



# The COMPASS

Official Publication of the California Association of Oral and Maxillofacial Surgeons



Volume V, Issue 1, Spring 2003

## Dr. John Bond Leads CALAOMS in 2003

### President's Message

John Bond, D.M.D.



In preparing for our recent 3<sup>rd</sup> Annual CALAOMS Meeting in Santa Barbara in early January, I made a few notes to myself about where our organization has been, where it is, and importantly where it is going. Following this highly successful meeting, the thoughts I put down seem even more poignant. Accordingly, I would like to share them with you.

But first let me report that by all standards, the Annual Meeting held at the Four Seasons Biltmore in Santa Barbara was an unequivocal success. It began with a well attended Past President's Dinner in which Past Presidents from CALAOMS, NCSOMS and SCSOMS all had the chance to remember and share past experiences over the years with organized OMS in California. On

Saturday and Sunday, the continuing education portion of the meeting, featuring Karen Baker from the University of Iowa, kept everybody engaged. As an experienced educator in medical and dental education, Karen brought back into focus and frequently provided all in attendance with new and meaningful insight into the everyday pharmacology we all need to know and

---

### *CALAOMS needs to continue being the voice and conscience of oral and maxillofacial surgery in California*

---

understand, particularly from an anesthetic perspective in treating our patients. At our membership luncheon on Saturday, Dr. Sam Aanestad, was awarded our Distinguished Service Award for all that he has done over the years for Dentistry and Oral and Maxillofacial Surgery in California with his past service in Sacramento in the Assembly and now as a California Senator. Dr. Tim Silegy was awarded CALAOMS's Committeeperson of the Year Award for his work in standardizing and improving our Oral Assistant's Course. Senator Jackie Speier, a long time friend of dentistry and oral surgery, was our featured legislator speaking to some of the current issues facing California's health

scene, particularly in the context of the state's budget crisis. On Saturday night, the installation of this year's officers occurred, as well as a time to honor Dr. Bernard Kingsbury, to whom the meeting was dedicated. And last, but not least, for those choosing to stay an extra day, a well attended and successful PALS course was conducted. Bravo to Pam Congdon, Lynda Bradley and all the CALAOMS staff for putting together this great meeting.

*Continued on Page 10*

## Compass Direction

President's Message	Page 1
Editorial	Page 4
Letters To The Editor	Page 5
Point - CounterPoint	Page 7
Santa Barbara in Review	Page 8
USF 10th Int. Symposium	Page 11
Thank you Dr. Franklin	Page 14
Report from Anesthesia	Page 16
General Announcements	Page 18
Upcoming Events	Page 18
OMSA Chair Speaks Out	Page 19
In Memorium	Page 19
AAOMS Dist VI Update	Page 20
Classified Ads	Page 22

# Join the Pride

## OMSNIC

DEFENDING THE SPECIALTY

### *Aggressive Claims Defense in California*

Over 300 cases taken to trial with  
93% favorable verdicts

90% of all other claims are closed  
without an indemnity payment

OMS OWNED AND OPERATED INSURANCE COMPANY  
INSURING OVER 3,600 OMSs COUNTRYWIDE



Rated "A (Excellent)"  
by A.M. Best

#### **Risk Management Benefits Available**

- On-Line Risk Management Courses
- Specialized Web Site for Insureds
- In-Office Risk Management Reviews
- Informed Consent DVD and Videos

For more information contact Ted Elink-Schuurman  
(800) 272-4594 or [tedeli@hmbd.com](mailto:tedeli@hmbd.com)

OMS NATIONAL  
INSURANCE COMPANY, RRG

800.522.6670 or [dds4dds.com](http://dds4dds.com)

EXCLUSIVELY ENDORSED BY THE AAOMS 



**The COMPASS**  
*published by the*  
**California Association of Oral  
and Maxillofacial Surgeons**

**Board of Directors**

**John S. Bond, D.M.D.**

President (408) 356-3151  
jawdoc@dslsdesigns.net

**P. Thomas Hiser, D.D.S., M.S.**

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

**Michael E. Cadra, D.M.D., M.D.**

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

**Gerald Gelfand, D.M.D.**

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

**Murray K. Jacobs, D.D.S.**

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

**Mary Delsol, D.D.S.**

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

**Bruce L. Whitcher, D.D.S.**

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

**Larry J. Moore, D.D.S., M.S.**

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

**Ned L. Nix, D.D.S.**

Director (408) 225-5000  
user501968@aol.com

**Lester Machado, D.D.S., M.D.**

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

**Pamela Congdon**

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

**Corrine A. Cline-Fortunato, D.D.S.**

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

**Steve Krantzman**

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

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

**Your CALAOMS  
Central Office Staff**

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

151 North Sunrise Avenue, Suite 1304

Roseville, CA 95661

Office: (916) 783-1332

Office: (800) 500-1332

Office: (800) 491-6229

Fax: (916) 772-9220

Web Site: [www.calaoms.org](http://www.calaoms.org)

**Executive Director**

*Pamela Congdon*

Phone Extension: 12

email: [pamela@calaoms.org](mailto:pamela@calaoms.org)

**Associate Director**

*Lynda Bradley*

Phone Extension: 11

email: [lynda@calaoms.org](mailto:lynda@calaoms.org)

**Information Systems Director**

*Steve Krantzman*

Phone Extension: 13

email: [steve@calaoms.org](mailto:steve@calaoms.org)

**Administrative Assistant**

*Barbara Holt*

Phone Extension: 10

email: [barbara@calaoms.org](mailto:barbara@calaoms.org)

**Administrative Assistant**

*Debi Cuttler*

Phone Extension: 14

email: [debi@calaoms.org](mailto:debi@calaoms.org)



*Health Volunteers Overseas*

*is dedicated to improving*

*the availability and quality*

*of health care in*

*developing countries*

*through training and*

*education. Volunteer your*

*skills. Become a member of*

*Health Volunteers Overseas!*

*Visit our website at:*

*[www.hvousa.org](http://www.hvousa.org).*



**Health Volunteers Overseas**

CFC #0342

Tel: 202-296-0928

Email: [info@hvousa.org](mailto:info@hvousa.org)

# Editorial



Corrine Cline-Fortunato D.D.S.

## Editor's Corner

I was both honored and excited to be asked to serve the membership this year as editor of *The Compass*. I have to admit this is my first editorial position of any substance (I don't think my garden club newsletter qualifies). Therefore, I invite and welcome your thoughts, comments and perspectives. I hope we are able to provide you with articles and updates reflective of the interests expressed by our membership. Having said this, please feel free to contact me with any submissions, topics of interest, pictures, concerns or opinions you would like to share. I look forward to hearing from you and sharing your feedback. Phone: (831) 475-0221

Email: [LandCFortunato@peoplepc.com](mailto:LandCFortunato@peoplepc.com)

## Editorial

I'm a native Californian, but when a recent inquiry about my hometown elicited a noticeable and uncomfortable pause prior to my reply I felt guilty. It's not that I'm ashamed of the area (Pismo Beach...what's not to love!?). But for the first time I guess I realized what a truly "locally nomadic" life-style I've lived. At one point or another I've had the opportunity to call the *Greater Los Angeles Basin*, L.A.'s *South Bay*, the *Inland Empire*, the *Central Coast*, *Silicon*

*Valley* and the *Monterey Bay* areas "home". What continues to amaze me is that for such a large and diverse state, California still manages to be a trendsetter for the rest of the nation. It's true culturally, socially, economically and professionally. I recall enquiries by my East Coast colleagues in the early '90's about the effect increasing HMO/PPO plans were having on the practice of dentistry. They had "heard about it out in California" and wanted to know what realities were in store for them. (I couldn't say being in an OMS training program at the time).

More recently my colleagues call with questions about "alternative therapies". They relate tales of patients on "homeopathic medications" or "herbal supplements" (some prescribed...others

---

*Many patients were shocked, even skeptical, to learn these products could pose certain health risks...*

---

self-administered). For most of us practicing in California this is nothing new. Most of us have had patients bring in their "laundry list" of supplements. This increasing trend prompted our office to add a question to our health history form about herbal/homeopathic supplements. Initially, I was surprised by the number of patients who were taking "herbs" but did not know the composition of their "formula". Many were curious as to why we would ask about such remedies. The general assumption being if it was "natural" it was "safe". Somehow "herbal" translated to "nontoxic", "no side effects" and "non-allergenic". Many patients were shocked, even skeptical, to learn these products could pose certain health risks when taken in combination with other substances (prescribed or not) or in large enough quantities (if a little was good more must be better). I found myself increasingly recommending sources such as the Review of Natural

Products and Alternative Medical Alert for specific product effects. Both sources were extremely helpful, but cumbersome in a quick passed practice setting.

