight resistance can tone and build muscle creating a leaner and more scul-

ptured physique. It also helps in strengthening our bones and ligaments, which becomes increasingly more important as we age. Unless you are really into it, you don't have to become Charles Atlas to be healthy. Probably one of the most important aspects in weight training is to have proper form. Anyone who has frequented a gym has seen these young guys pushing too much weight, in an attempt to impress their girlfriends at the expense of proper form. This can lead to injury and you certainly don't get as much bang for the buck for the effort.

If you have no experience with weights, get lessons from a personal trainer and establish good form from the very start. There are hundreds of books and references available on the subject from the hard-core *Testosterone.com* magazine (really!!) to local newspaper articles. Most are just trying to sell a product, typically supplements or exercise equipment so you have to be careful what you read and believe.

Unless you are willing to give up your day job in favor of weight training, no one is going to look like the shredded and starved but genetically blessed mod-

els that hawk all the weight equipment. You will however, with reasonable effort (30 minutes, 3-4 times a week) become infinitely healthier and stronger with a new sense of mental and physical empowerment. Weight training does not have to cost much. Let's face it, you can do it with a chair and brick since all your body knows is weight resistance. It's better however, to spend time in a commercial gym or if you have the space, create your own home gym.

Ponce De Leon never found the fountain of youth and unfortunately, we are all in line for the big sleep. However, we just don't want to take cuts. Fitness does not guarantee long life, but it does help stack the cards in our favor in not having to suffer while waiting in line. Wouldn't life be great if you could avoid serious illnesses like heart disease, stroke, diabetes and certain cancers? Now this is something we could truly be thankful for.



This is one of only a few legitimate excuses for missing CALAOMS Meetings

What's Yours?

Is Purchasing Our Own Office On The Horizon?

By: Lester Machado, DDS, MD

When SCSOMS and NCSOMS unified, the offices were consolidated in Roseville. The CALAOMS Roseville office is leased and has provided a close proximity to CDA offices in Sacramento, as well as close proximity to the State Capitol. Roseville is fifteen miles from the State Capitol and seventeen miles from the Sacramento airport. The CALAOMS staff all live close to the Roseville office, which is east of Sacramento in a suburban area experiencing rapid growth.

The Board of Directors of CALAOMS has been looking at long range planning issues for the past few years by utilizing a strategic planning process. One of the issues identified in our strategic planning process is to manage our financial resources in the best possible fashion, providing member services at the best value. The question before us now, is should we continue to lease the space we currently have or purchase an office space?

Currently, we lease 2000 square feet of space in an office complex that is near Interstate 80. There is ample parking and the building is about twenty years old. We have offices for each of our staff, and a

large conference room for meetings. The office is used for managing the day-to-day operations of the Association, storing our records, and serves as a meeting space. Current traffic patterns allow for an easy trip to and from the State Capitol, the offices of CDA and the Sacramento airport. Directors, Board members, staff and representatives of other state societies who visit and use our office are happy with the convenience afforded by our current location.

Our office lease costs us \$35,000 per year and increases each year. We estimate that over the next twenty years that we will spend almost one million dollars if we continue in the same space under the terms of our lease.

A recent needs assessment of the Association performed by our Executive Director indicates we actually need more office space than we have. With continued growth of our membership and expansion in CALAOMS activities we know that we will need more office space in the near future.



To address these issues, the Board of Directors has conducted a thorough search for the best possible solution. We have looked at leasing a larger space, purchasing a building, purchasing an office condominium or relocating to another area. We believe that our long term needs will be best met by purchasing an office condominium of approximately 3,000-3,500 square feet in the Roseville area.

The Budget and Finance committee have recommended we invest a large portion of our Strategic Reserves as our down payment on the office. This keeps our mortgage payment close to our current monthly rent. We will also be assured that our office expense would not increase over time. In twenty five years, when the mortgage is paid in full, we will own the office outright. If we decide in the future that we needed to move to a different location, we will be able to sell the office. From many perspectives this is the most fiscally sound option that gets us the most value for CALAOMS members.

We invite your feedback on this important decision. We are looking at properties now and we will keep you posted as the process moves forward.

THE BUZZ ON BIS BISPHOSPHONATE THAT IS

In early July of this year Dr. Cadra conducted a survey of our membership on behalf of AAOMS on the Topic of Bisphosphonate.

