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Surgical Guides for Implant Placement

by Mahr Elder, DDS, MD

Dental Implants have significantly advanced over the last 60 years and currently provide patients with aesthetic and functional prosthetics that serve as excellent alternatives to natural teeth. Fundamental to a successful result and patient satisfaction is accurate placement of the dental implant. Although implant placement carries potential risks and complications, most missteps can be avoided with careful planning. The design and use of a surgical guide can integrate various aspects of surgical planning and can play a fundamental role in successful implant placement.

In certain situations, the use of a surgical guide is critical, and the risks associated without its use are extensive. I have placed approximately 30,000 implants in my career. The vast majority were placed without the use of a surgical guide; a technique commonly referred to as *free hand* surgery. The primary reason I didn't/don't use a surgical guide for all of my surgeries is that I don't always find it is necessary. If a surgical guide is essential for a safe and successful surgery, I will explain its necessity to the patient and do not proceed without obtaining an appropriate guide.

Success and safety are paramount before agreeing to perform any surgery. A CAD/CAM guide for a multiple implant case costs approximately $1,000 and is typically not covered by insurance. This added expense may prevent some patients from moving forward with treatment. I believe that clinicians should attempt to keep treatment affordable so that

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in this issue:

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EDITORIAL

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

Association Between Marijuana Use and Increased Cardiovascular Risk in Young Adults

As oral and maxillofacial surgeons, we are increasingly more concerned about patients who regularly use marijuana because it can significantly affect anesthetic and surgical outcomes and patient safety.

Anesthesia Complications

- *Increased tolerance*: Regular marijuana users often need higher doses of anesthesia or sedation, making it harder to achieve the desired effect.
- *Unpredictable responses*: THC can interact with sedatives or general anesthetics, sometimes causing unexpected reactions like agitation, hallucinations, or deeper sedation than expected.
- *Airway management*: Marijuana can irritate the airways, increasing the risk of coughing, bronchospasm, or complications during intubation.

Cardiovascular Effects

- THC can cause tachycardia and hypertension, especially under stress.
- There's a risk of myocardial ischemia, especially in patients with underlying heart disease.

Bleeding Risks

- Marijuana may impact platelet function, potentially increasing the risk of bleeding during and after surgery.

Wound Healing and Infection

- Cannabis might impair immune function and collagen synthesis, which can slow down healing or increase the risk of post-op infection or dry socket.

Disclosure Issues

- Patients often don't disclose their cannabis use unless specifically asked. If the OMS doesn't know, they can't adjust sedation, monitor vital signs properly, or anticipate complications.

What does the literature say?

A recent study published in the *Journal of the American College of Cardiology (JACC)* reveals that marijuana consumption is associated with a significantly higher risk of cardiovascular events, particularly among individuals under the age of 50. The study suggests that young adults who use marijuana are approximately 6.2 times more likely to experience a myocardial infarction (MI) compared to non-users. Additionally, these individuals are 4.3 times more likely to suffer from ischemic stroke and twice as likely to experience heart failure.

Study Design and Populatio

The research, which analyzed data from over 4.6 million individuals under the age of 50, differentiated between marijuana users and non-users. Of the study population, 93,000 participants were marijuana users, while 4.5 million did not report marijuana use. Notably, participants were free of pre-existing cardiovascular risk factors, including hypertension, diabetes, coronary artery disease, and prior myocardial infarction. Furthermore, individuals who smoked tobacco were excluded from the analysis to mitigate the confounding effect of tobacco use.

Implications for Practice

Dr. Ahmed Mahmoud, the lead researcher and clinical instructor at Boston University, cautioned that while the data suggest a strong association between marijuana use and adverse cardiovascular outcomes, further research is necessary to establish causality. The study underscores the need for continued investigation into the long-term cardiovascular effects of cannabis, given the current gaps in knowledge regarding its impact on the cardiovascular system.

Dr. Mahmoud emphasized that, in light of these findings, healthcare providers should consider advising patients to moderate or regulate cannabis use until more definitive data are available regarding its safety profile. The potential for harm, especially with prolonged or heavy use, remains uncertain, particularly in young, otherwise healthy individuals.

Pathophysiological Mechanisms

Although the precise mechanisms through which marijuana affects the cardiovascular system remain under investigation, existing evidence suggests that cannabis consumption can increase heart rate and blood pressure—factors known to contribute to cardiovascular risk. Dr. Mahmoud speculated that marijuana-induced increases in blood pressure could lead to endothelial damage in the coronary arteries, potentially promoting thrombosis formation. This could compromise myocardial oxygenation and contribute to the development of myocardial infarction or ischemic stroke.

Dr. Stanton Glantz, a retired professor from the University of California, San Francisco School of Medicine, co-authored a 2024 study in the *Journal of the American Heart Association* that similarly observed adverse cardiovascular effects associated with marijuana use. Glantz noted that smoking marijuana may exert effects comparable to those of smoking tobacco, potentially contributing to atherogenesis and increasing the risk of coronary heart disease, myocardial infarction, and stroke.