This year, I was fortunate enough to order the 2003 Deluxe Lab-Coat Pocket Edition of the Tarascon Pocket Pharmacopeia. I usually get the Shirt Pocket Edition but the Lab Coat Edition came with a sheet magnifier. (It was all about the larger print...I'll admit it.) In addition, it has an entire section on herbal and alternative therapies. In my neck of the woods, I use it every day (Ah, beautiful Santa Cruz...home of the only, and now defunct, marijuana B&B...but that's a different story). While not quite as comprehensive as the previously mentioned sources, it is succinct, compact, convenient and exceeds my needs. I have found it very helpful.

Please don't misunderstand my levity as an attempt to make light of the benefits of herbal remedies. Rather it is my humble attempt to share what I believe is a growing trend. Many people just don't categorize these substances as "drugs" or "medicine" and may therefore fail to include them in their health history unless otherwise prompted to do so.

As health care providers it is important to stay abreast of the potential drug interactions, surgical implications and adverse effects this expanding aspect of self-administered pharmacology presents.

It's never easy being trendsetters.

Corrine Cline-Fortunato, D.D.S.  
Editor, *The Compass*



## Letters to the Editor



Ned Nix, D.D.S.

### “Brevital is Coming Back....So Big Deal”

I wanted to put some of my thoughts down on paper to hopefully arouse some of our critical thinking. We are confronted with decisions to be made as things change and move forward in the daily practice of our specialty.

Many of us trained using both Brevital and Propofol. Our attending oral and maxillofacial surgeons (OMSs) professed they had been using Brevital for 30 years and it has always worked fine, “in their hands.” In my hands during training, I experienced the two pack-a-day smoker who just coughed and wheezed as we continued to pour in the Brevital, 30 mg, 100 mg, 200 mg. The patient was moving around in the chair as my co-resident held the patient down and we rushed through the procedure. The patient continued to “tach-away” at rates well above 100/min.

Then there was the asthmatic. The patient’s airway appeared to be reactive to secretions and wheezing and coughing again ensued. We gave more Brevital and deepened the anesthetic as our attending suggested, “Deepening your anesthetic will decrease airway reactivity.” “You do have succinylcholine ready in the event of a laryngospasm, don’t you? Our attending professed, “We usually just put

the patient deeper in our office.” “It must be the response to increased histamine release.” “The tachycardia is the disinhibition at the central nervous system.” It always seemed to me these cases could have run smoother. I was never really comfortable putting the patient with co-morbidities into a deeper plane of anesthesia (I still don’t mind putting the ASA I patient as deep as I need them). It just seemed to be an anesthetic complication waiting to happen. We also used to take ‘breaks’ in our surgeries now and then to ventilate the patients with full-face mask oxygen. I don’t do that when using Propofol.

---

*I feel strongly that now is the time to let go of the ‘security blanket’ that is Brevital, and move forward with a drug that is better and safer for our patients*

---

The resident team always made the case for the administration of Propofol. We all used it on our four to five month anesthesia rotations. Our anesthesia attendings continued to ask, “You guys still use Brevital down in the clinic?” “We haven’t used methohexital up here for years.” Our OMS attendings continued to object, “I just don’t feel comfortable with Propofol.” “I have been using Brevital for years.” “Why should I change the way I have been doing things if I have been doing it successfully for years without adverse outcomes?” I was taught to always question authority. I have always hated the reasoning, “We have been doing it this way for years.” We owe it to our patients to be lifetime learners. I think dentistry tends to be a science based mainly on clinical experience; while OMS

seems to be more reliant on evidenced based dentistry and medicine.

Our literature is replete with evidenced based trials studying the use of Propofol. Propofol with Versed, Propofol with Ketamine, Propofol with Ketamine and Versed, Propofol alone, Propofol through a pump, etc. How long is the “If it’s not broken, don’t fix it,” adage going to substitute for sound, evidence based clinical decisions regarding what is best for our patients? At last year’s AAOMS meeting, I spoke to a group of OMS who said, “What are we going to do now that Brevital is unavailable.” I received calls from ‘seasoned vets’ in New York where I trained asking me, “What are you guys doing out in California?” Hopefully, these people have realized there are other drugs available in the sedative-hypnotic class that can produce general anesthesia. Maybe the unavailability of the drug has encouraged these clinicians to explore other avenues, maybe even pick up their Journal.

New techniques and therapies are always being presented to us. It seemed like every time I heard Bruce Epker speak, he was always saying, “You guys are still doing that!” This was about the time I had just finished the chapter in the latest edition of his book. What importantly comes to mind is the need for critical thinking involving the non-depolarizing neuromuscular blocker Rapacurium. This medication was touted by members of our specialty as the replacement for succinylcholine in emergency protocols. After clinical trials, there were complications and deaths associated with its administration in the operating room. Remember the Duract samples everybody was given? This NSAID caused kidney failure and death in patients. I have always liked to wait a while and review reports of new techniques and therapies before ‘jumping on the band wagon.’

I feel strongly that now is the time to let go of the ‘security blanket’ that is

*Continued on Page 6*



*Letter to the Editor Continued from page 5*

Brevital and move forward with a drug that is better and safer for our patients. It took everybody time to learn how to use Brevital effectively. It is time to give Propofol the same chance. I dose it similarly to Brevital. Its distribution half-life is shorter than that of Brevital (the good news is so is its elimination half life). I have used the infusion pump, a 'piggy back' drip technique and the 'bump' technique we all use for Brevital. All of these techniques work. It just takes time to develop the technique that works best in each individual's hands. At first, I had difficulty giving it in one to three milliliter doses ('bumping it'). I seemed to have more luck with the pump, or my drip titration technique (a 20 ml vial mixed in a 250 ml bag, piggy backed with a 60 drop per ml IV set). As I learned to use it titrated with Versed and Sublimase, I actually developed the ability to bump it along and produce a smoother and safer general anesthetic than I was able to provide with Brevital.

I do not see airway hyper reactivity with asthmatics who get Propofol. I have never seen a laryngospasm in patients who receive Propofol. Patients are waking up faster, more alert and report feeling 'fresher', rather than 'lethargic'. Propofol has excellent antiemetic properties. My patients report less nausea and vomiting postoperatively (even the patients that get Ketamine) than the patients who used to get Brevital. Since droperidol was "black-box" warned I don't even care that it has been eliminated from my armamentarium. I feel better knowing patients are alert at home without long residual sedative effects, especially those taking post operative narcotic analgesics (supervised or not) at home.

What about Propofol's drawbacks? Propofol used to be about five times more expensive per case (now in its generic form it is only 25% more expensive, if you can help from wasting your unused portion), has a short shelf life, and has a 'learning curve' in its titration to effect. I have found that some patients exhibit a 'Stage II effect'

apparently having a problem moving from Stage I analgesia into an acceptable surgical plane of Stage III surgical anesthesia (described by Guidel for ether anesthetics, but a good analogy here). Propofol can be quite euphoric in some patients. These patients can appear 'Stoned' and somewhat restless. Like my Brevital anesthetics, Ketamine works wonderfully here as a "rescue drug" to smooth the anesthetic and return the patient into a workable Stage III plane of anesthesia (Ketamine in 10 to 20 mg doses).

Brevital is a good drug. It works very well on most patients. In my hands, I have used it successfully for years. I would like to keep it as an option in my armamentarium for IV general anesthesia. My contention is that all the evidence is there for the use of Propofol as the first line drug for general anesthesia in our practices. Maybe the best thing that happened recently to the safe delivery of ambulatory general anesthesia in the OMS office was Eli Lilly closing the 'old' Brevital plant. I have cancelled that long-standing order.

*Ned Nix, DDS*

## **CALAOMS: The Past and The Future, An Opinion Point**



The Santa Barbara meeting was a showcase for a successful meeting of the California Association of Oral and Maxillofacial Surgeons. That meeting was a tribute to the evolution and maturation of CALAOMS. There has been quite a change since 1986. At that time a successful plaintiff planned to use a large jury award to prevent dentists from administering general anesthesia in the office. CALAOMS had then only recently formed, really because of necessity. It had become clear that the two oral and maxillofacial surgery societies in California should unite and form an association. The California Dental

Association was used as a model for the certification and utilization of component societies.

