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Ergonomic Practice of Surgery

by Solomon Poyourow, DDS, MD, MPH

Ergonomics. It's not exciting. It's not going to immediately improve your practice or increase your revenue. However, assessing and improving your ergonomics will help you practice more comfortably and longer. By taking preventive measures now, you could avoid an injury that interferes with work. Whether you are 30 years-old or 60 years-old, it is never too late to make changes, big or small.

One of the curses of youth is thinking your body will never fail you. Our bodies do an excellent job of masking the effects of our bad habits until we are near a breaking point. It seems humans are designed to 'run in the red' for as long as possible, until the engine seizes.

I recall being an intern and contorting my neck and back into positions only seen in a Cirque du Soleil show. My attending would come by and shake his head or ask, "Are you comfortable working like that?" My reply was, "Oh yeah, I'm good. I've almost got this tooth out. Just need a few more seconds." 30 minutes later, I was done and on to the next patient. Bad habits were in the making. It was common practice to sacrifice my body to complete the task at hand.

The physically demanding nature of oral and maxillofacial surgery may be at its highest early in a surgeon's career. Often, the first job a new surgeon has is the itinerant/corporate position. We crank out dozens of third molar cases per day without much thought to the effect on our bodies when

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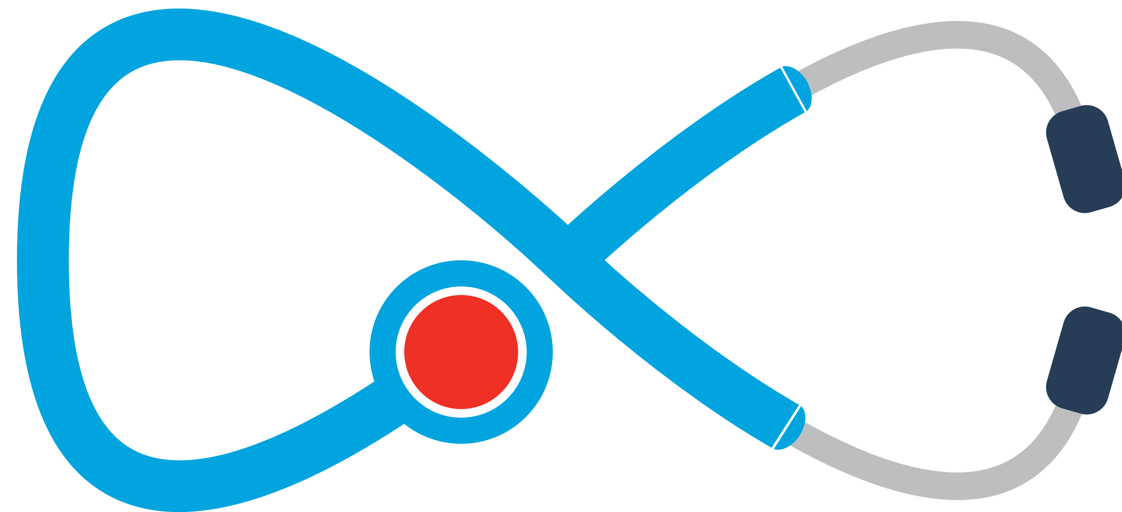

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EDITORIAL

by Jeffrey A. Elo, DDS, MS, FACS
Editor, CALAOMS

The Power of Friendship in an Uncertain World

In an era where fear often feels like an inescapable undercurrent of daily life, it's easy to become overwhelmed by the barrage of alarming news reports, the constant hum of social media, and the pervasive sense that danger is just around the corner. From natural disasters and geopolitical tensions to the latest viral threat, we are living in a time of unprecedented uncertainty. In such an environment, anxiety can become a familiar companion, gnawing at us in the stillness of the night or during quiet moments of reflection.

Yet, amid this climate of fear, there is one thing that remains a constant source of strength and solace: the power of friendship.

As the ancient Proverb wisely notes, "There are 'friends' who destroy each other, but a real friend sticks closer than a brother." This distinction is not merely poetic; it holds profound implications for our well-being. Sociologists have long argued that our relationships, particularly in adulthood, play a central role in shaping our identities. While our families may influence us in the early stages of life, it is our friendships that define much of who we become. In fact, the people we choose to surround ourselves with—whether by proximity or by choice—have a lasting impact on our emotional health, our mindset, and even our future.

In times of crisis, when anxiety seems overwhelming, the true nature of our friendships comes to the fore. It's easy to identify the negative influences in our lives: the people who drain us, sow discord, or leave us feeling more defeated than when we arrived. But equally important is the realization that we also have the power to be that friend—the one who offers support, encouragement, and compassion. The one who brings light into the room instead of darkness.

The question we must ask ourselves is: What kind of friend are we? Are we the one who uplifts others, or do we, knowingly or unknowingly, contribute to their struggles? Do we allow our friends to express themselves honestly, or do we undermine their efforts and add to their burdens?

These questions are not just rhetorical. In a world rife with division and uncertainty, our relationships with others can either reinforce our fears or help us navigate them. When we invest in friendships that are built on trust, respect, and mutual care, we create a support system that can weather even the most trying storms. And, just as importantly, we contribute to the well-being of those around us, making them better equipped to face their own challenges.

If you are fortunate enough to have friendships that nourish you, treat them as the treasures they are. Don't take them for granted. Offer gratitude, appreciation, and respect. Be present for your friends, not just in moments of celebration, but especially in times of difficulty. A true friend knows when to listen, when to offer advice, and when to simply offer a shoulder to lean on.

As we move through our lives, we must prioritize these connections. Offer your support in practical ways—whether through a kind word, a shared experience, or simply being there when needed. Don't allow petty disagreements to fester into irreparable rifts. Communicate openly, forgive quickly, and show that you are invested in the relationship. The strength of a friendship lies not in the absence of conflict, but in the ability to resolve it and grow stronger as a result.

In an uncertain world, where external factors are often beyond our control, friendship remains a source of stability and joy. By cultivating gratitude and investing in the friendships that matter, we can foster resilience—not just within ourselves, but within our communities as well. Life is fleeting, and in the face of life's challenges, it is our relationships that give us the courage to continue moving forward.

So, as we navigate a world filled with noise, fear, and uncertainty, let us also take the time to savor the quiet moments of connection with those we care about. Let us focus less on what divides us and more on what binds us together. Let us be the friend who sticks closer than a brother—no matter what the future holds.

In the end, the friendships we nurture may very well be the greatest antidote to the anxiety and fear that threaten to overwhelm us. And in offering that kind of friendship to others, we find the strength to confront the world with hope and resilience.

Ergonomic Practice of Surgery - CONTINUED FROM PAGE 1

by Solomon Poyourow, DDS, MD, MPH

performed 5 or 6 days a week. For many surgeons, there is a cumulative effect of high-volume work, and the age at which it becomes evident is a matter of individual difference.

Several friends in surgery and medicine suffered early work-related injuries. A colleague in emergency medicine had bilateral carpal and cubital tunnel surgery in her early 30s, probably brought about by the relentless documentation that was required by her job. An OMS colleague had a disc replaced in his spine in his early 30s as well, after doing several years with corporate clinics. Several general dentists were disabled in the first few years of practice from cervical disc herniations where surgery failed to correct the problem. It is troubling to spend so much time in training only to have one's career cut short abruptly. What follows is a brief comment on the most common physical ailments that afflict surgeons and dentists.

Carpal Tunnel Syndrome (CTS)

CTS is caused by compression on the median nerve as it travels through the carpal tunnel. Common causes include hyperextension and hyperflexion, as can be seen with keyboard use. Another cause is gripping small objects for long periods. There are numerous retractors that have been designed to provide a larger grip surface compared to the beloved Minnesota retractor. In residency, I had an attending encourage me to put down the Minnesota because it will ruin my hand. I took his suggestion and used his retractor, which has many variations; but the model I like the most is named Ronnau. There may be more varieties of cheek retractor than any other instrument in oral surgery. You just have to find what feels best in your hand.

CTS can be treated surgically and success rates are very high. However, surgery still requires several weeks of recovery. If caught early and physical habits corrected, CTS can be treated without surgery.

Cubital Tunnel Syndrome (CuTS)

Cubital tunnel syndrome is not talked about as much as CTS. It is caused by compression of the ulnar nerve as it passes through the cubital tunnel, or the funny bone slot/ulnar groove. For surgeons, a common cause of CuTS is positioning the elbow in flexion over 90 degrees for prolonged periods, such as during retraction. However, it can also be caused by

keyboard/mouse usage. Symptoms of CuTS include tingling or numbness of the pinky and ring finger. Unfortunately, surgical treatment of CuTS is less successful when compared to carpal tunnel surgery.

Herniated Discs

Disc herniations most often occur in the cervical spine (C6-C7) in dentists in their 30s and 40s. Symptoms include pain, biceps/triceps weakness, and altered sensation. Many disc herniations improve without surgery. Surgical repair can be successful in many cases, but quite a few patients will go on to have chronic pain. Cervical fusions have a high revision surgery rate as other vertebral levels degenerate and become symptomatic. Recently, disc replacement has emerged in spine surgery as an alternative to fusion.

The most important factors for preventing disc herniation include avoiding prolonged, static flexion of the neck in one direction. It is suggested that continual movement is even better than sitting with a straight back and neck throughout the day. Some believe that increasing and decreasing pressure on the intervertebral disc provides a pumping effect that introduces fluid/nutrition to the disc and promotes health.

Loupes

When I was a dental student in the early 2000s, loupes were standard. Sometime later, loupes and lights were standard. Loupes still resulted in head tilt positions of >20 degrees which is considered non-ergonomic. In the past few years, prismatic loupes became popular as a way to maintain upright head posture and decrease neck flexion. However, it can be difficult to operate on certain areas of the mouth with prismatic loupes and the disconnect between where your hands are and where you think your hands are can be challenging. I suppose the best thing is for the clinician/surgeon to integrate these devices into their routine early.

A Note on Chairs

In dental school, we always worked sitting down. In surgery, we always worked standing up. I noticed older surgeons would sit down and operate. I figured they must know something I did not. So, I ordered a saddle chair. It was an adjustment, but now I do most surgery sitting. Some operator chairs even have supportive arm rests to take stress off the shoulder and back when working.