Comparison with Previous Studies

The findings of this recent study align with earlier research, including the 2024 study by Glantz, which also suggested an increased risk of coronary heart disease and myocardial infarction among marijuana users. Notably, the 2024 study utilized data from the Behavioral Risk Factor Surveillance Survey (BRFSS), a national telephone survey conducted by the CDC, which included a broader cross-section of the U.S. population. In contrast, the current study leveraged data from the TriNetX health research network, which aggregates electronic health records from 53 healthcare institutions, providing a more clinical population.

Conclusion

While the association between marijuana use and cardiovascular risk in younger populations is becoming clearer, the exact nature of this relationship requires further exploration. As such, healthcare professionals should remain cautious when advising patients, particularly younger adults, about the potential cardiovascular risks associated with cannabis use. Continued research is critical to understanding the long-term effects of marijuana on heart health and to developing evidence-based guidelines for its safe use in clinical practice.

What Should OMSs Do?

- Ask specifically about cannabis use (including how often and how recently).
- Adjust sedation plans if necessary.
- Educate patients on why it matters—they may not realize marijuana is relevant to surgery.
- Reschedule if the patient is acutely intoxicated.
- Consider implementing a written policy where patients must abstain from marijuana use for a certain period of time prior to anesthesia/surgery.

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PRESIDENT'S MESSAGE

George Maranon, DDS, MD, FACD, FICD
CALAOMS President

CALIFORNIA ASSOCIATION of ORAL & MAXILLOFACIAL SURGEONS

On behalf of your CALAOMS Board, I want to express our sincere gratitude for your membership and support. Your membership is vital in supporting oral and maxillofacial surgeons across California.

To better serve you, the Board has been evaluating our services and programs to ensure they meet your needs. Late last year, we conducted a *member satisfaction survey*, and we sincerely appreciate everyone who participated. While we received positive feedback, we are focusing on constructive suggestions and actively working to enhance key areas.

California's oral and maxillofacial surgeons represent a diverse community in both urban and rural regions. Our members include recent residency graduates as well as experienced professionals at all stages of their careers, including those nearing retirement. Some work in private practices, corporate-based models, or expanded-scope settings, while others contribute in academic institutions.

Beyond practice types, our members bring different perspectives on patient care and face unique challenges, whether related to time, finances, or family obligations. Even communication preferences vary—from handshakes at an in-person event to interactions on social media and webinars.

Your CALAOMS Board is dedicated to navigating these differences to create an association that supports every member, regardless of their background or practice model. Your involvement makes a difference as we work to create a stronger, more supportive association for all of us.

There are numerous committees that your fellow members serve on. The largest committee is our *Continuing Education Committee*. This committee plans and oversees the educational opportunities of our Association. This includes the January webinar. By the time you read this, our Annual meeting will have taken place at the Hayes Mansion in San Jose. Attendees heard presentations on simulation training and had the opportunity to complete the OBEAM requirement here in California. The CE committee has also developed the Online OMSA course to provide current training for our member staff in anesthesia safety and emergency preparedness. This committee is also developing a library of On-Demand educational opportunities.

In two annual issues of this California Journal of Oral and Maxillofacial Surgery, members of the *Publication Committee* work to create specialty-related educational content and articles and provide you with information to keep you updated on the activities of the Association. A newly formed *Social Media Committee* will be developing a member-only inward-facing social media presence to further communicate the association's activities to you. In addition, we will be developing an outward-facing public campaign to inform the public of who oral and maxillofacial surgeons are and why it would benefit them to seek care from us.

The *Legislative* and *CALAOMSPAC Committees* supervise legislative activities of California state and local legislators to advance the legislative and political agenda of CALAOMS and its members. Most recently, these committee members successfully fought against attacks that could have eliminated our team anesthesia model. The efforts of these committees have been duplicated across the country because of the success of our legislative efforts. The amazing thing is that our less-than-700-active-member organization was able to accomplish this through the dedicated work of the members of these committees.

To further our legislative efforts, the Board identified a critical initiative to strengthen our advocacy efforts: *The Key Person Network*. This network will consist of dedicated members who will build and maintain relationships with legislators and decision-makers. This network of members would ensure CALAOMS has a voice in shaping policies that impact our specialty, our members, and our patients. We will be asking you, our members, to participate in this program. Other organizations use financial contributions to influence legislators. Given the size of our organization, our limited resources, and the respect that you, our members, have earned in the community, we feel that this Grassroots effort would be more effective.

Philanthropy

California CareForce (CCF) is the charitable arm of CALAOMS. Oral and maxillofacial surgeons, dentists, hygienists, physicians, nurses, and optometrists promote health and well-being at no-cost clinics throughout California. Please consider donating to CCF on an annual basis or, better yet, volunteering at one of CCF's great clinics. The personal reward for doing so is invaluable.

Our CALAOMS Staff

I would be remiss not to acknowledge our incredible CALAOMS staff: Executive Director *Pam Congdon*, Continuing Education Coordinator and Meeting Planner *Teri Travis*, and Associate Director and IT Manager *Steve Krantzman*. Their tireless dedication is essential to the success of our Association.