The original goals of CALAOMS were to increase communication and speak in a unified voice to the American Association of Oral and Maxillofacial Surgeons, CDA, the California Legislature and the Dental Board of California. A liability insurance program was urgently needed and was secured for all CALAOMS members. CALAOMS members now occupy many key positions in AAOMS and CDA. Our political action committee has been very active and successful. We should all be proud that one of our members, Dr. Alan Kaye, is now President of the DBC.

All OMS in California *are* fortunately riding the wave of success, and enjoy successful practices. We are the envy of many medical and dental specialties. However, we must beware of the wipeout. Another dental specialty continues to emphasize the placement of dental implants in graduate training programs. MD anesthesiologists frequently administer general anesthesia in dental offices for dental, surgical and restorative procedures. We are currently experiencing a constant change in the dental disease complex and a definite shift toward prevention and esthetics. We must continue to bind ourselves together and protect our specialty, our turf, and plan for the future.

CALAOMS members may be best served by the formation of the rebirth and vitalization of at least two component societies and the certification of study clubs. This concept will result in improved total CALAOMS member participation, the coordination of meetings and possibly increased revenue. However, the primary objective should be increased communication among the membership. California is a very large state. CALAOMS was started as an association of two societies. There is ample room for several component societies. Our numbers will certainly increase in the future. Regional meetings will result in more total member participation. The maintenance of

friendships and fellowship is important for the continued progress of our specialty. It has been written elsewhere that whenever two or more people get together, good things may happen. Personally, I have found that I occasionally learn more at meetings by talking to colleagues during breaks than at the actual didactic portion of the meeting.

CALAOMS members should not fear attending specific meetings because it may be politically incorrect. Speakers should be able to accept an invitation without fear of offending anyone and enjoy the freedom of speech as guaranteed in the Constitution. CALAOMS must have constant feedback from the entire membership in order to remain responsive and democratic. It is the American way. Representation of the members will be best accomplished by the establishment of component societies. Local OMS societies should be able to send nominees for positions on the CALAOMS Board of Directors. This concept has worked very well for CDA and it continues to flourish. Trustees to CDA are responsive and serve the CDA membership very well. We should continue to follow this model.

*Ross W. Prout, D.D.S.  
Past President CALAOMS  
Past President SCSOMS*



## Counter Point

Heraclitus taught us "You cannot step twice into the same river, for fresh waters are ever flowing in upon you." The vision with which CALAOMS was founded in 1986 has guided the leaders of our specialty in this state for almost two decades. Indeed, it seems the crises that precipitated its formation then are not far removed from those we face today. Threats to office-based anesthesia, assaults on scope of traditional as well as contemporary practice, erosion of a stable malpractice industry, and

inequitable reimbursement are issues alive and well. Our advantage today is that our specialty is represented by a unified, proactive association with close ties with our national organization (AAOMS), our state dental association (CDA), the state Dental Board, and our state legislature.

However, true vision remains fluid; it responds to shifting trends and changing circumstances. It is progressive and proactive. A strategic plan formulated 20 years ago is obsolete today unless it has responded to the changes in the professional, legal, and legislative arenas.

The unification of the two state societies was a response to burgeoning financial and manpower considerations faced by this association. Recent leadership undertook the formidable task of creating an efficient organization that delivered significant membership services without demanding onerous dues contributions. A central office with an experienced staff is able to conduct the business for the entire state in a professional and competent manner.

The CDA model is an attractive one, but one that requires incredible manpower and financial resources. The difference in membership numbers explains the different capabilities of a state dental association and a specialty organization — CDA has over 15,000 members that serve as a pool of monetary and volunteer resources, while CALAOMS has barely 600. Each CDA component society has a Board of Directors, an Executive Secretary, and numerous employees to staff committees on membership, mentoring, public relations, continuing education, public service, newsletter publication, etc. All this leads to unwieldy payroll and budgetary implications. The creation of even two state component societies would bring increased bureaucracy that would engulf revenues that are much better spent on fighting the issues critical to our specialty.

California is indeed a big state and providing accessible continuing education opportunities is a constant challenge. But

fractionalization and division of resources are not the answers. Last year, the Continuing Education Committee offered 14 meetings throughout the state, providing numerous opportunities for membership participation. This committee is constantly asking for feedback and suggestions to improve its offerings for future meetings, but seldom is input received. The committee is open to volunteers to propose and plan local or regional meetings, but few step forward. The creation of local study clubs certified and funded by CALAOMS is an excellent idea to promote two key goals of this association: provision of accessible CE opportunities and fellowship among members. Anyone willing to establish such a study club will most certainly be a welcome addition to our volunteer corps.

The enemy waits outside the gate. CALAOMS faces daunting challenges: the preservation of our ability to practice our specialty as we know it today, the tremendous competition for revenue sources, and continual assaults on our record of safety and competence. Our success as an association, and as a specialty, hinges on the commitment of our members to support and participate in a focused and unified body.

*Mary Delsol, D.D.S.  
CALAOMS Past President*

***The opinions expressed in the "Letters to the Editor" and "Point - CounterPoint" sections, are the views of the authors and only the authors. These are not the views of CALAOMS, nor does CALAOMS endorse these views. Nor should any assumptions be made about endorsements of views and opinions, by CALAOMS as an organization, by its Board of Directors as governing body, by its General Membership as a whole, or by its Editor.***

# Santa Barbara in Review

## THANK YOU CALAOMS or (If I Only Knew Then What I Know Now)

I had the most enjoyable time at the recent CALAOMS meeting in Santa Barbara. Thank you, Pam and crew for all your efforts. The results certainly showed your attention to the many details that are required to obtain a smooth running event. The facility was truly Four Star. We were arriving late Friday at 2:00 am and we called the hotel for directions. Usually the staff member manning the desk at that time would have minimal experience and had been relegated to the graveyard shift. We were pleasantly surprised to have a sharp and efficient young man named Erin who had the bellman waiting outside in the cold when we drove up. We were in our room in no time. The rest of the time, the hotel staff were ever present but unobtrusive. My wife took advantage of the spa facilities next door and took a driving tour of the adjacent hills. With a subtle manner, the hotel generated a natural relaxing and calm atmosphere. This included the use of three wheeled bikes for the porters. I guess I should start staying in better places!

The meeting program itself was better than expected. I had already attended Dr. Baker's presentation at the Monterey meeting last year and was expecting a sleepy rehash of the material (I fall asleep a lot!). But, much to her credit, Karen (since I've heard her twice) has such a strong grasp of the clinical relationship of pharmacology that she can even keep a sleepy head like me interested. Her handouts are priceless.

The PALS course was stress free. The format was one of keeping things simple and trying to look systematically at the precipitating causes of an infant or child arrest. It truly encouraged one to learn more. The course also made me feel

that the PALS course should be one that I repeat at least every two years.

On the road home, my wife asked me two questions. First, "If you had such a good time, why haven't we come to one in such long time?" And, the second question was, "Where are the rest of the guys?"

The answer to the first is laziness. For awhile, things were going well and the effort to go and spend a weekend talking oral surgery was not too inviting. What changed? It seems to me, as I talk to some of my contemporaries, that the concern for staying up with the current state of oral surgery is becoming a bigger issue. Finding ways of "keeping up" seems to be getting harder. Finding opportunities of spending a relaxing weekend with your spouse and obtaining some meaningful continuing education at the same time is even more difficult. I think CALAOMS did a wonderful job of fulfilling these requirements in Santa Barbara. My wife enjoyed the respite, she enjoyed meeting other spouses, and I think she would look forward to attending other meetings.

The answer to the second question is harder to answer. I was surprised that the meeting had only limited attendance. I believe we have approximately 700 plus members. Only 95 signed up. The PALS course had only 24 participants. I know I had all types of excuses for not attending CALAOMS meetings but if future meetings are of a similar caliber, I would certainly endorse the meetings to all my colleagues. I hope that CALAOMS continues to bring forward excellent speakers at ideal locales at an affordable fee. The weekend format certainly fits the demands of my office.

Thanks again.