The New Frontier - Exoskeletons

The latest device in the ergonomic battle is the exoskeleton. A plastic surgery colleague introduced me to these fascinating tools. The exoskeleton is designed to decrease the forces on a muscle group. One company that makes these devices is Hapo. I have yet to try one, but I must admit I am curious. It looks odd and perhaps a bit scary to the patient; however, most of these are in use in the operating room rather than the office.

Final Thoughts

Hopefully, this article has stimulated consideration of the ergonomic practice of surgery. Work is better when it does not hurt. One easy step any doctor can take is connecting with a physical therapist. Describe what your work is like, what kind of movements and positions you are in, and where you feel sore. The physical therapist can design a series of exercises to strengthen the weaker muscles in that movement group and decrease muscle fatigue.

I wish you good physical health and a pain free clinical practice.

OMS PAPERS

by Len Tolstunov, DDS, DMD

Dedication to Oral Surgery

The following is a letter to graduating oral and maxillofacial surgery interns and residents:

The road to becoming an oral and maxillofacial surgeon is long and arduous. Deep-rooted motivation and unwavering dedication to make a difference in the lives of your patients are not optional; they are essential qualities of this surgical specialty. It is a noble purpose of a medical surgical practitioner to help patients with hands, mind, knowledge, and technical skills.

This profession is filled with long and exhausting surgeries when your legs become painfully numb, and hunger and thirst are mere afterthoughts. It is a career of sleepless nights and long days, an occupation marked by constant worries about the well-being of your patients. It is a demanding job with concerns about your own growing family at home and very little quality time spent with your spouse and small children who often miss you as the most important person in their lives—a parent.

So, the question is: Is this all worth it?

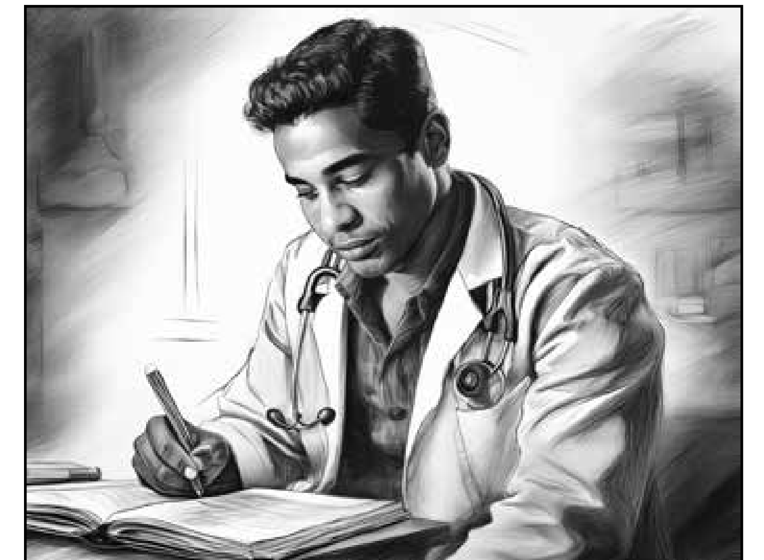
The realistic answer to this question is: It is ONLY worth it if you possess an overwhelming and unstoppable desire to achieve your goal of becoming an oral and maxillofacial surgeon; a goal that supersedes any other wishes you have in your life. It is worth it if you feel this is your true destiny, a personal calling that you *cannot* and *do not* want to resist or deter, and if you cannot imagine your future happiness without following this ambitious path.

If this is your true destiny, then you begin your journey with the canonical Hippocratic oath of "First, do no harm" (*Primum non nocere*). Oral and maxillofacial surgery is a lifelong occupation, a resolute passion to eradicate pain and bring happiness to your patients by not harming them and abstaining from any unnecessary treatment that would not benefit them.

So, if you feel that you have what it takes, do not hesitate any longer. Follow your destiny and dive into this incredible professional journey - reaching your shining destination of becoming a board certified oral and maxillofacial surgeon. Work for many successful years with thousands of grateful patients fortunate that their paths crossed with yours.

Fair winds and following seas to you and enjoy the ride!

Dr. Len Tolstunov
Board certified Oral and Maxillofacial Surgeon



PRESIDENT'S MESSAGE

Ashok N. Veeranki, DDS
CALAOMS President

I am proud to have served as President of CALAOMS this year. I cannot believe it has been almost a year. As we reflect on 2024, I am pleased to report our progress in enhancing our profession, advocating for our members, and maintaining our privileges to practice our profession in California.

Advocacy Efforts

This year, we have successfully defended our OMS anesthesia team model. We have always supported the anesthesia team model of an OMS leader/anesthesia permit holder with 2 trained assistants – each possessing appropriate anesthesia and life support training. The safety of patients undergoing in-office deep sedation is our utmost concern. Hence, the requirement for pediatric advanced life support (e.g., PALS) training for the general anesthesia permit holder and at least one of the two assistants while treating patients under 13 years of age. Though not required by law, we also encourage ACLS training for anesthesia assistants since we believe that the presence of highly trained staff further enhances the safety of the OMS anesthesia team.

Early in the year, CALAOMS lobbied for implementing a Dental Loss Ratio bill wherein dental insurance companies would have to spend 85% of premium dollars on patient care. The political and legislative climate in Sacramento was not favorable to pursue this piece of legislation in 2024; but CALAOMS still supports the concept and consideration to resurrect this may be in our future legislative agenda.

I would like to thank our legislative chair, Dr. Jeff Elo, President-elect Dr. George Maranon, and our lobbyist, Mr. Gary Cooper, for spending countless evening and weekend hours on many Zoom® calls to strategize our agenda.

Educational Initiatives

CALAOMS's Continuing Education committee has been very successful in hosting the Annual Meeting in Long Beach. It was well attended with tremendous support from our generous vendors. For 2025, CALAOMS will continue with one webinar and an in-person Annual Meeting.

The webinar will be in January (2025) and the Annual Meeting at Hayes Mansion in San Jose at the end of April. We are hosting this event in conjunction with the Western Society of Oral and Maxillofacial Surgeons (WSOMS) which we are very excited about. We are hoping to welcome many new WSOMS members from out-of-state and look forward to enjoying the camaraderie.

The Meeting will also offer AAOMS's Office Based Emergency Airway Management (OBEAM) course. To maintain membership in AAOMS, every OMS needs to have completed an emergency airway management simulation course such as OBEAM by 2026. I would highly encourage everyone to take advantage of this course offering in our state so as not to be in a time crunch later. Also, since OBEAM will be in San Jose, costs associated with traveling to Chicago can be avoided.

CALAOMS has launched on-demand webinars on topics such as "Opioid use in the office" and "Managing stress in the office," which can be utilized for lunch-and-learns with your team members. Additional content is being built and will be posted next year.

Oral and Maxillofacial Surgery Assistants (OMSA) is an online course now and surgical assistants can utilize this resource all year long. Interested OMSAs no longer need to wait for a certain time or weekend of the year to participate in the course, so please take advantage of this valuable resource. CALAOMS recommends that OMSA be on a 2-year renewal cycle similar to that of Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support.

I want to thank the tireless work done by the Continuing Education Committee, especially the Co-Chairs, Dr. Vivian Jui and Dr. Nima Massoomi. The CE Committee is one of the most important and active committees of CALAOMS. Anyone interested in serving on this committee should contact Mrs. Pamela Congdon, CALAOMS's Executive Director.

Membership Growth

CALAOMS is composed of about 600 active members and 250 retired members. CALAOMS is the largest state association in the country. At the AAOMS House of Delegates, CALAOMS represents about 10% of the delegates and yields a strong influence on District VI (there are 6 AAOMS districts). At the 2024 House of Delegates in Orlando, AAOMS was also honored for its 25 years of unified existence. We should all be proud of this great accomplishment, and I encourage all of you to reach out to your colleagues who are not currently CALAOMS members and encourage them to join us. Lawmakers often ask the question, "Of the total number of practicing oral and maxillofacial surgeons in California, what percentage are members of CALAOMS?" The higher this number, the greater our voice in Sacramento and the Legislature since we speak for and represent the majority of practicing surgeons in the state.

Future Goals

1. DSA – The Dental Sedation Assistant Permit is a way to formalize the skills and training that oral and maxillofacial surgical assistants possess. It is provided by Dental Board of California and is similar to a Registered Dental Assistant (RDA) or Registered Dental Hygienist (RDH) license. To obtain a DSA permit, assistants must complete didactic and clinical training. Didactic learning can be accomplished through CALAOMS's OMSA course. For clinical hours, assistants can be trained in the office by the OMS. Currently, this can only be performed if your office is "converted" to a training center, and you are an instructor as recognized by the Dental Board of California following an application and review process. Alternatively, you can send assistants to an existing training center. We have complied resources to help in credentialing your office into a training center. Please contact CALAOMS Headquarters and our staff can help with your application. But you must take the initiative. We encourage all members to make it a goal for next year to become a DSA instructor and get your surgical assistants DSA permitted. This is one way to help protect our OMS anesthesia team model.

2. Community Outreach - California CareForce (CCF) is CALAOMS's charitable arm. CCF has been doing well in their outreach and were successful in raising funds and planning many clinics in remote areas of the state where the need for medical, dental, and vision care is high. Please consider either donating to this organization or volunteering one day or weekend per year to help patients in need of excellent care that only OMSs can provide. In a recent clinic in Ukiah, the clinic fell short of OMS volunteers. Please mark your calendar for any upcoming CCF clinics that you might be able to help with. We hope to see robust participation by our members.

California CareForce 2025 Calendar of Events

- February 28 – March 2, 2025: Coachella Valley Clinic (*confirmed*)
- May 6-7, 2025: Placer County Stand Down (*tentative*)
- October 3-5, 2025: Sacramento Clinic (*tentative*)
- December 5-7, 2025: Los Angeles County Clinic (*tentative*)

In summary, 2024 has been marked by significant achievements and challenges. I am grateful for the dedication of our Board and staff at CALAOMS Headquarters in Roseville. I want to thank Executive Director Pam Congdon for her 33 years of dedication to CALAOMS, Ms. Teri Travis for 20 years of service to CALAOMS, and Mr. Steve Krantzman for 21 years of service to CALAOMS.