As many of you know, Bisphosphonate is becoming the next buzz-word. More and more doctors are starting to see cases of Osteonecrosis of the bone induced by Bisphosphonate appear in their practice. The purpose of the survey was to determine just how prevalent this is becoming.

While the results from AAOMS have not been published as of yet, we thought we would provide you the results of the CALAOMS Survey.

Have you identified Bisphosphonate induced Osteonecrosis in patients
Yes = 135 No = 142

If so How many? 340 total

How many were treated with Fosamax or Actonel? 114 total

Were these reported to FDA Med-Watch?
Yes = 74 No = 205 Unsure = 61

If so, by whom?
Physician = 22
OMS = 47
General; Dentist = 0
Physician & OMS = 2
Other = 3

CALAOMS HEALTH FOUNDATION REPORT



By, Gerald Gelfand, DMD
President, Health Foundation



I'm writing this where I usually do my best work, at 34,000 feet in the air returning from Boston and the AAOMS Annual Meeting. Even as hurricane Rita was striking Louisiana and Texas, hurricane Katrina and the devastation it wrought was a major topic at the meeting. In addition to the significant support from AAOMS to aid the relief effort, approximately \$60,000 was raised from the delegates and AAOMS officers specifically earmarked to aid the LSU residents and the OMS training program. The OMS clinic was completely destroyed and the funds are directed to help rebuild the clinic and support the residents whose lives have been disrupted.

The residents, all nine of them, are living together in a small apartment and their lives have been severely impacted. In addition to the 60 thousand donated by the delegates and officers, the AAOMS

House of Delegates voted to donate \$5,000 from the HOD reserve fund to each resident for immediate use to help them cope with their current hardship and passed a resolution setting up a fund to deal similarly in support of residents who may be impacted by future disasters.

The CALAOMS Health Foundation voted to donate \$5,000 to the Katrina relief effort. At the suggestion of CALAOMS Executive Director and Foundation Secretary Pam Congdon, the CALAOMS membership was solicited by fax (Pam was actually ready to call every member) and an additional \$12,300 was raised from our generous members to be donated through the Foundation earmarked specifically for the relief effort. Added to the five thousand already approved, a total of \$17,300 was donated from the CALAOMS Health Foundation.

Once again our effort to increase donations to the Foundation

over the summer was successful, raising \$10,050. Thank you all for your help and support. It proves yet again what I've always believed, that OMS' as a group are a giving lot concerned with the well being of our fellow citizens and those in need. Yet, there are still many of you who don't contribute to the Foundation, even some in leadership roles. I hope you will reconsider and support the Foundation financially. It's always the right time to send your tax deductible contribution and it may take a disaster like Katrina to help understand just how valuable your donation is. Please send in the pledge card on this page with your contribution.

As I assume the CALAOMS Presidency in 2006, I'm delighted to announce that Leonard Tyko will take over as chair of the Foundation Board of Directors. Len has been a real asset to the Foundation as a member of the Board and is com-

mitted to the viability and goals of the Foundation. I know you join me in congratulating him on this important appointment and I'm positive that he will do an excellent job in his new role.

\$17,000 in total was donated to Hurricane Katrina Relief in the name of California Oral Surgeon

As I mentioned in my last article, the Foundation has engaged Janice Gow Pettey, a consultant, to help the Foundation in its fund raising efforts. Ms. Pettey will be interviewing a number of our members, so if you receive a call from her, please take it or return it on our behalf. SHE WILL NOT BE ASKING YOU FOR MONEY. She is merely gathering information valuable to the Foundation and we

need your help so I hope you will cooperate with her.

The next time you'll hear about the Foundation will no doubt be from Len Tyko. The next time you'll hear from me will no doubt be in the President's Message of the next Compass. As we enter the next year, I'd really like to hear any suggestions from our members about how we may make CALAOMS a stronger organization, even more responsive to our membership, especially in advance of our next strategic planning retreat which is scheduled to take place in March. If you have ideas about anything, C.E. meetings, new programs, member services, the central office or anything that's on your mind, positive or negative, please let me know. I can be reached at (818)225-8602 or at gelfoms@aol.com, so please contact me anytime.