*Norman G. Wat, DDS*

---

## PALS Were Found in Santa Barbara

On Monday following the CALAOMS Annual Meeting in Santa Barbara, 22 OMS's stayed to take the PALS (Pediatric Advanced Life Support) course. To the tune of the pop song "Fever" sung so often by our instructor Shari Coleman, RN, MSN, that it became a mantra, we learned the assessment parameters and interventions to treat shock in newborns, infants and children. Aided by her husband Chuck Coleman- and our own Duke Yamashita, DDS, Shari led us along an easy path through a forest of physiology, diagnosis, normal values and failing organ systems. At performance stations, we practiced CPR, intubation, vascular access (including intraosseous technique) and defibrillation.

Although we covered a lot of material that was largely new information, most attendees would agree that the most difficult part of the course was having to be indoors on such a beautiful day! The location at the Biltmore Hotel in Monticello, the superb lunch, and the supportive teaching style of the instructor made the day's experience pleasant as well as practical.

Shari Coleman has agreed to teach the PALS course again next January at the Anesthesia Symposium weekend in Palm Springs. If you missed the opportunity to take the course this year, put it on your calendar for the January 17-18 meeting next year.

*Roger S. Kingston, D.D.S*



CALAOMS would like to thank the following Companies for contributing above and beyond the call for exhibitors by sponsoring events at the Santa Barbara Meeting. These companies are listed below by the level of their sponsorship, and the event they proudly sponsored. It would be very difficult to put on the quality of events we provide without the support of these valued partners. *Thank You, from CALAOMS*

### Platinum Level

- ★ **Hal's Med-Dent Supply**  
Installation Banquet Dinner
- ★ **The SCPIE Companies**  
Scientific Sessions

### Gold Level

- ★ **Littell Industries, Inc.**  
Exhibitor Cocktail Party

### Silver Level

- ★ **W. Lorenz Surgical, Inc.**  
Past President's Dinner

### Bronze Level

- ★ **OMS National Insurance Co.**  
Registration Gift
- ★ **INION , Inc.**  
Membership Lunch



CALAOMS President, Dr. John Bond presents Senator Samuel Aanestad, D.D.S. the 2002 "Distinguished Service" Award at the Installation Banquet.



CALAOMS President, Dr. John Bond, presents Dr. Tim Silegy (OMSA Committee Chairman), the "Committee Chairperson of the Year" Award at the Installation Banquet.



Current President John Bond, and Past President Tim Shahbazian discuss issues facing CALAOMS after the Board Meeting, which proceeded the Annual Meeting.



State Senator Jackie Speier presented her views on the safety record of Oral Surgeons, the State Budget, and other issues that affect the ability of professionals to work with the state legislature.

## Santa Barbara, A Past Editor's Perspective On the 3rd Annual CALAOMS Meeting

With the holiday rush behind us and feeling somewhat settled into our newly remodeled home, Anne and I decided to attend the CALAOMS Annual Meeting in Santa Barbara January 10-13. We had not ever visited the Four Seasons Biltmore so the anticipation seemed to make the drive from Corona del Mar go faster. Our first event was the Past President's Dinner near the hotel on Friday night. There was an excellent turn-out for the dinner with abundant camaraderie and a pleasant dining atmosphere. We checked into our room late and were pleasantly surprised by its warmth and comfort. The entire hotel had been recently facelifted, so our "timing" for this meeting was excellent. I was up early Saturday for the continental breakfast and the first session with Dr. Karen Baker from the University of Iowa. The hype for the meeting was right on, since Karen's approach is basically an avalanche of information. The handouts were a necessity, since the pace required for note-taking would have been beyond a court-stenographer. I really didn't want to miss any of the educational seminars, because the information was so pertinent to our practices and Dr. Baker was also very entertaining as a speaker. During lunch, we were entertained by the excellent speaking ability of Senator Jackie Speier. We learned a little about the reality of the legislative process when seeking "expanded" privileges." Ms. Speier floated a few concepts such as a services tax to help balance the state shortfall. Needless to say, this

elicited some hissing from the assemblage. Jackie feels strongly about the need for an improved health care system and that we need to better educate the public about what we do as OMS's. She stated that most Californians are "an accident away, a health problem away, from disaster and financial disability." Perhaps payroll taxes could be used to help finance universal health coverage, according to Senator Speier. Jackie did a good job, I felt, of explaining how the budget shortfall occurred due to the lack of stock options to exercise by the state.

Saturday night came quickly after a wonderful afternoon with free time to see the beautiful tropical grounds of the hotel, and walk around town to enjoy the many art venues and shopping opportunities. The exhibitor cocktail reception and dinner were enjoyable and excellent. Our CALAOMS officers under the direction of our new President, Dr. John Bond, were installed.

Sunday brought another excellent and informative session with Dr. Baker. Her information on drug interactions and various computer based programs to make this confusing evaluation process for each patient more accurate was excellent. Although I could not stay for the PALS program, I felt that the overall evaluation of the meeting had to be top-notch. More than 90 doctors and 30 exhibitors attended. CALAOMS is absolutely providing the highest level of continuing education programs statewide with quality speakers and modern, relaxing venues. Getting back to beautiful Santa Barbara was certainly worthwhile!

Gary Carlsen, D.D.S.

### President's Message Continued From Page 1

And now, to my notes. As I look forward to this year and the work we have before us, I find it comforting to know that all one really has to do is continue down the path of those Past Presidents who have preceded me in recent years. I think of Lee Heldt, Jeff Persons, Tim Shahbazian and most recently Mary Delsol. Importantly, I also believe we all do well to reflect over where CALAOMS was just three or four years ago, where we are now, and the strides we have made. Thoughts that come to mind are:

- a.) Our influence in and with CDA
- b.) Our success and representation on the Dental Board of California
- c.) Our influence and stature in Sacramento with elected officials
- d.) The quality and quantity of continuing education we provide
- e.) The maturation of our Committee structure
- f.) Our relationship and influence within AAOMS, District VI and WSOMS including committee representation and chairmanships
- g.) Our success in expanding our membership, particularly new young OMSs

There are undoubtedly others areas one might bring to mind, but I personally find these the most compelling.

CALAOMS needs to continue being the voice and conscience of oral and maxillofacial surgery in California. This needs to be played out in the arenas of advocacy, continuing education, membership services and recruiting and preparing those who are to follow and pick up the reins of leadership in organized oral surgery

within the state and nationally. In keeping with our strategic plan, as the time proves to be right we are prepared to introduce legislation in California to include the ADA's definition of Dentistry and OMS. Importantly, for the health and welfare of oral and maxillofacial surgery in California and all its varied members, we need to reach out and be inclusive and to meet the education and practice needs of this diverse group. As OMSs we need to avoid factious and divisive actions that separate us, and rather nurture and seek out ways of unifying ourselves within our wonderful profession. There are enough others out there seeking and wishing us ill will to preclude any urge or tendency for us to wish ill will or cause harm to one another. This is true whether as individual practitioners or as organizations.

We need to be vigilant in the area of anesthesia and the single operator-anesthetist model, as well as insisting that all of those who administer sedation drugs in a dental setting, regardless of the method of administration, do it safely and with the appropriate oversight. The malpractice insurance woes that face many around the country are always of concern. Fortunately, MICRA exists in California and one would hope it will help to stave off some of the problems in other states, but this must not be taken for granted. And probably most important of all is the need to recruit, educate and involve the new young oral and maxillofacial surgeons into the heritage and future of this great and honored profession.

To these ends, I pledge to do my best as I serve as your President this year. Please feel free to call on myself and/or any of the officers, directors or staff throughout the coming year. May

god bless you and yours, as well as this great country of ours as we move forward in the months and years to come.

*John S. Bond, D.M.D  
President, CALAOMS*



## UCSF 10<sup>th</sup> International Symposium in OMFS

It is hard to believe that another year has passed and the UCSF Symposium in OMS was presented by a distinguished faculty to the largest attendance in the series. The 2003 program "Controversies, Choices and New Ideas" was presented in January in Kauai, Hawaii. The participants were able to go whale watching, snorkeling, and , of course, golfing.

Most of all, the educational program featured a list of guest speakers know throughout the specialty for their expertise. The week began with Dr. David Precious, from Halifax, Nova Scotia, and Dr. Timothy Turvey, from North Carolina; followed the next day by Dr. Stuart Lieblich from Connecticut, and Dr. Stephen Challacombe (Oral Medicine) from London, England. The third day featured discussions on TMJ surgery by Dr. Peter Quinn from Philadelphia, and Dr. John Kent from LSU. Dr. Phillip Worthington from Seattle, Washington, and Dr. Joseph Picuch from Avon Conn., discussed malpractice and considerations in impacted third molar teeth.. The final day brought a discussion of Alloderm by Dr. Edward Allen from Dallas, and Dr. Michael Pikos, from Florida. who presented a discussion on Mandiibular block autografts.