CALAOMS has a dedicated and hardworking group of Board members, and I am excited for the future of our association. I am also looking forward to the leadership of the incoming President, Dr. George Maranon. Having worked with him these past several years, I know he will add tremendous value to the association during his year at the helm. With that, I want to thank the membership for allowing me to be President for 2024.

Enjoy the season of giving and holidays with friends and family.

Thank you for your support and commitment to our profession.

Ashok Veeranki, DDS, FACS, FICD
President, CALAOMS

LEGISLATIVE UPDATE

by Gary Cooper
Legislative Advocate, CALAOMS

Fall 2024 Legislative Report

Although the 2023/24 legislative session completed the business portion of their two-year term on August 31, 2024, the session officially ends on November 30, 2024. The 2025/26 session begins on December 2, 2024, with the swearing-in of all the members of the Senate and Assembly. Both returning and newly elected legislators take their oath of office on the first Monday in December. This year, following a very active and competitive election cycle, 23 new members out of 80 in the Assembly will be sworn in. In the Senate, of the 40 members, 12 will be new in 2025.

The fact that nearly one third of the legislature will be comprised of new members offers both frustration and opportunity to those of us representing advocacy groups and professional associations like CALAOMS. While much of the institutional memory departs with those members leaving the legislature and old relationships tend to fade, opportunities now exist to establish new relationships and educate new legislators on key issues of importance. This biennial "changing of the guard" allows for the possibility of positive legislative ideas to be resurrected with a clean slate if they may have died in the previous session. CALAOMS will absolutely take advantage of these openings. Conversely, CALAOMS will remain vigilant in monitoring and opposing bills that may be re-introduced that the association does not view as positive for the profession or the patients.

In 2024, CALAOMS actively opposed legislation that was sponsored by the organization representing CRNAs. While CALAOMS certainly supports the existence and abilities of CRNAs, we believe that any attempt to permit a CRNA to administer general anesthesia to a patient in a dental office, particularly when the treating dentist and their assistant is untrained in anesthesia and life support measures, goes against the basic patient safety standard of practice by which OMSs abide. While CALAOMS was successful in prohibiting the bill from advancing last session, the possibility is very real that a new version of the bill will be introduced in 2025. It is an issue that has generated a lot of activity in other states and will continue to see exposure in California.

The Dental Board of California (DBC) was required to appear before the legislature in 2024, as it is required to do every four years. This year's bill, AB 1453 (Ashby) has provisions dealing with the Elective Facial Cosmetic Surgery (EFCS) statutes. While CALAOMS was successful in maintaining the EFCS Credentialing Committee, other changes were made to the statute regarding permitting. The DBC will no longer approve permits for limited privileges in any category. Applicants can apply for a permit with full privileges in either Category I or II. All the new EFCS changes can be found at the DBC's website (www.dbc.ca.gov) under *NEWS AND ALERTS*. CALAOMS will be working with the legislature to address some of these issues in the new session.

CALAOMS continues to promote patient care and safety and will most likely be sponsoring legislation that enhances both. Please continue to be aware of the association's 2025/26 legislative agenda and hopefully be prepared to be supportive.

AAOMS DISTRICT VI TRUSTEE REPORT

by W. Frederick Stephens, DDS, FACD, FICD
AAOMS District VI Trustee

Hope y'all had a great summer and were able to explore at least a few things that you have had on your bucket list! *If not, well...there's always next summer.*

2024 is coming closer to completion and 2025 is rapidly appearing on the horizon. I am beginning my fourth year as your AAOMS Trustee, representing all the members of District VI. I greatly appreciate your support and the confidence you continue to place in me as your representative.

I hope you were able to attend the *106th AAOMS Annual Meeting, Scientific Sessions, and Exhibition in Orlando*, this September. The meeting proved to be a great success with solid attendance. A diverse educational program, revolving around Dr. Egberts' theme of "Stronger together" was presented, covering topics ranging from Dentoalveolar Surgery, Pathology, Anesthesia, Trauma and Reconstructive Surgery, Cosmetic Surgery, and Practice Management. In addition, the meeting offered the opportunity for airway simulation training via the OBEAM course, hands-on training courses in Surgical Approaches to the Facial Skeleton and Facial Cosmetic Surgery, and various clinical and managerial courses for staff.

The Presidents event, hosted by Drs' Mark & Lisa Egbert, was held at Universal Orlando Resort. This was an "over sold-out show"! All those who attended experienced a great time with friends and colleagues at a great venue designed for fun. The rides were an especially big hit...*with minimal motion sickness encountered*!

Dr. Egbert has now assumed the "**Immediate Past President**" role after a highly productive year under his leadership. Dr. **J. David Morrison** has now assumed the reigns as President with the theme, "*For our Patients*." This theme will lead us through the year for the betterment of the membership, specialty, and patients. All of us on the Board of Trustees look forward to the challenge.

Finally, remember, I am your portal of communication to the AAOMS - YOUR specialty's national association. Please utilize me! You can contact me via E-mail at dr.wfstephens@gmail.com or if urgent, call me at (626) 353-4575.

To update you on current topics and relevant issues to our specialty, I present the following:

AT A GLANCE

- After 3 years, AAOMS and the North Carolina Society of OMS were successful in pushing back on a proposal that would have required a separate anesthesia provider be used on patients receiving Deep Sedation/General Anesthesia (DS/GA). Favorable anesthesia regulations recently went into effect in the state in June.
- AAOMS is working with the New Hampshire Society of OMS on their efforts to oppose a new proposal that would mandate a separate anesthesia provider when treating patients aged 0-8 with DS/GA.
- CMS has just released 2025 proposed rules, proposing expanded Medicare coverage for medically necessary dental services, additional facility payments for Ambulatory Surgery Centers (ASCs) consistent with AAOMS recommendations, and proposing a 2.8% cut in Medicare physician fees. AAOMS is reviewing and will respond.
- ASDA/AAOMS/AAP Model State Anesthesia Regulations are available upon request. Contact sguenther@aaoms.org.
- AAOMS Dental Implant Conference registration opened mid-August. Visit AAOMS.org/DIC for more information.
- Courses to satisfy the training requirement for DEA licenses/renewals (MATE Act) are now complimentary to members through 2025. Visit https://www.aaoms.org/member-center/member-news/dea-announces-mate-act-training-requirement
- AAOMS now provides a CE Online Dashboard to manage your CE. Visit https://www.CEonline.AAOMS.org/My-dashboard

- Upcoming Clinical, Coding and Billing and Practice Management Webinars can be found at https://www.AAOMS.org/ceonline. Click on live webinars.

- Congress lowered the 2024 Medicare physician payment cut from 3.37 percent to 1.68 percent from March 9 through end of the year. AAOMS continues to support various bills to mitigate future year cuts.

- Thanks to AAOMS advocacy, facility fees have increased exponentially for both hospitals and ambulatory surgical centers (ASCs) in 2024. Visit Promote access to facility-based dental procedures | AAOMS for infographics and more.

- The ***Dental Implant Conference 2024 (DIC)*** is scheduled for December 5-7, 2024, at the Sheraton Grand Chicago Riverwalk, Downtown Chicago. This remains one of the "Premier" Implant conferences of the year and will combine surgical and restorative tracks this year. ***OBEAM*** will also be available to complete your simulation training requirements. Registration is now open.

- At the recent House of Delegates in Orlando, Resolution 24 B-8-(amend) (RC) was passed defining the DEADLINE for OBEAM completion as December 31st, 2026. Please note this and plan well ahead to avoid a rush to complete your OBEAM requirement.

ANESTHESIA

- AAOMS continues to gather essential data from third party entities such as privately billed insurance claims to be utilized to advocate for the safety of the OMS anesthesia team model and offers the Dental Anesthesia Incident Reporting System (DAIRS) (AAOMS.org/DAIRS) to report adverse events.

OBEAM AT STATE AND REGIONAL SOCIETY MEETINGS

- AAOMS National Simulation Program offers oral and maxillofacial surgeons the opportunity to practice critical techniques for administering and monitoring office-based anesthesia through best-practice protocols during simulation of various real-life emergency airway situations.

- AAOMS is providing the opportunity for OMS state societies and regional societies to offer the Office-Based Emergency Airway Management (OBEAM) module.

- During the two-hour OBEAM module, participants review and practice concepts and skills for sedation monitoring and techniques for supplemental oxygen, opening an airway, bag-valve-mask (BVM) ventilation using one- and two-handed techniques, laryngeal mask airway (LMA) insertion, and use of the Airtraq laryngoscope for endotracheal intubation (a procedure during which a tube is inserted into the windpipe). Ventilation parameters are manipulated so difficult BVM can be practiced and mastered after mastery of BVM in a normal configuration.

- Hands-on session will utilize five (5) of the AAOMS Laerdal 3G simulators, allowing 10 surgeons to participate during each two-hour session.

- Registration will be managed through AAOMS. Registration is $900 per OMS and will offer 6 hours of continuing education (CE).

- AAOMS will provide the simulators, station equipment, staff, tech support, and member facilitators to run the OBEAM course.

- At the recent House of Delegates in Orlando, Resolution 24 B-8-(amend) (RC) was passed defining the ***DEADLINE for OBEAM completion as December 31st, 2026***. Please note this and plan well ahead to avoid a rush to complete your OBEAM requirement.

- For details and availability, please contact Mary Allaire-Schnitzer at AAOMS at 800-822-6637 ext. 4315 or via email at mallaire@aaoms.org.

EDUCATION/EVENTS

- ***The Dental Implant Conference 2024 (DIC)*** is scheduled for December 5-7, 2024, at the Sheraton Grand Chicago Riverwalk, Downtown Chicago. This remains one of the "Premier" Implant conferences of the year and will combine surgical and restorative tracks this year. ***OBEAM*** will also be available to complete your simulation training requirements. Registration is now open.