Yes, I want to support My Foundation. Please accept my tax deductible donation of:

- \$1,000
- \$500
- \$250
- \$100
- Other _____

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City: _____, State: ____ Zip: _____
Telephone: _____ Email: _____

Check enclosed
Credit card: Visa MC
Card Number _____
Expiration: _____ 3 digit security code _____
Signature _____

CALAOMS Health Foundation



Contributions are tax deductible
Nonprofit tax id number is: 95-4781831

Fall Meeting in Review



The 2005 CALAOMS continuing education season concluded this Fall with two very successful meetings. San Francisco's beautiful Hotel Nikko was the venue for the Fall membership meeting. The meeting featured speakers William Carpenter, Sol Silverman, Roy Eversol, Tom Indresano and Brian Schmidt discussing various topics in oral pathology.

Attendees enjoyed the multiple speaker format as it gave them the opportunity to get multiple opinions on the management of controversial clinical situations, including, among other things, the management of Bisphosphonate induced osteonecrosis.

The year's second medical emergencies course was held in sunny Long Beach California on November ninth. A repeat of the course held in Berkley earlier this year, the course gave surgeons and auxiliaries a comprehensive review of anesthetic emergencies and their management. The course combined didactic presentations with demonstrated management of emergencies designed to simulate the office anesthesia evaluation.



Michael Beckley, DDS, Chairman of the CE Committee discusses upcoming meetings with CALAOMS staff member Teri Mandella, CE Coordinator, during a session break at the Fall Meeting.

CALAOMS members, Eric Alltucker, Tim Silegy, Vivian Jui, Louis Limchayseng and Richard Robert were called upon by course director Ned Nix to participate in the seminar.

Both courses received high marks on course evaluations by those in attendance who appreciated a new format.

Commenting on this year's CE program, CALAOMS President, Mike Cadra, acknowledged the efforts of CE Chair, Michael Beckley and the CE Committee.

The first CALAOMS meeting of 2006 will be held in Palm Springs, featuring Andrew Herlich, DMD, MD, who will discuss use of the laryngeal mask anesthesia and pediatric anesthesia. The new and beautiful Wynn Hotel will host next year's annual meeting May 5-7, 2006, in exciting Las Vegas. Mark your calendar for what is sure to be an exciting meeting.



California State Assembly Member Leland Yee (pictured here with CALAOMS President Michael Cadra, DMD, MD) spoke to members of the Board and Legislative Committee. He updated them on the status of SB 438 (Scope of Practice Bill) and what follows if it receives a favorable review from the Occupational Analysis being performed by the Department of Consumer Affairs.



A little over fifty years ago Merle Holmwood was having lunch with his neighbor and friend Bill Littell. Bill, who distributed industrial gas, was asking Merle how he could take his business to the next level. Merle suggested that he begin marketing his medical products to dentists and oral and maxillofacial surgeons. A partnership was born, and for the next 45 years Littell's Oxygen forged a long standing relationship with California's dentists and oral surgeons.

Merle's son Jon, joined the company in 1980 and bought the business from his father in 1989. The 90's saw increased construction of ambulatory surgical centers and Jon expanded the business to provide contract piping services

to surgi-centers and hospitals. Desiring to bring the expertise he acquired from his many friendships and interactions with California oral surgeons to the whole country, Jon sold the company to Airgas Puritan Medical in 2004.

Jon has stayed on with the company to market his newest product, a low profile nitrous mask which is more comfortable for the patient and significantly more efficient at scavenging. The mask was invented by Dr. John Moenning an oral and maxillofacial surgeon from Indiana.

Airgas provides a full line of goods and services designed specifically for the oral and maxillofacial surgery office. Be sure to stop by their booth at the next CALAOMS meeting in Palm Springs.

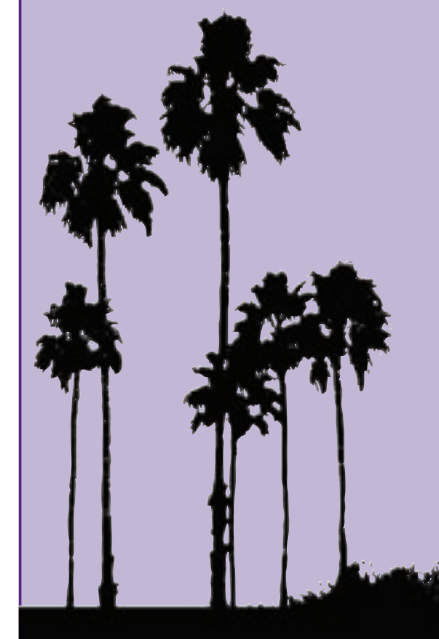


CALAOMS Members Jeff Fujimoto, DDS (far right) and Michael McDonald, DMD, (to the left of Dr. Fujimoto) met with the reps from Zimmer Dental, one of the many exhibitors at the Fall Meeting, to learn about the latest products available to the OMS Office.