Symposium directors Dr. Charles Bertolami, Dean UCSF School of Dentistry and Oral and Maxillofacial Surgeron, and Dr. M. Anthony Pogrel, Chairman OMS at UCSF are to be congratulated for yet another excellent meeting.



*Participants in the 10 International Symposium in OMS from left to right are: Drs. Bertolami, Kent, Allen, Quinn, Lieblich, Picuch, Challacombe, Precious, Worthington, Pogrel, Pikos, and Turvey (not pictured).*



# Experience PracticeWorks® Trophy Digital Radiography, OMS Digital Imaging & WinOMS CS

## PracticeWorks Trophy Digital Radiography for OMS

- The highest quality images available
- Quality support backed by the worlds largest dental software company
- The only sensor (RVGui) that comes with an unconditional 3 year warranty
- Integrates with PracticeWorks OMS Imaging

## PracticeWorks OMS Imaging

- Instant color photography means no more high costs for film, waiting for processing, or pasting photos onto boards
- On-the-spot presentation and retakes
- Quality images utilizing cutting edge technologies with the latest digital cameras, digital x-ray equipment, scanners and printers
- Integrated photos and x-rays with your word processing system to create patient and referral correspondence that is outstanding
- Enhancement of your overall oral surgery practice image and marketing efforts
- Integration throughout WinOMS CS to transform your oral surgery practice into a paperless office

**Call us today at**  
**1.800.331.4871**  
**[www.practiceworks.com](http://www.practiceworks.com)**

**practiceworks oms**

PracticeWorks | 1765 The Exchange | Atlanta, GA 30339



# Products for Pre-Prosthetic Surgery

### Track Plus

Vertical Distraction of Alveolar Bone and Soft Tissue

Track Plus provides a safe and effective surgical approach to the alveolar segment for ideal implant placement. Single or multiple track segments in the Maxilla and Mandible. Fast initial surgery to implant placement in 3 months. Easy device placement and removal without compromising the bone.

Track Converters have been used successfully in over 1000 cases worldwide.

TRACK PLUS BY **2008.09**

## Vertical Distractors

### The R. Quélin Bone-Mill

Designed for Pre-prosthetic and reconstructive procedures.

From the grinding wheel to metal matrix introduced into the bone graft.

Designed to guarantee an optimal direction, regularly compacted cortical bone.

Bone particles as small as 2mm can be effectively used to produce graft material.

Specifically designed to provide the maximum bone from each harvest, leaving little or no bone residue on the grinding wheel.

Collects any debris that remains to graft site.

24 000-02

TRACK PLUS BY **2008.09**

## Bone Mill

### Bone Graft Kit

Included in kit:

- 1 x Tray
- 1 x Bone Graft
- 1 x Bone Graft Tray
- 1 x Bone Graft Tray

TRACK PLUS BY **2008.09**

## Bone Graft Kit

### Periotome

**INDICATIONS:**

- Designed to aid in tooth extraction prior to immediate implant placement.
- Can be used to cut the periodontal fibers around the desired tooth root.
- Can reflect the marginal gingiva at the extraction site during implant site preparation.

The periotome is sold complete with 3 different blades. Additional blades can be purchased separately.

TRACK PLUS BY **2008.09**

## Periotome

### Autogenous Bone Grafts

...Naturally!

Magellan Bone Grafting System

Magellan Bone Grafting System is a safe, effective, and efficient way to harvest and graft autogenous bone. The system is designed to minimize patient discomfort and maximize bone yield. The system includes a handpiece, a grafting tray, and a grafting applicator. The handpiece is used to harvest the bone, the grafting tray is used to collect the bone, and the grafting applicator is used to place the bone into the grafting site.

TRACK PLUS BY **2008.09**

## MX Grafter

### Clarizio Sinus Lift Instruments

ITEM	DESCRIPTION	UNIT PRICE
05-0040	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0041	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0042	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0043	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0044	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0045	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0046	CLARIZIO SINUS LIFT REGULAR BLADE	15.00
05-0047	CLARIZIO SINUS LIFT REGULAR BLADE	15.00

TRACK PLUS BY **2008.09**

## Sinus Lift Instruments





Richard Robert, D.D.S., M.S.

# THANK YOU AGAIN, DR. FRANKLIN

A Commentary By Richard Robert, D.D.S

**A**s I gazed out the window of our two-engine prop plane, I realized that our flight attendant had been right. When we had boarded the plane back to San Francisco from our Annual CALAOMS Meeting in Santa Barbara, she had told us that we would enjoy the view - that it was much better than the view from the larger commuter jets flying several thousand feet above us. That spectacular view did indeed easily compensate for the drone of the engines in the background. We were close enough to the tops of the clouds that it was as if one could walk upon them and bask in the mauve, maroon and violet pastel hues which began to imbue the sky of the day with the aura of twilight. What a wonderful setting in which to curl up with a good book during the hour's flight. With his birthday but a week away I had chosen Benjamin Franklin's biography by H.W. Brands entitled *The First American*. My choice proved to be fortuitous. When I got to page 512, Franklin's words virtually lept from the page and imprinted themselves on the expanse of the great welkin as if written by some phantom skywriter in a 1930's bi-plane: "Yes, we must indeed all hang together, or most assuredly we shall all hang separately." His words resonated across the two and a quarter centuries which temporarily separated us.

In his ageless wisdom, Franklin was able to put to words the frustration I had felt as I had departed the meeting. Our speaker Karen Baker had been both informative and delightful. The venue was beautiful, the weather perfect and the camaraderie wonderful. Why then did we not see far more of our members in attendance? For every CALAOMS member present, 4 or 5 has stayed home. Why was it that so many appeared to not appreciate the importance of our "hanging together" as oral and maxillofacial surgeons. "Ah," say you - "surely Rich is not trying to convince us that if we don't attend CALAOMS meetings we will be hanged." No

I'm not, but I do feel that we all need to realize that our freedom to practice as we have in the past and wish to continue in the future should not be taken for granted. Unfortunately, as Aldous Huxley opined "Most human beings have an almost infinite capacity for taking things for granted." If one doubts that our freedom to practice as we wish could be in jeopardy, one need only look at the example of organized (or disorganized) medicine. When our physician colleagues were faced with the threat of their practices becoming controlled by the mid-level insurance managers, actuaries and insurance clerks of managed care they were unable to band together to preserve their practice autonomy. When an organization such as the American Medical Association cannot even claim 50% of physicians as members, what sort of voice does it provide? But as oral and maxillofacial surgeons, surely we have the pride to rise above this abysmal state of affairs.

---

*Franklin's words virtually lept from the page...  
... "Yes, we must indeed all hang together, or most assuredly we shall all hang separately."*

---

We of your CE Committee, your Board of Directors and your Executive Council felt that we had provided for our annual meeting all of the things which our members wished, and that we would see a good turnout. I am sure that for many of those who were not able to attend there were excellent reasons: sickness, a death in the family, being there for your kid when he got the lead in the school play, etc. But were there truly 400 legitimate reasons for those who did not attend the meeting?

But let us not dwell on all the reasons why one may not have attended, but rather on why we should attend our meetings whenever we can. Certainly excellence of continuing education is one of those reasons. As you will recall, two years ago we surveyed our members to get your input. The overwhelming number of our nearly 200 respondents put office anesthesia, surgical complications and management of medical emergencies and of the medically compromised patient at the top of the list. Your committee has responded to your wishes and we have fielded courses in these areas which have received the highest accolades from attendees. If our members said they wanted this material, and the attendees felt that the courses were excellent, why do so many other CALAOMS members fail to attend? Let's



face it, we are all required by law to take CE - and it would be essential for our advancement, even if the regulations were not there. So why not support your society when you take CE? As you look through your CE brochure, you will see numerous excellent courses that will enable you to fulfill your CE requirements, both personal and legislated. If you haven't been attending these courses, talk to those who did. I think you will find very good reason to reconsider.