- AAOMS offers a Clinical CE Subscription service that will allow OMS members to access the entire on-demand Clinical CE Online Library courses for a full year. This 24/7 access to the AAOMS clinical course catalog includes over 100 hours of content and is updated with at least 20 new courses annually. The Clinical CE Subscription is $249 for a full year. More information can be found at AAOMS.org/CESubscription.

- For 2024 offerings of the Office-Based Emergency Airway Management **(OBEAM)** at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill, please visit aaoms.org. OMSs can expect to master techniques for administering and monitoring the office-based delivery of anesthesia through intensive, real-life experiences. OBEAM modules are limited to AAOMS members and fellows at a rate of $900 per participant. Sessions are not yet available for professional staff.

- AAOMS Practice Management is hosting an in-person course on ***Nov. 2*** at the Daniel M. Laskin Institute for OMS Education and Innovation, "Legal Aspects of Practice and Successful Risk Management for the OMS." Registration for this event is open.

- A webinar on Navigating the Contracting and Credentialing process will be presented on ***Nov. 13th.*** Registration is open.

- The Masters Coding & Reimbursement Workshop will be held on ***Nov. 13th*** in the Daniel M. Laskin Institute.

- Also, two webinar bundles consisting of recordings of several coding and billing webinars are now available for $495 each, providing an opportunity to learn while saving 35 percent over buying them individually.

- To see upcoming AAOMS meetings, webinars and other educational opportunities available, please visit https://www.aaoms.org/meetings-exhibitions/upcoming-events

- If you are looking for information on offering continuing education credits for state or regional OMS societies through the AAOMS joint providership program, please visit https://www.aaoms.org/jointprovidership. A new video has been added to the existing resources on the AAOMS website to help guide you through the process. Questions can be directed to the Continuing Education Department at conteducate@aaoms.org.

- ***NEW!*** A new transcript feature in the CE Online Dashboard can be used to store outside continuing education credits within your AAOMS account. Not only can you store all AAOMS CE Online courses automatically, but the feature also allows you to import external credits, so all CE credits can be kept in one place. Visit https://www.CEonline.AAOMS.org/My-dashboard to learn more about this new feature.

GOVERNANCE AND MEMBERSHIP

- Interested in sharing your OMS story with your colleagues? Participate in AAOMS's Member Spotlight series. More information is available on https://www.aaoms.org/memberspotlight.

- ***Support your professional staff and save*** – learn more about allied staff membership at AAOMS.org or email membership@aaoms.org.

ADVOCACY

- State legislative sessions are largely complete for the year. The State Legislative Tracking Map on the AAOMS website provides quick access to the status of all issues impacting OMS. Access at https://www.AAOMS.org/TrackingMap.

- AAOMS continues to promote whenever feasible its 2024 federal priority issues: the Resident Education Deferred Interest (REDI) Act (HR 1202/S 704), Ensuring Lasting Smiles Act (ELSA) which is awaiting reintroduction, and the RAPID Reserve Act (HR 6802/S 2510).

- ***AAOMS Members*** are ***encouraged*** to sign up for advocacy alerts by texting ***"AAOMS" to 50457***. Campaigns on the REDI Act, the DOC Access Act, drug shortages, and reversing the remainder of the calendar year 2024 Medicare physician payment cuts are available at https://www.AAOMS.org/TakeAction.

- For 2025, CMS has proposed Medicare coverage for medically necessary dental services inextricably linked to successful medical outcomes for patients with End-Stage Renal Disease (ESRD) who are undergoing dialysis. AAOMS staff is working with CHPCR to provide comments.

- In 2023 and 2024, advocacy by AAOMS, ADA, and AAPD resulted in increased and expanded facility fees for hospitals and ASCs, and AAOMS provided state societies and members with a toolkit and infographic to encourage hospitals, ASCs, and state Medicaid agencies to utilize the improved expanded facility fees. For 2025, CMS has proposed to add an additional 16 CDT codes – recommended by AAOMS – to the ASC Covered Procedures List.

- A multi-specialty practice expense survey is underway to provide updated OMS practice expense data to CMS for purposes of reimbursement. Contacted AAOMS members are encouraged to participate.

- AAOMS continues to monitor the No Surprises Act with summaries, FAQs, and other resources available at https://www.aaoms.org/practice-resources/coding-reimbursement

INFORMATIONAL CAMPAIGN

- ***MyOMS.org*** continues to grow in popularity – with about ***1 million page views*** each year and more than 65,000 visitors to the website using the Find a Surgeon function.
- ***More than 200 videos and 20 infographics*** are featured on the MyOMS.org website and are available for members to download and use on their practice sites.
- AAOMS continues to get a lot of free advertising (total broadcast audience of 1.4 billion) from ***seven TV Public Service Announcements*** – with a cumulative equivalent ad dollar value of more than ***$34.7 million***; and radio PSAs have generated an equivalent ad dollar value of more than ***$5.3 million***.
- A ***public-facing*** podcast series – ***OMS Voices: An AAOMS Podcast*** – debuted in 2023. Members can share the podcasts on their personal websites.

COMMUNICATIONS

- AAOMS's ***member-facing*** podcast series – called ***AAOMS On the Go*** – launched in 2022 and is publishing new podcasts twice a month. The podcasts can be downloaded or listened to on AAOMS.org/podcasts or popular podcast platforms such as Spotify. Topics cover research, advocacy, affiliate organization news, JOMS, practice management improvements, and more.

OMS FOUNDATION

- Thank you to every donor who supported the Foundation's mid-year appeal, and to US Oral Surgery Management for its generous $35,000 gift match. With the match, $116,848 was raised for the Annual Fund and the programs it supports.
- The Foundation funded 2 of the 4 FEDA grants awarded by AAOMS in 2024, offering financial support and mentorship to ambitious junior faculty to encourage them to pursue careers in academia.
- Applications are accepted year-round for ***GIVE***, which offers up to $2,500 to reimburse travel expenses for residents serving with international humanitarian healthcare teams. We are proud to announce that we have funded 14 residents to participate in 2024.

As mentioned, I have an open-door policy for all District VI members to voice questions, concerns, and suggestions. As such, please do not hesitate to contact me via E-mail or if urgent, via phone as necessary.

California CareForce Update

by Cyndi Ankiewicz, CFRE
Executive Director, California CareForce

While access to healthcare remains a challenge for many, California CareForce (CCF) stands as a beacon of hope and compassion. Powered by the generous member support of CALAOMS and dedicated volunteers, CCF provided no-cost dental, vision, and medical services to over 4,500 individuals across California and engaged over 1,600 volunteers in 2024. From dental and vision services to general medical care, California CareForce continues transforming lives one patient at a time.

We are pleased to announce that CCF will be hosting four clinics in 2025. We will be returning to the Coachella Valley in late February; Roseville in May; and Sacramento in late September/early October. CCF will also be adding a new location next year in Los Angeles County in December. Be sure to check our website (californiacareforce.org) for exact dates and more information.

CCF is always looking for ways to expand and improve the services offered at our clinics. Our dedicated staff has been working tirelessly to bring an innovative denture lab to our clinics. This initiative aims to provide high-quality dentures to those in need, ensuring that everyone has access to a variety of essential dental care.

The CCF has been hard at work recruiting volunteers, promoting our message, and identifying communities that would benefit from our work the most. To assist in driving these programs, we brought a unique and fun experience to our community. Imagine playing pickleball under the stars with glowing paddles, balls, and court lines - all set to upbeat music. CCF hosted its first ever glow-in-the-dark pickleball fundraiser. This event was a glowing success and proved to be a night of fun and philanthropy. Funds raised will go towards equipment maintenance, supplies, and clinic services.

As we reflect on 2024, we are proud of the remarkable progress and achievements California CareForce has made. This year, we embraced cutting-edge technologies, personalized patient care, and innovative treatment methods; all of which have significantly enhanced our service quality and patient satisfaction. Looking ahead to 2025, we are excited to continue this journey of innovation and excellence. Our focus will remain on improving patient experiences, expanding our services, and adopting the latest advancements in dental, vision, and medical technology. We are dedicated to fostering healthier communities and ensuring that every patient receives the highest level of care. Together, we look forward to another year of growth, success, and making a positive impact on oral health.

A message from our exiting California CareForce Board President, Terre Donaldson.

At the California CareForce (CCF) clinic in Eureka this past July, one of our homeless patients feared the paperwork and finger stick that was needed for the eye exam she wanted. One of our amazing volunteers took her into a quiet corner and got the paperwork and blood sugar test done. A few hours later, this same patient was strutting around with purple glasses that matched her purple hair. It is stories like this that keep me and the many dedicated volunteers coming back!

In the 3 years that I've been president of the CCF board, we have thrived! A new executive director, program manager, and volunteer coordinator have been hired - bringing new ideas, energy, and a vision towards the future. Even though covid zapped our clinics for a couple years, we were able to come back with our first clinic in Chico in October 2021. Since then, we have held 3-4 clinics annually to provide vital services to California residents. A new location, Fresno, will be our fourth and final event for 2024 being held in November at the Big Fresno Fair.

By the end of 2024, we are estimating that more than 4,500 patients will have been cared for. I'm always saddened to realize just how many people do not have access to quality care, but I'm also encouraged knowing we are able to make such a huge impact to so many people through California CareForce. If you haven't volunteered at a clinic, please do consider it. We all feel so appreciated by these most grateful patients.

I'm pleased to introduce Cathy DiFrancesco, RD, BS, as our incoming President for 2025. She has been a lead dental hygienist at most of the clinics since the very first CCF clinic in 2011. She brings a lot of energy and ideas to our board. It has been my pleasure serving California CareForce as the President these past three years. I am honored to have led this organization to success. As the charitable arm of CALAOMS, we couldn't make a difference without you. Thank YOU for being the FORCE behind California CareForce!

Above: Dr. Ned Nix and University of the Pacific Dental Students at the California CareForce Fresno Clinic.