Palm Springs Meeting January 13-15, 2006

By now you should have received the registration flier for the Palm Springs Meeting being held at The Lodge At Rancho Mirage on January 13 through the 15th. If you are planning on attending, but have not received the flier, contact the central office at 800-500-1332.

If you are not planning on attending the meeting, the question is Why Not?



General Announcements

The CALAOMS Central Office is continuing to provide service to the membership with timely mailings of voting materials, CE flyers, scheduling of Anesthesia Exams, surveys, processing of registrations and friendly staff, just to name a few. We are also continuing to look for a property that would meet our office needs. The response in favor of CALAOMS' purchasing property was overwhelmingly positive.

The CE committee has done a tremendous job this year with our 2005 courses. We look forward to another successful year in 2006 with 3 membership meetings with pertinent topics and even greater venues. We will have our traditional January Palm Springs meeting at the Lodge at Rancho Mirage with Andrew

Herlich, DMD, MD speaking on "Laryngeal Mask Airway and Pediatric Anesthesia". It's our Annual meeting this year, that promises to be extraordinary on so many levels. We were fortunate to be one of the first groups to schedule a meeting at the new Wynn Resort Las Vegas. Along with the subjects, "Implant Dentistry" and "The Future of OMS" and the exciting new location, this meeting should not be missed. Then finally our Fall Membership meeting will take us to Sonoma in Napa Valley at The Lodge at Sonoma, Renaissance Resort with speaker Dr. G.E. Ghali, presenting, "Complications of Dentoalveolar Surgery". We have also planned a unique dinner event at the Benzinger Wine Caves for Saturday evening after the Scientific Session. We will also have our general CE courses, such as OMSA, Infection



Control and Risk Management, ACLS, Resident's Night, Medical Emergencies, etc., that are a great way to obtain invaluable information and meet your continuing education needs.

Thank you for all of your support of CALAOMS and the Central Office staff. We look forward to seeing you at all of our events. Happy Holidays to you, your family and office staff.

Upcoming Events For 2006

Palm Springs Meeting January 13-15, 2006	Rancho Mirage	OMSA Expanded May 17, 2006	South - TBD
Residents' Night February 15, 2006	Berkeley	OMSA Home Study Course Begins July 1, 2006	Fall Course
Medical Emergencies in the OMS Office March 15, 2006	North - TBD	Medical Emergencies in the OMS Office October 11, 2006	South - TBD
ACLS April 1, 2006	Suisun	Infection Control and Risk Mngt October 25, 2006	North - TBD
OMSA Home Study Course Begins April 15, 2006	Summer Course	Infection Control and Risk Mngt November 1, 2006	South - TBD
CALAOMS 6th Annual Meeting May 5-7, 2006	Las Vegas	Fall Membership Meeting November 3-5, 2006	Sonoma

Call for Publication Committee Members

- Do you like to be a contributor?
- Do you have something to say about your profession?
- Do you think the Newsletter could use improvement?
- Do you think the Web-Site needs improvement?
- Do you like seeing your name in print?

If you answered "Yes" to any of the above questions, then you need to seriously consider becoming a member of the CALAOMS Publications Committee.

We are looking for energetic members who love their profession and want to make a difference.

Call Tim Silegy, Committee Chairperson to discuss signing up for the 2006 committee year.
(562) 469-1978

Classified Ads



Equipment For Sale

MID SUMMER CLEANUP!

Steve M. Leighty, DDS, Grass Valley, would appreciate any (new or used in good repair) common surgical instruments (forceps, elevators, needle drivers) to help outfit the new dental clinic at the Community Hospital in Ilam, Nepal. This project is sponsored by the 49er Rotary Club in Nevada City. 1364 Whispering Pines Lane, Grass Valley, CA 95945. Call 530.272.8871 for details.

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