A second and essential role of our meetings is in the establishment of a political foothold for oral and maxillofacial surgery in the State of California. Through the efforts of our board, our legislative committee and our excellent lobbyist Mark Rakich, we are beginning to put ourselves on the political map. At our first three annual meetings we have had such political not attuned to the changes which could take place around us, the changes that do take place may well take us by surprise. Come to our meetings and share your thoughts and experiences with one another. Sit next to a board or committee member and tell him or her how you feel. Find out what is going on and give us your input. The superstructure of our organization is much like that of a republic. It only works if those who are chosen to represent you know your feelings. What's more, you will probably find that there are a lot of really nice people out there that you haven't met yet. Since our Northern and Southern societies merged three years ago, I have had the occasion to meet many people whom I probably would have never met with the separate societies. And I will have to say, I haven't met one that I didn't like or regretted the chance to meet. Our annual meetings are an excellent place for you to meet your colleagues from all over the state (and those from other states as well, as oral surgeons from other areas get wind of our excellent programs).

Perhaps you have some issues with CALAOMS which have discouraged your participation. That's fine, bring them forth. Grab a board member or officer by the arm, pull him or her aside and tell him your position. If you prefer to do it in writing, write a letter to the editor of this newsletter or speak with our editor and ask to write an article. Remember, this is your organization - it is not just the organization of the officers, the board, or councils and committees. Have your voice heard, don't just sit on your concerns.

Yet another important reason to attend our CALAOMS meeting is exploring and enjoying the beautiful state in which we are privileged to live. Santa Barbara was absolutely beautiful and our accommodations at the Biltmore excellent. I can assure you that the Inn at Squaw Creek at Lake Tahoe

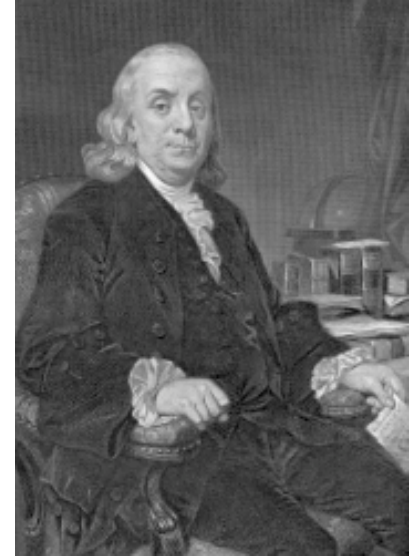
in October will be equally desirable. Come enjoy these wonderful places, bring your family and even make a few brownie points with your teenage kids if you are so lucky as to have them.

A final reason to participate in the functions of CALAOMS is to perpetuate the legacy of oral and maxillofacial

surgery. We all remember our days in training when we as dentists worked to establish a foothold in a hospital setting predominated by physicians. It was we, the oral and maxillofacial surgeons, who fought for the fractures through the emergency room, always bent over backward to make the best presentations at ground rounds and delighted in making a medical diagnosis which had eluded the medical residents beside whom we worked. It was like Hertz and Avis, and as oral and maxillofacial surgeons we were always sure we went the extra mile ("We try harder"). We never let it be in question whether we were the equals of any other group of healthcare providers. We stood together then - can we not still stand together now to protect our own interests?

Alas, our flight was over and our little bird descended through those magnificent white celestial billows for a smooth landing on the tarmac at SFO. Like clockwork, as our craft taxied to the gate, my daughter Katie's cell phone bellowed its obnoxious ring and she fumbled through her purse to find it. I laughed to myself as she responded to her caller "Yes, we just landed at SFO and I would love to hang out with you tonight." There was that word "hang" again. Katie knew the value of hanging out with her friends. How was it that so many of our colleagues somehow no longer appreciated how important it was for us as oral and maxillofacial surgeons to hang together. If Katie could take Dr. Franklin's words to heart, perhaps so could we. Yes, Dr. Franklin, thank you again for sharing your wisdom with us, and may God please give us the wisdom to heed it.

*Rich Robert D.D.S.  
CE Committee, CALAOMS*



# Report from the Anesthesia Committee



Stuart Green D.D.S.  
Anesthesia Committee Member

## Guns And General Anesthesia Do Not Mix! (I Think I Have Your Attention.)

A few years ago I was consulting with a twenty-eight year old male patient. I am always interested in what people do for a living and discovered he was a police officer. I also discovered he goes on special assignments for the military. While on such an assignment to rescue Americans in Tehran, Iran a helicopter next to his blew up and his mission was scrubbed. I asked if he was carrying his gun and as it turned out he was. I asked him to surrender it while undergoing treatment. After separating the magazine from the gun and removing the bullet from the chamber we placed all three in separate secured areas.

The difficult horizontal impactions and general anesthesia went well but upon emerging from the anesthetic he did what appeared to be karate moves. I instructed the staff not to touch him without giving him advanced warning (I didn't want anyone getting hurt) and escorted him to the recovery room. He was able to walk with assistance and appeared to be more lucid. A minute later he went for his gun, which was of course not there. He then took to the floor on his back and simulated crawling under barbed wire. He then went into the dark room where he squatted with his back against the wall and went for his gun a second time. At that point I called 911 and explained I had a patient who was a police officer and behaving irrationally while recovering from general anesthesia. While awaiting the arrival of the police, his wife questioned if we had removed his ankle revolver and "ninja star" as well.

Within five to six minutes eight patrol cars arrived with eighteen officers, including a paramedic team and an undercover agent. I told the officer in charge about the possibility of additional weapons. I would never presume to tell a law enforcement officer how to proceed in his field any more than I would expect him tell me how to do surgery.

However, I explained my concern that in his altered state my patient might attempt to disarm the officers. The next thing I knew my office manager, escorted by two of the officers, was leaving the office with a large Nordstrom's bag full of revolvers to be secured in the trunk of a patrol car. Fortunately, my patient was not carrying additional weapons, and with additional time the effects of the anesthetic wore off. His lucidity returned, and the event ended without further incident. It had been a very interesting morning!

The same patient had returned later to the office to address a bleeding issue. I asked him about his actions the previous morning and he replied he had no recall of the events.

I learned he was a third degree black belt in karate, as well as a black beret who goes on special covert assignments. He was acquainted with the Mossad (an elite Israeli antiterrorist group), and it was then that I realized we were dealing with a real "high roller".

(I suppose they need oral surgery too).

The moral of my story: Even while "off duty" and wearing "plainclothes" law enforcement officers often carry their weapons. They may also carry subconscious baggage from their profession. For these reasons it is important to identify them and require them to leave their weapons in a safe and secure place if they are going to be treated with mind altering medications.

www.xemax.com



1-800-257-9470



C-Sponge



Cusp-Lok



Rechargeable Slowspeed Handpiece

Xemax has a wide variety of innovative and time-saving products, as well as excellent prices on your favorite burs, membranes and other essential items!



Bone Trimming Burs



SS White Burs



Trephine Burs



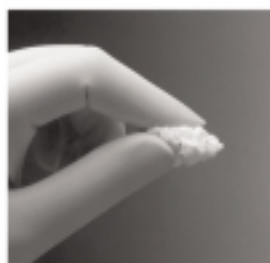
Diamond Osteotomy Burs

Call for a full and updated catalog!



Bone Mill

Collastat OBP



Cytoplast

1-800-257-9470



www.xemax.com



# General Announcements



## MRL AED Special Purchase

Through McKesson Medical-Surgical Corporation, CALAOMS was able to negotiate a bulk purchase price on MRL AEDs. The resulting price plus additional accessories that MRL threw in resulted in a net savings of \$860 below MSRP on the Jumpstart, and \$1,235 below MSRP on the Lifequest. The Membership had the choice of the basic model the Jumpstart, or the next model up the Lifequest. Each Unit was shipped with extra battery, extra pads, wire mounting rack, carrying case, and in-service video.

This was such a successful endeavor with 80 units ordered, that CALAOMS is going to extend the offer to members that were not able to take advantage of this offer the first time. We are also going to extend the offer to WSOMS as well. If you missed out the first time, contact our Director of Information Systems, Steve Krantzman at the central office, to find out about placing an order for AEDs. All orders for this second offer must be in by March 31, 2003. Look for other special offers in the near future on items such as Monitors/Pulse Oximeters. This is just one way that CALAOMS is looking to better serve its membership.

## A Call To Duty

Even though we have made great strides in the quality of the content, and production of the newsletter; are you tired of seeing articles written by the same authors over and over? Do you have ideas, thoughts, antidotes, or valued input? Why not submit an article of your own? We now have a "letters to the editor" section for general comments. Or you can submit a hard-hitting piece for other sections of the newsletter. The choice is yours. Contact our new Editor, Corrine Cline-Fortunato with your ideas or a submission. Her email address is landfortunato@peoplepc.com. Take an active roll in the association. Make the Compass your vehicle for delivering your thoughts and ideas to the general membership!