Right: Dr. Allen Chien (left) and Dr. Shannon Barnhart (right) pose with the owner of Quesadilla Gorilla (center) who provided lunch for the volunteers on Friday.

by Mahr Elder, DDS, MD

Stem Cell Therapy in Oral and Maxillofacial Surgery

Stem cell therapy is a disruptive technology with the potential to alter medicine and oral and maxillofacial surgery - adding new options in the treatment of refractory diseases. Stem cell therapy (SCT) is a rapidly-evolving field that will revolutionize healthcare as we know it. SCT uses stem cells with the goal of regenerating other damaged cells in human tissue.

The term "stem cell" was first used in 1868 by German biologist Ernst Haeckel to describe the unicellular organism that he believed gave rise to all multicellular organisms. In 1888, two German zoologists - Boveri and Haecker - defined stem cells as a distinct cell population in the embryo capable of differentiating to more specialized cells. Ernest McCulloch and James Till were the first scientists to define the key properties of stem cells in the early 1960s.

Stem cells are unspecialized cells that have the ability to self-renew and differentiate into specialized cell types. The first therapy using stem cells was a bone marrow transplant performed by French oncologist Georges Mathe in 1956 on five workers at the Vinca Nuclear Institute in Yugoslavia who had been affected by a criticality accident. The workers all survived.[1]

The U.S. Food and Drug Administration (FDA) has authority to regulate regenerative medicine products, including stem cell products. All stem cell products require FDA approval. Currently, the only stem cell products that are FDA approved consist of blood-forming stem cells (hematopoietic progenitor cells) that are derived from umbilical cord blood. These products are approved for use in patients with disorders that affect the production of blood, but they are not approved for other uses. None of these products have been approved for the treatment of any orthopedic condition, neurologic disorder, cardiovascular, or pulmonary diseases.[2]

Currently a limited number of medical treatments are FDA approved, but that is certainly going to change in the near future. SCT is on the precipice of altering day-to-day medical practice and creating new treatment solutions. There are more than 6,000 clinical trials involving the use of stem cells. Stem cells can be induced to become a specific cell type that is required to repair damaged or destroyed tissues. Some of the conditions that are being studied using SCT include macular degeneration, stroke, osteoarthritis, diabetes, and neurodegenerative diseases like Parkinson's, Alzheimer's, amyotrophic lateral sclerosis, and multiple sclerosis.

Treatment is not only focused on detaining the progression of these ailments but on completely treating such disorders.[3] Adipose-derived mesenchymal stem cells have shown promise in a clinical trial for osteoarthritis treatment for hip and knee joints, offering potential pain relief and functional improvement.[4] SCT research is being conducted in the treatment of nearly every organ system in the body including cardiovascular disease to repair damaged heart tissue, liver diseases including liver failure and cirrhosis, and digestive diseases including Crohn's disease and ulcerative colitis.

Stem Cell Therapy in Oral and Maxillofacial Surgery and Dentistry

Temporomandibular Joint Osteoarthritis (TMJ-OA)

SCT is a promising approach for the treatment of TMJ-OA and for the regeneration of full thickness cartilage and osteochondral defects in the TMJ.[5] Mesenchymal stem cells (MSCs) are naturally present in both the cartilage and the synovial fluid of the TMJ. This may indicate the constant regeneration of the structures of the joint. The administration of MSCs can supplement chondroblast deficiencies and stimulate cartilage regeneration. Intra-articular administration of MSCs is effective in relieving pain and increasing the range of motion of the mandible.[6] Orthopedic surgeons are using SCT in the treatment of large-joint osteoarthritis; similar therapeutic principles should apply in the treatment of the temporomandibular joint.

Facial Pain

MSCs have shown potential in alleviating various types of pain, including neuropathic and nociceptive. They work by modulating inflammatory responses, promoting tissue repair, and possibly enhancing nerve regeneration. SCT offers pain relief through minimally invasive methods like direct injection. In trigeminal neuralgia, MSCs may reduce nerve hypersensitivity and inflammation.[7]

Periodontal Regeneration

Stem cells can contribute to the regeneration of the periodontal ligament. Numerous preclinical studies have tested the feasibility and effectiveness of various stem cell products. Currently, the most studied stem cells - adipose tissue derived, bone marrow derived, dental pulp derived, gingival derived, and periodontal ligament derived - have been assessed for periodontal tissue regeneration in a variety of animal models. Stem cells have been exploited for their ability to form multiple periodontal tissues under appropriate induction conditions regenerating the complete periodontal complex.[8]

Peripheral Nerve Regeneration

Peripheral nerve injury has remained a substantial challenge with limited and minimally effective treatment options. SCT is being researched to repair damaged nerves, such as the inferior alveolar and lingual nerves. MSCs can potentially improve sensory function and nerve regrowth. SCT represents one of the most innovative approaches in the field of nerve repair and holds the potential to significantly enhance treatment options and rehabilitation prospects. Research is being conducted using various methods of SCT application and nerve repair including direct injection of stem cells at the site of injury and using biodegradable scaffolds to guide axon regeneration.

Medication Related Osteonecrosis of the Jaws (MRONJ) and Wound Healing

MSCs have emerged as a promising therapeutic modality for tissue repair and regeneration. MSCs have fibroblast-like morphology capable of differentiating *in vitro* into bone, cartilage, adipose tissue, tendon, and muscle. They demonstrate chemotactic and migration capacity at sites of inflammation and cell damage which promotes angiogenesis, stimulates osteogenesis, and has anti-inflammatory properties.[9] Stem cells can be delivered to the affected area using a scaffold for structural support or through direct injection into the necrotic bone. Autologous MSC administration can be an option for MRONJ refractory to conventional treatment.

Autoimmune Oral Disease including Lichen Planus and Pemphigus Vulgaris

The current first-line treatment remains corticosteroids and immunosuppressants, but some patients remain refractory to therapy, making it imperative to explore other options. The proposed mechanism of action is that the transplanted stem cells help restore the immunological balance. The MSCs are harvested and injected at the site of the oral lesions. MSC therapy shows promise as a viable treatment option for oral lichen planus, providing significant clinical improvements and a favorable safety profile.[10]

Dental Pulp Regeneration

The regeneration of vascularized pulp-like tissue has been achieved using stem cell transplantation. This therapy would replace the traditional root canal procedure and would instead regenerate a vital pulp. Dental pulp regeneration includes two main approaches - pulp revascularization and pulp engineering. The primary goal of dental pulp revascularization is to induce vascularized pulp regeneration using autologous blood components to preserve the natural structure and function of the tooth. The main objective for dental pulp engineering based on exogenous cell transplantation involves placing stem cells, scaffold materials, and growth factors into prepared root canals to generate new and functional dental pulp-dentine complex.[11]

SCT is showing promise in many other areas of oral and maxillofacial surgery and dentistry including sinus augmentation, bone regeneration following major resections, salivary gland hypofunction, cleft lip and palate repair, and the quest for complete tooth regeneration. SCT offers the potential for new and exciting treatment options and an invaluable tool in our armamentarium.

STEM CELL TYPES

Stem cells can be divided into two main groups – embryonic and adult stem cells.

Embryonic stem cells (ESC) are pluripotent stem cells derived from the inner cell mass of a blastocyst around day 5 following fertilization and disappear after day 7. Under the right conditions, ESCs will proliferate indefinitely. ESCs have the ability to differentiate into cells of all three embryonic tissue layers.[12] The embryos used to harvest ESCs typically come from eggs that were fertilized at *in vitro* fertilization clinics but never implanted. Many ethical issues will prevent the use of ESCs in mainstream medicine in the foreseeable future.

Adult stem cells (ASC) include hematopoietic stem cells and mesenchymal stem cells. ASCs are multipotent stem cells and have been harvested from different kinds of tissues all throughout the body. The oral and maxillofacial region can be treated with stem cells from the following sources – bone marrow, adipose tissue, and oral and maxillofacial region.[13]

1. ***Bone marrow*** stem cells are composed of hematopoietic and mesenchymal stem cells. Oral and maxillofacial surgery would typically benefit from the use of mesenchymal stem cells for their regenerative capabilities. The MSCs are collected by first harvesting the bone marrow typically from the iliac

crest, followed by processing the marrow to separate the buffy coat layer which contains the stem cells and growth factors. The stem cells are used at the desired location multiple ways including by direct injection, mixed with platelet rich plasma (PRP), or using a carrier material.

2. ***Adipose tissue*** stem cells are MSCs that can be harvested through a simple liposuction procedure; a much less invasive process than bone marrow harvesting. Adipose stem cells have multi-lineage differentiation ability. The stem cells are collected by harvesting the adipose tissue, then treating the tissue with collagenase, followed by centrifugation to separate the middle stromal vascular fraction layer. The stem cells are used at the desired location by direct injection or mixed with another material.

3. ***Oral and maxillofacial region*** stem cells offer a new source of MSCs. Oral MSCs are being harvested from multiple oral sites including the dental pulp, periodontal ligament, alveolar bone, buccal fat pad, gingiva, and developing tooth apical papilla. MSCs from oral sites offer easier accessibility with reduced donor site morbidity compared to other anatomic donor sites. These cells have a great potential to differentiate into other cell types and aid in tissue regeneration.[14] MSCs can be isolated from different tissues and are known for their multilineage differentiation, but their different anatomical origins may affect their capability to differentiate into a specific tissue. MSCs isolated from the oral cavity might be more effective for the treatment of oral defects. Oral MSCs retain some "memory" of odontogenic tissues and exhibit these tissues' specific properties and have neurogenic potential due to their origin from the neural crest.[15]

Very often in our practices, patients present with challenging and complicated conditions. We have many medical and surgical treatments which offer excellent outcomes. But some conditions have limited solutions and underwhelming results. The medical field and society have high expectations for the future of SCT. I am certain that SCT will cure diseases that we are currently only marginally managing and will offer new and exciting treatment solutions. I believe in the near future, we will look back on the way we treated many conditions prior to stem cell therapy with much chagrin.

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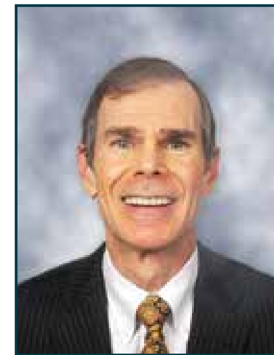
MEANING IN ETHICS



by Richard Boudreau, MA, MBA, DDS, MD, JD, PHD, PSYD

Resilience in Healthcare

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals "bounce back" after challenges while also growing stronger. Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce. Yet, ways of identifying and promoting resilience have been elusive.