## Palm Springs 2003

Don't forget that this years Palm Springs Meeting is a joint venture with the International Congress on Reconstructive Preprosthetic Surgery. It is April 5-7, 2003. Hope to see you there.

# Upcoming Events

### New Vistas In Reconstruction - Palm Springs Meeting

April 5-7, 2003 Palm Springs

### ACLS - CALAOMS

April 12, 2003 Solano

### ACLS - CME Associates

May 3-4, 2003 San Diego

### OMSA (Assistant's Course) South

May 17-18, 2003 Irvine

### OMSA (Assistant's Course) North

June 21-22, 2003 Sacramento

### PALS

August 16, 2003 San Francisco

### Effective Organization of Office Emergencies

October 1, 2003 TBA South Area

### Fall Meeting - Resort At Squaw Creek

October 10-12, 2003 Lake Tahoe

### OMSA (Assistant's Course)

October 25-26, 2003 Irvine

### ACLS - CALAOMS

TBA Oct.-Nov. Solano

### SCPIE/Risk Management Seminar

November 5, 2003 TBA South Area

### SCPIE/Risk Management Seminar

November 12, 2003 TBA North Area

## OMSA, We are on the right track with a full head of steam. Make sure your assistants get on board

The efforts of CALAOMS to increase the number of certified oral surgery assistants in the workforce is progressing well. Currently, 196 assistants are enrolled in the five-month home study course, which culminates with a weekend seminar and final examination given in Irvine on May 17, and Sacramento on June 21.

Assistants holding a current OMSA certificate can renew by taking just the weekend course and final exam. Please note that assistants must be registered for the course **PRIOR** to the expiration of their certificate. No exception can be made. The registration deadline for the Spring recertification course is May

5, 2003. Fliers for the fall courses will be sent to the membership in April.

Presently, the OMSA Committee members are hard at work rewriting and improving their lectures, revising course objectives, standardizing the examinations and developing a new "online" course manual.

The transition to internet based testing is going smoothly thanks to the efforts of Steve Krantzman. It has been very well received by those course participants who elected to participate, and has dramatically decreased the workload of CALAOMS Staff.

CALAOMS realizes the importance of a well trained staff and will continue to develop programs to educate our assistants. Members with questions or comments about the OMSA course are encouraged to contact Dr. Tim Silegy at 562-496-1978 or by e-mail [facefixer@aol.com](mailto:facefixer@aol.com).

## In Memoriam

### Dr. Don Dana

*November 29, 1929 - December 6, 2002*

Dr. Donald S. Dana, born in Ruthven, Iowa November 29, 1929 passed away on December 6, 2002. I have always counted Don as one of my closest professional colleagues as have so many others over the years. Don was fondly called "Double D" or "The Donald".

Don graduated from the University of Iowa with a B.A. in 1954. He returned following two years as a lieutenant in the U.S. Navy to complete an Oral Surgery Residency at the University of Iowa Hospital where he graduated with a M.S. Degree in 1962.

Afterward, he joined Dr. B.C. Kingsbury and Dr. Hal Young (also deceased) in private practice (Now that was quite a trio!). Don was laer to establish his own practice in Fremont from 1962 until 1993. When he retired, he and his lovely wife Sandy moved to Scottsdale Arizona, where they made their home for the past seven years.

A past president of NCSOMS in 1982, Don was subsequently elected a member of the Board of Trustees of the AAOMS representing our District, and serving for two terms. In 1986, he was awarded Committeeman of The Year in recognition of his outstanding efforts. I remember Don when he took over the presidency of the NCSOMS and discovered it was nearly bankrupt! It was his skill along with that of Dr. John Steel, that got us back on our feet.

As a person, Don was especially strong in both his presence and how he conducted himself. He paid attention to detail in everything he did and his intelligence and ability to articulate his thoughts in a brief fashion highlighted his personality. His continued long and close friendships with Dr. Michael Matzkin and Dr. Ron Marks, both past president of the AAOMS, and many others with whom he had worked so hard through the years, were a tribute to the kind of person he was.

Don succumbed this December after a long fight with Idiopathic Pulmonary Fibrosis. This disease tired his body, but never his strong spirit. He is survived by his wife Sandra, daughters Kathy Dana, Michele Dana, and step daughter Monet Bonson.

A Celebration of Life Party was given by his wife Sandra on January 12th in Arizona to honor Don and the memory of his faithful dog Barney who accompanied him through his illness and died a few days later.

We will miss you Don... Thanks for the years of Memories.

*Al Steunenberg, DDS, MS*

Donations can be made on behalf of Don Dana and his family to the following Organization:

***National Heart, Lung, and Blood Institute***

***NHLBI Health Information Center***

***P.O. Box 30105***

***Bethesda, MD 20824-0105***

***Dr. Donald S. Dana Memorial***

Note on the bottom of the check

***Idiopathic Pulmonary Fibrosis Research***

***In memory of Dr. Donald Dana***



# AAOMS District VI Update



Richard A. Crinzi, D.D.S., M.S.  
AAOMS District VI Trustee

**A**s part of my Trustee update I thought I would highlight several topics and provide you with information about some of the ongoing issues within our specialty. On 2/4/03, Drs. Tim Shabbazian, John Bond and myself attended a Foundation AAOMS Network meeting in Rosemont to “rally the troops” and help coordinate our solicitations in District 6. As you are aware, your contributions and financial support of the specialty’s research and education program benefit the specialty and the public we serve. Examples of such programs are the *Multicenter study of patients undergoing the surgical removal of wisdom teeth* and *clinical surgery fellowships* the results of which will significantly improve patient care and add scientific documentation to what we all “understand” from a clinical perspective. At the present time, approximately 410 members have given to the Campaign and it is at 54% of its stated goal of \$2,500,000. As leaders in our specialty, it is CRITICAL for all of us to participate. PLEASE CONSIDER A CONTRIBUTION. A five-year contribution of \$1,000.00 a year will go a long way to help with this important specialty project. Please contact Dr. Jim Kelly at 866-278-9221 to assist you with your contribution.

Many states including California are in the midst of OMS “battles” related to Scope of Practice and anesthesia delivery. Several of these events have affected OMS efforts to advance the ADA Definition of Dentistry and other favorable legislation to support contemporary Scope of Practice. For example: in the past, the American College of Surgeons (ACS) had “strongly supported” the concept that surgeons should be credentialed for

operative procedures in their own specific specialty based on their training and experience. However, in July of 2002 the ACS have begun distributing a “Scope of Practice” kit which targets efforts by single degree oral surgeons (DDS) to expand their scope into cosmetic surgery of the head and neck by legislatively redefining the Practice of Dentistry. The kit includes sample letters to state dental boards and also a statement by the Montana Medical Association and the ASPS urging states to adopt the “New York” Definition of Dentistry, which does not support the ADA Definition of Dentistry and essentially limits one to a non-expansive/intra-oral scope for OMS practice. Please see the website at <http://www.facs.org/dept/hpa/scopeofpractice.html>. AAOMS officers and staff are attempting to meet with the ACS to discuss this change in position and stress OMS training and education as an essential part of any credentialing process and that cosmetic surgery can be a subspecialty of many surgical specialties with appropriate training.

Testimony has been given in New Hampshire and South Carolina, which also dealt with Scope of Practice issues and while their testimony went well, they are in a “wait and see” period regarding their Dental Practice Acts. It appears that in Colorado the CO Medical Association may be rethinking its agreement with the CO Dental Association that it would not oppose a new ADA definition in CO. As many of you are aware there are ongoing discussions between the Dental Board of California with CALAOMS and the CDA regarding Scope of Practice issues and enteral sedation. While others will underscore these issues for you, AAOMS is committed to working with the officers of CALAOMS and others for the betterment of our specialty in California. For the most up to date information and critical issues please contact Ms. Jeannie O’Brien at AAOMS/OMSPAC Government Relations Staff at 800-822-6637 Ext. 4351 and have your name included on the Capital Advocacy E-News Letter or visit the AAOMS website at [www.aaoms.org](http://www.aaoms.org).