Resilience depends on individual, community, and institutional factors, as noted by researchers J. Zwack and J. Schweitzer (Journal of Academic Medicine March 2013), illustrates that individual factors of resilience include the capacity for mindfulness, self-monitoring, limit setting, and attitudes that promote constructive and healthy engagement. Cultivating these specific skills, habits, and attitudes that promote resilience is possible for health care students and practicing clinicians alike.

Resilience-promoting programs should strive to build community among clinicians and other members of the health care workforce. Just as patient safety is the responsibility of communities of practice, so is clinician well-being and support. Finally, it is in the self-interest of health care institutions to support the efforts of all members of the health care workforce to enhance their capacity for resilience; it will increase quality of care while reducing errors, burnout, and attrition. Successful organizations outside of medicine offer insight about institutional structures and values that promote individual and collective resilience.

The concept of resilience has become increasingly interdisciplinary since its inception in the field of developmental psychology and socio-ecological system research. Authors from different disciplines have defined resilience with reference to their specific contexts, the level at which it is evaluated, and the distinctive pathways that the person or system adapts to in the face of a crisis that leads to resilient outcomes.

The idea of resilience overlaps across with numerous other ideas from different disciplines, making it challenging to draw a line between them on a semantic level and giving the phrase a vague and malleable meaning. This very nature of resilience has facilitated communication and utilization of its diverse meanings and knowledge across different disciplines fostering development of a shared meaning and consensus among multiple disciplines.

Though this helps to bridge the gap of knowledge that exists between disciplines and identify a general pattern of understanding of the concept, the different forms of resilience identified from various disciplines are commonly addressed with a single term "resilience", which adds a lexical ambiguity to the term.

In addition, many authors have attempted to define resilience from their own perspective, impacted by the values and belief system that they hold within themselves, and this lends a normative dimension to the idea. Resilience must therefore be defined clearly by stating the context, the level at which it is observed, and the approach one would like to adopt in order for the researcher to operationalize the notion for making measurements or inferences from the field.

Literature indicates that numerous authors employed a variety of approaches and models to define resilience while examining its meaning. The concept of resilience has become more ambiguous as a result of the multiple aspects and degrees of abstraction that these various methods and models have attempted to explain. Thus, resilience can mean anything from achieving stability when a system's capacity is able to meet the demands of a crisis, or a process that tends to move the system towards a positive trajectory after a crisis, or a latent capacity of the system or an individual that manifests due to the crisis, or it may be the whole system's transformation when the existing function or structure fails to adapt to difficult circumstances.

Therefore, the vagueness found in the literature while explaining the phenomenon of resilience may be due to its complex and dynamic nature that is continuous and non-linear. Overall, if one wants to investigate the dynamic and complex character of resilience, then the strategy must unquestionably take into account its complexity.

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Surgery for Obesity and Related Diseases ■ (2024) 1–4

SURGERY FOR OBESITY AND RELATED DISEASES

ASMBS guidelines/statements

Multisociety clinical practice guidance for the safe use of glucagon-like peptide-1 receptor agonists in the perioperative period

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Scope of problem and purpose

Glucagon-like peptide-1 receptor agonists (GLP-1RAs) have revolutionized the care of patients with metabolic disease due in part to the agonists' unique combination of effects, including decreasing hyperglycemia and enhancement of satiety [1,2]. GLP-1, a naturally secreted polypeptide, acts on the GLP-1R in multiple organs, including the pancreas, brain, heart, kidney, and stomach [3]. In the gastrointestinal tract, GLP-1 signals are part of the "ileal brake," increasing gastric emptying time.

An increasing safety concern has developed amongst providers regarding the perioperative use of GLP-1RA due to delayed gastric emptying and subsequent residual gastric contents on the day of the procedure despite traditional fasting [4–6]. There have been reports of pulmonary aspiration of gastric contents in patients on GLP-1RAs undergoing procedural sedation and/or general anesthesia [7–9]. Further, GLP-1RAs induce common side effects of nausea, vomiting, abdominal pain, and constipation, which may complicate the diagnosis and treatment of preoperative and postoperative disease states that share these symptoms [10].

Despite limited data to construct evidence-based guidelines, multiple clinical organizations have recognized the need to provide practice guidance regarding the use of GLP-1RAs in the perioperative period [4,11,12]. There have been inconsistencies in these clinical care documents, leading to uncertainty with providers on how to provide safe, effective, and disease-equitable surgical and procedural care to patients taking GLP-1RAs. Therefore, the purpose of this clinical practice guide is to offer unified, multisociety guidance for safely managing patients needing GLP-1RA therapy regardless of indication, which currently includes type 2 diabetes, overweight and obesity, and heart failure, during the periprocedural period.

This paper was jointly developed by Surgery for Obesity and Related Disorders (SOARD), Clinical Gastroenterology (CGH) and Hepatology, Surgical Endoscopy and jointly published by Elsevier Inc and Springer Science+Business Media, LLC, part of Springer Nature. The articles are identical except for minor stylistic and spelling differences in keeping with each journal's style. Either citation can be used when citing this article.

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Recommendations

Recommendation 1

Use of GLP-1RAs in the perioperative period should be based on shared decision-making of the patient with procedural, anesthesia, and prescribing care teams balancing the metabolic need for the GLP-1RA with individual patient risk. This can be achieved by developing multidisciplinary protocols/procedures appropriate for individual practices.

a) Care teams should consider the following variables as elevating the risk of delayed gastric emptying and aspiration with the periprocedural use of GLP-1RA:
   1. *Escalation phase:* The escalation phase, versus the maintenance phase, is associated with a higher risk of delayed gastric emptying with GLP-1RA usage [10–13].
   2. *Higher dose:* The higher the dose of GLP-1RA, the more likely the risk of gastrointestinal side effects [10–13].
   3. *Weekly dosing:* Gastrointestinal side effects are more common with weekly compared to daily formulation compounds [14].
   4. *Presence of gastrointestinal symptoms*: Symptoms suggestive of delayed gastric emptying and intestinal transit times may include nausea, vomiting, abdominal pain, dyspepsia, and constipation [5].
   5. *Medical conditions beyond GLP-1RA usage which may also delay gastric emptying:* Patients on GLP-1RA should be evaluated for other medical conditions which may exacerbate gastrointestinal symptoms and delay gastric emptying, such as but not limited to bowel dysmotility, gastroparesis, and Parkinson's disease.

The assessment for these risk factors should occur with enough advance time prior to surgery to allow adjustments in preoperative care if indicated, including diet modification and evaluation of the feasibility of medication bridging if GLP-1RA discontinuation is indicated.

b) GLP-1RA therapy may be continued preoperatively in patients without elevated risk of delayed gastric emptying and aspiration based on Recommendation 1a. When an elevated risk of delayed gastric emptying and aspiration exist, withholding of GLP-1RAs should be balanced with the surgical and medical risk of inducing the potential for a hazardous, metabolic disease state, like hyperglycemia. Further, bridging therapy off a GLP-1RA may be resource-intensive, cost or insurance prohibitive, and risk other adverse side effects like hypoglycemia. Finally, withholding GLP-1RA perioperatively only for patients with the diseases of overweight and obesity, without an indication as described in Recommendation 1a, could constitute overweight and obesity bias, which should be avoided.

c) If the decision to hold GLP-1RAs is indicated given an unacceptable safety profile following shared decision-making in the preoperative period, the duration to hold therapy is unknown [7]. At this time, it is suggested to follow the original guidance of the American Society of Anesthesiologists, holding the day of surgery for daily formulations, and a week prior to surgery for weekly formulations [4]. All patients should still be assessed on the day of procedure for symptoms suggestive of delayed gastric emptying.

Recommendation 2

The safe use of GLP-1RAs in the perioperative period should include efforts to minimize the aspiration risk of delayed gastric emptying. This can be achieved by preoperative diet modification and/or altering anesthesia plan to consider rapid sequence induction of general anesthesia for tracheal intubation.

a) Preoperative diet modification (preoperative liquid diet for at least 24 hours, as performed in patients undergoing colonoscopy and bariatric surgery) can be utilized in patients when there is concern for delayed gastric emptying based on clinical symptom review as described in Recommendation 1a [5,11,15].

b) When clinical concern for retained gastric contents exists on the day of the procedure, point-of-care gastric ultrasound could be used to assess aspiration risk. This technology may be clinically limited based on institutional resources, interuser variability, and credentialing requirements [4,16].

c) When clinical concern for retained gastric contents exists or is confirmed on the day of the procedure, providers should engage patients in a shared decision-making model and consider the benefits and risks of rapid sequence induction of general anesthesia for tracheal intubation to minimize aspiration risk versus procedure cancellation [4,11].

Safe continuation of surgery and gastrointestinal endoscopy, and prevention of procedure cancellation, for patients on GLP-1RAs can be prioritized following the recommendations above, as would occur for other patient populations with gastroparesis.

Conclusion

While there has been an exponential increase in the clinical use of GLP-1RAs for various metabolic disease states in the past several years, little evidence exists to guide the best approach to managing these therapeutics perioperatively. This document may need modification with future generations of antiobesity medications, including dual and triple agonists, and as additional evidence on the periprocedural management of these therapeutics is developed. However, at this time based on pharmacology and clinical experience, the following recommendations may be applied for current medications containing a GLP-1RA. For this reason, this multisociety clinical practice document should be considered guidance and not an evidence-based guideline, focusing on shared decision-making and balancing safety processes with therapeutic metabolic need for the safe continuation of surgical and procedural care in patients taking GLP-1RAs.

Acknowledgments

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RISK MANAGEMENT

Sexual Harassment Allegations in Healthcare: Rising Risks

by Richard Cahill, JD, Vice President and Associate General Counsel, The Doctors Company

Consider the following scenario: A successful and highly respected pediatrician with an unblemished record over decades of practice learns of a HIPAA breach by a member of his administrative staff. The employee is terminated after an investigation reveals that the employee had been responsible for multiple breaches. Imagine the physician's reaction when the former employee's attorney not only initiates a wrongful termination suit, but also alleges retaliation, claiming the employee rebuffed sexual advances from the physician.

To gain additional leverage, the former employee's attorney submits a complaint of sexual harassment with the medical board and files a criminal complaint for sexual battery. In addition, the attorney sends a letter to the medical executive committee of the principal hospital where the physician admits patients, resulting in a peer review investigation. Finally, the former employee blankets social media with an aggressive smear campaign.

This example demonstrates that no healthcare practitioner is immune from the growing number of reported incidents of alleged sexual harassment in the workplace and that the ramifications are widespread. Accusers could be employees, independent contractors, patients, third-party vendors, or visitors. Individuals alleged to have acted inappropriately could include coworkers, supervisors, subordinates, professional staff—and even patients.

Repercussions of Harassment Claims

Shortly after a complaint is filed, costly and potentially embarrassing investigations may be conducted by law enforcement, human resources departments, and administrative agencies. Depending on the nature and scope of the findings, serious adverse consequences and irreparable harm to a practitioner's reputation may follow. The consequences could include the following actions:

- Criminal prosecution.
- Civil litigation with the potential for substantial monetary damages, which may not be covered by professional liability policies.
- Licensing board actions that may impose limitations on an individual's ability to continue practicing.
- Exclusion from third-party payer networks, which can have a significant impact on a practitioner's financial stability.
- Adverse decisions by the medical executive committees of the facilities where the practitioner works, resulting in a limitation of privileges.

Risk Mitigation Strategies

Given the risks, heightened awareness, and increased scrutiny of sexual harassment claims, healthcare practitioners

and facilities are strongly encouraged to develop, implement, and consistently enforce a zero-tolerance policy. Consider developing written protocols that are periodically reviewed, audited, and updated as necessary. Include the following details:

- The types of conduct that will not be tolerated, regardless of the identity of the alleged perpetrator.
- A clear methodology for reporting claimed instances of wrongdoing.
- The process to be followed in investigating complaints and rules to help ensure that confidentiality and due process are appropriately protected.
- The documentation to be completed and maintained.
- The range of sanctions (up to and including termination) for both employees and patients, should the allegations ultimately be determined to be true.

Train new staff as part of the onboarding process, and provide ongoing training for all staff. Develop and retain attendance sheets as proof of the training. In the event of a subsequent problem, proof of training demonstrates good faith and diligence in continuing efforts to comply with federal and state requirements.

Institute a process of publishing the zero-tolerance harassment policy. This can be achieved in employee onboarding documentation, professional employment contracts, conditions of treatment or admission, third-party vendor agreements, website notices, and office signage.

Be Sure You're Covered

Consult with your personal or corporate attorney to understand the potential financial risks of claims involving allegations of sexual harassment or misconduct. Confer with your insurance agent or broker to determine proactively what coverages might be available in your state in the event of such a claim.

Policy language and state regulatory requirements can vary among jurisdictions. Although most practitioners carry professional liability coverage in the event of a malpractice claim, it is not uncommon for professional liability policies to specifically exclude coverage for acts of sexual misconduct committed by a practitioner against a patient. Depending on the professional liability carrier, the practitioner may be provided with a courtesy defense covering the costs of legal fees and expenses, but no payment for any indemnity incurred would be paid in the event of an adverse jury verdict or arbitration award.

It is also prudent to consult with insurance brokers and agents about the availability of employment practices liability insurance (EPLI). EPLI may provide coverage for certain types of workplace harassment, including sexual misconduct involving the policyholder and an employee.

And finally, as noted above, claims of inappropriate sexual behavior against a licensed healthcare practitioner may result in administrative proceedings by a state licensing board or the privileges committee of a healthcare facility. Endorsements to pay legal defense costs are widely available as part of professional liability policies in the event of an administrative investigation or subsequent disciplinary hearing. Contact your agent or broker to explore your coverage options.

For additional assistance, contact the Department of Patient Safety and Risk Management at (800) 421-2368 or by email.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

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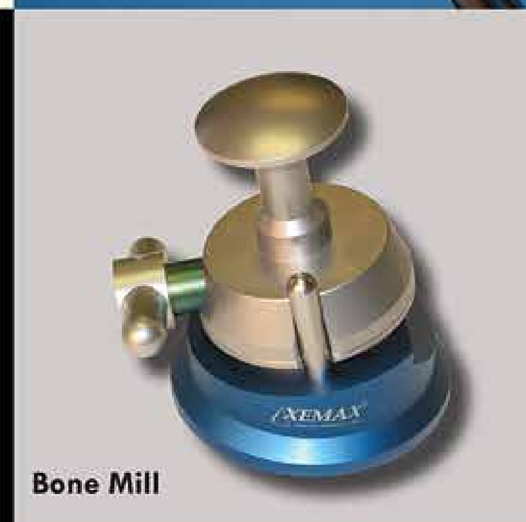

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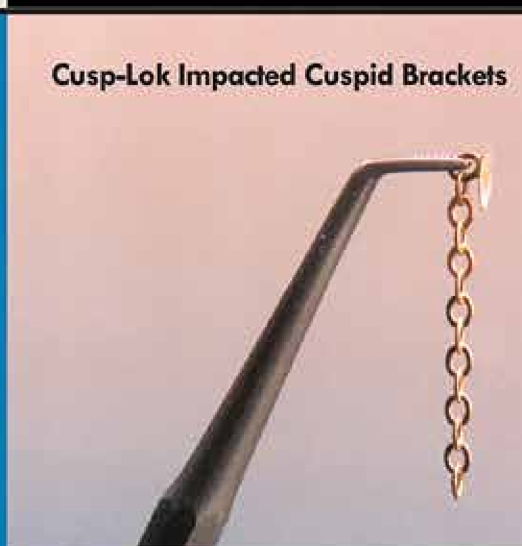

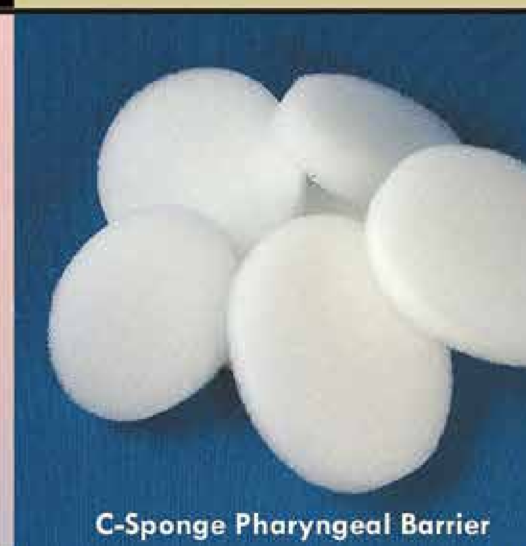

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2025 Meetings

- OMSA Course On-line — Open Year Round
- January Meeting Webinar — January 18, 2025
- CALAOMS 25th Annual Meeting — Hayes Mansion, San Jose - April 26 & 27, 2025

2026 Meetings

- January Meeting Webinar — January 17, 2026
- CALAOMS 26th Annual Meeting — The Westin Long Beach - May 2 & 3, 2026

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CALAOMS Wishes to Thank the Following Vendors That Graciously Sponsored CALAOMS' Meetings In 2024

- **The Doctors Company -** Webinar Sponsor, January 2024 Meeting.
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- **Beacon Oral Specialists** - Breakfast and Breaks Spon., 24th Annual Meeting.
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ASSOCIATE/PARTNERSHIP OPPORTUNITIES

Bay Area: Oral & Maxillofacial Surgeon California Partner Opportunity. Part-time or Full-time Oral Surgeon in Northern California. IMMEDIATE OPENING! We are a well-established, high-tech, modern dental practice in the prestigious area of San Jose/Milpitas with excellent patient population, fee-for-service, and looking for a licensed, outstanding Oral Surgeon. Offering option to buy and room for growth, excellent income, flexible schedule, sign-on bonus and competitive base salary. Please contact via email at: bayarea.ospractice@gmail.com.

East Bay Area: Part time opportunity available. Busy practice with two locations and four surgeons. Mondays and Fridays available immediately. Full time will become available in the fall. Traditional practice: extractions, bone grafting and implants, biopsies, sedations. Please contact osjob2023@gmail.com.

Central Valley & Bay Area: Kids Care Dental & Orthodontics is on the move… come join our incredible Doctor Group.!.! KCD&O has part-time and full-time opportunities for oral and maxillofacial surgeons in the Sacramento, Stockton, and San Francisco East Bay regions.

KCD&O is a doctor-led and patient-centered pediatric practice that offers multi-disciplinary services across pediatric dentistry, orthodontics, and OMFS. We are the premier pediatric group in the state of California and currently have practices throughout Northern California. You will work with an experienced practice management staff, PALS-certified assistants, and have the opportunity to collaborate and share insight with our orthodontists and pediatric dentists. The scope of practice includes routine dentoalveolar surgery, benign pathology, etc. We can assist with hospital privileges for those interested. We accept fee-for-service or PPO's. This is a phenomenal opportunity, our surgeons enjoy competitive compensation with high earning potential, a path to equity/ownership for full-time providers, and group benefits including health, dental, vision, life/AD&D and professional liability insurance, and a 401(k) savings plan. Requirements are a CA license and a GA permit. If you are interested, please contact us at 916-661-5754 and send your CV to drtalent@kidscaredental.com.

Lake Tahoe: Dream opportunity to build an oral surgery career in the Lake Tahoe area. Our thriving, two-office practice has a reputation for taking great care of people and has excellent relationships with our referring offices in Truckee and Lake Tahoe. The practice scope is primarily dentoalveolar and implant-based, with very occasional trauma and hospital cases. Current doctors work three days a week with full-time income. Offices are all-digital with CBCT, X-NAVs, intraoral scanners, and updated equipment in both locations. Looking for an ABOMS certified (or active candidate for certification) associate leading to partnership. Must be personable, caring, and interested in making this area your forever home. Tahoe Oral Surgery is a proud supporter of 1% for the planet.
Please email inquiries to rachel@tahoeoral-surgery.com.