The Board of Trustees met on 02/08/03 in Rosemont for a 2-hour information/instructional session on OMSVision a state of the art comprehensive practice management software that will combine exceptional training and customer service. Beta testing will begin in early March with the final

product ready for distribution by the AAOMS 85<sup>th</sup> Annual Meeting in September. I must say that the Task Force involved in this project has done an excellent job, and I was very impressed with the software. Pre-orders will be taken at the Boston AO Implant Conference or you may contact Brad Schrat at 800-422-9448 Ext 8733.

The Board also reviewed the ongoing dialogue between AAOMS and the Joint Commission on Accreditation of Healthcare Organizations. JCAHO is in the process of making revisions to the Medical Staff Chapter, as well as proposed revisions to standards that address the use of clinical practice guidelines and telemedicine services of the *Comprehensive Accreditation Manual for Hospitals*. Concerns were expressed, however, that as licensed independent practitioners (LIPs) the new wording, which eliminates specific language relative to issues such as history and physicals may allow hospitals to deny these privileges to qualified OMS’s. AAOMS is working diligently with Joint Commission to maintain current language in the 2004 standards and strengthen the OMS position on organized medical staff.

I would also like to remind you that the 2003 Day on the Hill will be in Washington DC on March 25<sup>th</sup> and 26<sup>th</sup>, 2003. It has become an annual event, and assists OMS in delivering our legislative message while participating in the political process for our profession. Please try to attend. This event is sponsored in part by OMSPAC, and again, your contribution and support of this needed political effort is necessary. If you have any questions please contact your OMSPAC representative, Dr. Gerald Gelfand and also consider a contribution.

I would encourage you to contact the AAOMS office to assist you with media and communications or legal and litigation support as well as providing you with a myriad of insurance reimbursement and coding services all available through the central office. A *HIPAA interactive web cast* for AAOMS members and their staff will take place online on March 5<sup>th</sup>, 2003 and will assist with compliancy issues. I would again like to thank you for the opportunity to represent you on a national level. Please feel free to contact me if you have any issues that I may help you with.

Richard A. Crinzi, D.D.S., M.S.



# Teaching Centers

## Resident's Presentations

On February 8, 2003 North Area Resident Presentations were held at the Embassy Suites in Walnut Creek. This meeting was very well attended. There is always in interest in the latest medical techniques presented by some of our newest, OMS in the field.

Art Curly, Legal Counsel for CALAOMS also presented. His topics covered HIPAA rules and regulations, and Informed consent, which was received well by both Residents and Members.

Special thanks needs to be given to Dr. Philip Merrill of UOP for his pathology insight on each case. Also to Dr. Vince Farhood for chairing the resident's courses for CALAOMS, and for providing the photos shown here.

We hope to see you at the next South Area Resident's Night Presentations later this year!



*Art Curley, legal counsel for our society and noted defense lawyer for our profession.*



*Presenting Residents from Left to Right: **Dr. Rodger Grissett**, Highland Hospital (UOP); **Dr. Albert Ouellette**, David Grant USAF Medical Center; **Dr. Robin Reisz**, University Medical Center; **Dr. Alex Tomaich**, UCSF.*



# Classified



# A d s

**IMMEDIATE ASSOCIATE POSITION AVAILABLE** Full scope oral and maxillofacial surgery practices seeking full and/or part-time associates to work in our Monterey Bay, Santa Cruz and Silicon Valley practice locations. Excellent opportunity for future partnership buy-in George M. Yellich, DDS; John H. Steel, DDS; Corrine Cline-Fortunato, DDS. Santa Cruz Oral and Maxillofacial Surgery. Please contact Tyese Evans, Practice Administrator at: [info@santacruzoms.com](mailto:info@santacruzoms.com) or 1663 Dominican Way Ste. 112 Santa Cruz, CA 95065  
Phone (813) 475-0221  
Fax (831) 475-3573

### EQUIPMENT FOR SALE

**MRL Portapulse-3** SN 2781 Defibrillator (connects to CritiCare 407-E) New: \$1,950 - Asking: \$1,500.

**Plan Mecca 2002** Prolive Exam Chair SN SED215590. Powder Blue/White, Fully Automatic New: \$6,177 - Asking: \$4,300  
**Call (559) 447-0544**

**NEW MRL AEDs** for sale. Take advantage of CALAOMS bulk buying power and purchase a Jumpstart or Lifequest AED at unbeatable prices from \$800-\$1000 below MSRP. Each Unit ships with extra battery, carrying case, wall mounting rack, extra pads, and in-service video at no additional cost.

Our prices on Jumpstart including extras is \$1,775.00. Our price on the Lifequest including extras is \$2,825.00  
Orders are placed through CALAOMS and need to be in by March 31, 2003.

Please Call the central office and request an order form if you do not already have one. Specifications can be downloaded from the members area of our web site [Calaoms.org](http://Calaoms.org) or can be faxed to you upon request. **Call (916) 783-1332**

**Having problems** logging into the members section of the web site? Do you have other technical questions? Call our Director of Information Systems, Steve Krantzman for help and answers to your questions @ (800) 500-1332 or (916) 783-4518. Questions can also be emailed to [steve@calaoms.org](mailto:steve@calaoms.org).

## BRADY & ASSOCIATES

Experienced, Reliable  
Practice Sales

**Partnership Formation Services**

Cedric T "Ric" Brady

Phone 925-299-0530      Fax 925-831-0543  
Sellers and Buyers      Call for a Consultation

Over 100 OMS References Available

### WANT TO SELL EQUIPMENT, OR

**A PRACTICE?** Place an ad in the classified section of The Compass. We reach over seven hundred OMSs throughout the state. If you are a member there is no cost to you, it is a benefit of membership. If you are a non-member cost is very reasonable. Call (800) 500-1332 Ext. 13 to get rates, or to place an ad.

Chairside wireless tablet PC & touch-screen check-out give you the paperless profit advantage you've always wanted.

# go paperless! go profitable!

Just consider these opportunities from touch-screen technology and chairside voice-activated patient notes. You'll love the greater efficiency, less paper handling and lower cost!

#### Chairside Advantages

*Just touch the screen to:*

- Post treatments and treatment plans
- Enter progress reports
- Print letters
- Make follow-up appointments
- Post prescriptions
- Request post-op instructions
- Customize patient consent forms
- Let patients "sign" on the screen to accept treatment
- Dictate patient notes directly into patient records
- Record patient notes in your own handwriting on the screen
- Use voice-activated operative notes

#### More Benefits!

- Eliminate posting errors and miscommunication
- Reduce handling of paper documents
- Reduce potential loss of file folders and handwritten notes

**Call us! Paperless features are available now with Windent OMS!**

**Save time!  
Reduce paper!  
Save money!  
Increase profit!**



Windent OMS  
OMS Productivity

#### Chairside control & productivity.

Never before have you had as much control over your practice as you will have with Windent's new touch-screen data entry system.

#### Top-rated software & service with touch-screen convenience.

Talk to oral & maxillofacial surgeons who have Windent OMS and you will hear raves. Windent OMS gives, by far, the best service if you believe your colleagues who use our systems. *We are first in service no matter how you define it, because our systems are OMS-proven both for service and technology.*

As always, Windent OMS brings the most practical technology to the oral & maxillofacial surgery office. *It's not just new, but practical, proven technology that has developed to the point where it's easy to use and more profitable!*

Windent OMS

ORAL & MAXILLOFACIAL SURGERY

THE OMS-PROVEN SOLUTION FOR TOTAL PRACTICE MANAGEMENT

800.466.9218



# *Who Can You Trust to Defend Your Professional Reputation And Financial Security?*



*A relationship of real trust* can take years to develop. That's one reason the trust between the members of CALAOMS and The SCPIE Companies is genuine: It has been developing since 1987.

When the rest of the professional liability insurance industry lost interest in insuring California's oral and maxillofacial surgeons, SCPIE stepped in to help solve the problem. SCPIE improved the level of available protection and service, while dramatically reducing insurance costs for CALAOMS members.

Although much has changed for California's oral and maxillofacial surgeons since 1987, one thing has remained constant: SCPIE's commitment to providing CALAOMS members with solid liability protection.

We understand the liability issues in oral and maxillofacial surgery, and we know how to defend oral and maxillofacial surgeons against malpractice claims. We're also experts at helping prevent claims in the first place.

SCPIE has established an industry standard for servicing the unique liability insurance needs of oral and maxillofacial surgeons. That's why CALAOMS has continued to endorse SCPIE year in and year out—and why you should put your trust in SCPIE.

**To learn more and receive a free, no-obligation premium estimate, call 800/717-5333.**



*Leaders in Healthcare Liability Insurance*