Napa & Sonoma: Seeking a motivated and hard-working OMS with excellent interpersonal skills. We have a well-established dentoalveolar/implant practice with room for growth and opportunity to perform additional procedures. Candidates would be expected to establish and maintain relationships with existing and potential referring doctors in the community. This is a great opportunity for new graduates or experienced oral surgeons to join our established and busy practice with a pathway to partnership. We have two locations: Sonoma and Napa. Please contact Sandra@oralsurgerydenta-limplants.com.

Orange County: We are currently seeking a motivated, compassionate surgeon to join our growing practice in the greater Orange County area. We have a two in one oral surgery office fully equipped in the beautiful city of Huntington Beach, CA. All current staff surgeons are board-certified with extensive experience in Dentoalveolar, implant, orthognathic, and trauma surgery. Currently both in the past and present all surgeons held or hold leadership positions in the local dental societies as well as local academic appointments. Primary surgeon is on staff at 3 local hospitals but no ER coverage is required with this position unless associated prefers. The scope of the practice includes but not limited to: dentoalveolar, orthognathic surgery, trauma, pathology, grafting, IV sedation.

Our position is for a unique individual who is caring of patients with exceptional interpersonal skills. Included with employment: salary, health coverage, 401K, CME reimbursement, mentorship with other surgeons, and more. All single or double degreed candidates will be considered as well as BE and BC. Currently this practice only has one doctor owner and seeking a well-qualified and skilled colleague with eventual partnership opportunity. Please contact Ofc managers- Rod or Mary 714-766-6560 or 949-514-8714 or send us an email: socalomfsdds@gmail.com.

Roseville, CA: Immediate full-time oral surgeon needed to join our team. Practices a full scope of oral and maxillofacial surgery with expertise ranging from corrective jaw surgery to wisdom teeth extraction to teeth-in-an-hour/ Dental Implants. Diagnoses and treats facial pain, facial injuries and TMJ disorders, and performs a full range of dental implant and bone grafting procedures.
Please contact- Courtney
Phone: 916-783-2110
Email: courtney@drantipov.com.

Sacramento: Exciting Associate Opportunity! Sacramento Surgical Arts is looking to add a surgeon, seeking a partnership track, to support the growth of 3 practice locations!

We are a full scope oral surgery private practice, providing a variety of services from advanced oral and maxillofacial surgery to non-surgical cosmetic procedures.

Sign on bonus; competitive base annual salary; quarterly production bonus; partnership opportunity; benefits; retirement. CV's and inquires can be directed to tkackley@mosaicdentalcollective.com.

San Diego: Well-respected oral surgery practice located in central San Diego. 25 years in practice and one of the most successful, busy practices in the city. Very active Seattle study club sponsor for over 21 years with 50 members. Scope of practice includes all dentoalveolar surgery, implants, bone grafting, PRF/PRP active use, orthognathic and TMJ surgery, sleep apnea treatment with MRD and bi-maxillary advancement and facial trauma. In house OR capable of supporting single jaw orthognathic/TMJ surgeries. Active hospital practice for more complex cases.

We are looking for a board certified/eligible surgeon with active skills in orthognathic/TMJ/Trauma surgery comfortable with outpatient anesthesia and dentoalveolar surgery that is interested in becoming a partner in this practice. Comfort with public speaking is a big plus. Outgoing personality with excellent patient care skills is mandatory. Interested parties, please contact via email at info@mvoms.com, or office phone at 619-298-2200 and ask for Kim, office manager

San Francisco - Union Square: Excellent private practice is looking for a full or part time oral surgeon to join our wonderful and professional team. Please send CV and letter of interest / inquiries to: sfomfsjob@gmail.com.

Southern California's Inland Empire Immediate full-time oral maxillofacial surgeon wanted in Southern California's Inland Empire. We promote a workplace with a supportive and efficient staff, individual growth and personal achievement. The right individual should demonstrate creativity, interpersonal skill and have a team player attitude. We emphasize dentoalveolar surgery, dental implants, and pathology but also practice orthognathic, TMJ and trauma surgery. Compensation includes competitive salary, incentive bonus system, health insurance stipend, and relocation advancement. Interested applicants should call (909) 331-0227 or email MDudziak@ieomfs.com.

DOCTOR SEEKING POSITION

Bay Area Surgeon Seeking Position in Bay Area. Highly motivated and personable dual degree, board certified surgeon moving to the Bay Area. Very interested in building relationships with surrounding dentists and referrals. Interested in full time traditional scope versus full scope positions. Please email C.Dedonato2024@gmail.com.

UCSF Fresno OMFS Graduate looking for an associateship/partnership position in Southern California, with potential for buyout down the road. omidniav@gmail.com 714-624-7634.

San Diego: An Army OMS looking to join a well-rounded practice as a partner or associate to partner.

Currently, I am the Chief of Oral and Maxillofacial surgery at Winn Army Community Hospital on Fort Stewart, GA and have a very active dent-alveolar practice as an independent contractor.

I am separating this coming summer and would love an opportunity to come back home to San Diego. Please contact me for a CV or to schedule an interview. Sergey Gazarov, DDS sgsergey@gmail.com or 858-382-2254.

PRACTICE FOR SALE

Bakersfield: Long established OMS practice located in a new office in the heart of town. This busy practice is perfectly located in the middle of Bakersfield with all major highways intersecting within a few blocks from the office. Within 10 minutes of both Mercy and Adventist Health hospitals, the office is also surrounded by many dental offices for referrals. I am currently doing 7-8 surgeries a day, and there is an extra room ready for a surgical suited making it easy to produce more surgeries a day if needed. The community is growing quickly, so you can't go wrong with this practice. Call 661-835-7389 or email genehughesdds.oralsurgery@gmail.com.

Irvine: Newly renovated oral surgery practice located in Irvine, CA. Located in a very desirable area near Hoag Health Center in a high rise medical building. The office is large enough to support multiple doctors with 3 operating suites and 3 consult rooms. All new state of the art equipment was added during the top to bottom renovation. The practice is currently in growth mode, which makes this a perfect time to purchase and turn this into a thriving practice for many years to come! Will provide transition support.

Located in Southern Orange County, Irvine is one of the nation's largest planned urban communities and encompasses more than 65 square miles. Irvine's central location—45 miles from Los Angeles, 85 from San Diego, and 15 minutes from Disneyland Resort—makes it a popular hub for Southern California travelers. There's a lot to love right in Irvine proper. From kid-friendly outdoor activities to full-service shopping, the little big city has something for everyone. Please contact: jstraw@edoralsurgery.com 916-990-3644.

North San Diego County: OMFS practice in North San Diego County for sale. Expanding community, office located next to lake and golf resort. Office is modern, clean with up-to-date equipment. Traditional dentoalveolar and implant practice, strong referral base, 47% overhead in 2022, excellent cash flow. Retiring after 29 years as single practitioner. Would like to finalize contract in 2023, new owner to take possession July 1st, 2024. No DSOs please. If interested, please call and leave message at (760) 744-1320.

Northern California: Established OMS Practice for sale in Northern California. Very desirable area. Please respond to nfantovrn@aol.com for inquires.

Santa Monica: Full scope OMS practice is offered for immediate sale or transition to sale, 35+ years established in distinguished medical building with long standing, stable referral base. The emphasis of the practice is dentoalveolar surgery and dental implants. The practice is fee for service and insurance patient based. Located in close proximity to two major medical centers, Santa Monica UCLA Medical Center and St. John's Health Center. The office consists of 1 operating room, 2 equipped operatories and recovery room. Please send your CV and contact information to: se.needle@gmail.com.

Silicon Valley: Oral Surgery Practice seeks buyer to continue a decades long tradition of providing quality OMS services to a traditional referral base in San Jose, Los Gatos and Saratoga. Interested prospects can send a CV to molinelli@aol.com or call 650-347-5346.

South San Francisco Bay Area: Excellent private practice opportunity in a very attractive South San Francisco Bay Area community. This is a well-known and respected practice with a 32-year history of providing the highest level of patient care. Our facility is a free-standing, 3,000+ square foot building located in a very desirable location. We are accredited by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). Anesthesia services are readily available as part our close, 11-year, relationship with the premier anesthesia group in our area.

Our surgeon is looking to transition his practice to a highly competent and deeply committed doctor who is willing to do what it takes to provide the standard of care our patients deserve. Practice transition options are available including clinical and/or business mentoring as desired. Please send preliminary inquiries to: oms.transition.2022@gmail.com.

WOULD LIKE TO BUY

Greater Sacramento Area. I am looking to purchase a practice with transition in Sacramento or surrounding areas. I am currently practicing in Northern California and I am looking for an OMFS practice with an emphasis on Dentoalveolar and implant surgery. Please contact me at omfspractice43@gmail.com if interested.

Southern California: I am currently out-of-state and would like to relocate to California. I am looking for an OMS practice for purchase with transition. Southern California preferred (Greater Los Angeles, Inland Empire or Greater San Diego) / mid-size city or suburban community. 1,500-2,000 sq. ft. 2-3 operatories. Please email me @ surgeryoms@gmail.com.

West Los Angeles oral surgery practice. Well Established, Excellent reputation and relationships within the community and amongst the Dental referral base. The office is 2,200 square feet in a multi-tenant building and has been remodeled with updated equipment and technology, including Cone Beam. 2 Consult Rooms, 3 Surgical Suites, Full surgical Area with Recovery, Nurses Station and Sterilization Center. Very well designed for Oral Surgery flow. This practice has been in the same location for 20+ years. $2.1M Annual Revenue, Operating Expense below 55%, with $1.0M net. Please contact Jason Owens at 855-546-0044 or jowens@ddsmatch.com for a confidential conversation about this opportunity.

Santa Barbara: Central coast 40+ years established OMS practice. Office located near a level 1 trauma hospital. Call 805-692-8500 or email drwelsh.oms@gmail.com with any questions. Price $800,000

Dr. Chris Johnson of Johnson Oral Facial Surgery in Dallas, TX

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