Making CALAOMS Better

Your engagement strengthens our Association. As you can see, there are many ways to get involved. I also encourage you to join your hardworking colleagues in serving CALAOMS, our specialty, and our patients. Member participation strengthens our collective efforts, allowing us to continue advancing our profession. If you have talents, skills, or interests that you would like to share with your Association, please contact me.

Finally, thank you again for your membership and support. Please know that your CALAOMS Board and our committee members remain committed to serving you. Together, we can continue making CALAOMS better for all of us.

George Maranon, DDS, MD, FACD, FICD
President, CALAOMS

SURGICAL GUIDES FOR IMPLANTS CONTINUED FROM PAGE 1

more patients can obtain and benefit from treatment. In hindsight, I acknowledge that some cases could have had better outcomes with a surgical guide. However, I firmly believe a surgical guide is not necessary in every case. My rationale is that we were trained in dental school to prepare teeth for crowns and bridges. If you can prepare the teeth of a bridge to draw properly then you should be able to place a dental implant with proper angulation and orientation. Like bridge preparation, precise intraoperative measurements are crucial for maintaining proper orientation. So, the questions are: W*hen do we need a surgical guide?* and *What type of surgical guide do we use?*

Strong Indicators for the Use of a Surgical Guide

- Avoiding adjacent teeth – estimated mesial-distal space of 8 mm or less.
- Avoid placing multiple implants too close together – limited mesial-distal space.
- Malposed adjacent teeth or dilacerated roots.
- Full arch reconstruction – placing multiple implants for individual crowns and fixed partial dentures.
- Complex anatomy – avoiding the maxillary sinus or inferior alveolar/mental nerves in specific cases.
- Hybrid, All-on-X cases.

Weak Indicators for the Use of a Surgical Guide

- Reduction of surgical time.
- Immediate implant placement – ensuring precise implant positioning within the existing socket.
- Inexperienced surgeon.
- Reduced implant failure risk.
- Predictability – facilitates preoperative planning and improves communication between the surgeon, restorative dentist, and lab technician.
- Minimized trauma – supports flapless surgery.

Strong indicators are cases when a surgical guide is crucial to ensure a successful outcome, even for experienced surgeons, to prevent major complications. Minimal mesial-distal space presents a significant challenge. For a single implant (3 mm diameter), a minimum of 6-7 mm of mesiodistal space is required, ensuring at least 1.5 mm of clearance between the implant and adjacent teeth.(1) Placing implants closer than

1.0 - 1.5 mm to adjacent root surfaces may lead to complications such as bone resorption, tooth devitalization, and loss of the adjacent tooth. For multiple implants, proper spacing is essential. A minimum of 3 mm between implants is recommended to maintain an optimal emergence profile and prevent complications.[1] Proper spacing also supports crown emergence, improves hygiene, and prevents crestal bone loss. Patients with malposed adjacent teeth or dilacerated roots are at a higher risk of implant malposition, particularly in the first premolar region.[2] If adjacent teeth are significantly tipped or exhibit atypical root anatomy, a surgical guide can help prevent tooth damage or loss. When placing multiple implants, a guide ensures proper spacing and orientation. In these instances, the use of a surgical guide is the *standard of care.*

Weak indicators for a surgical guide refer to cases where its use may be beneficial but is not essential for a successful outcome. Some surgeons prefer to use a guide, while others find them unnecessary, particularly in cases with ample bone, favorable spacing and orientation, and minimal risk to vital anatomy. Clinicians might argue that surgical guides reduce procedure time, aid in immediate implant placement, and lower implant failure rates. These benefits are most pronounced for less experienced surgeons. I recommend that practitioners use guides if they find them helpful, especially for their *first thousand cases*. However, as expertise and proficiency grow, reliance on guides should naturally diminish.

Types of Surgical Guides

- Tooth supported – fits over adjacent teeth; most stable.
- Tissue supported – based on denture-type prosthesis.
- Bone supported – often fixed with screws.
- Pilot guides.
- Partially guided.
- Fully guided.

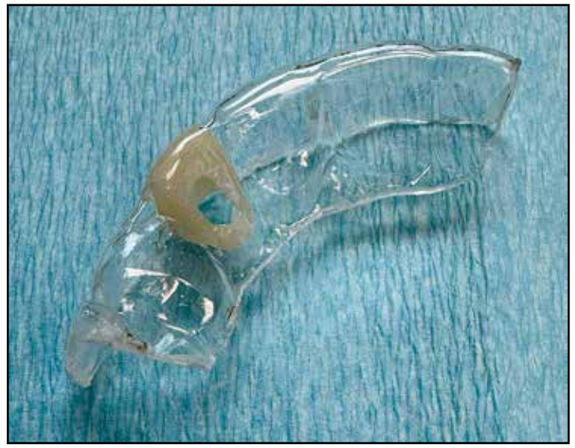
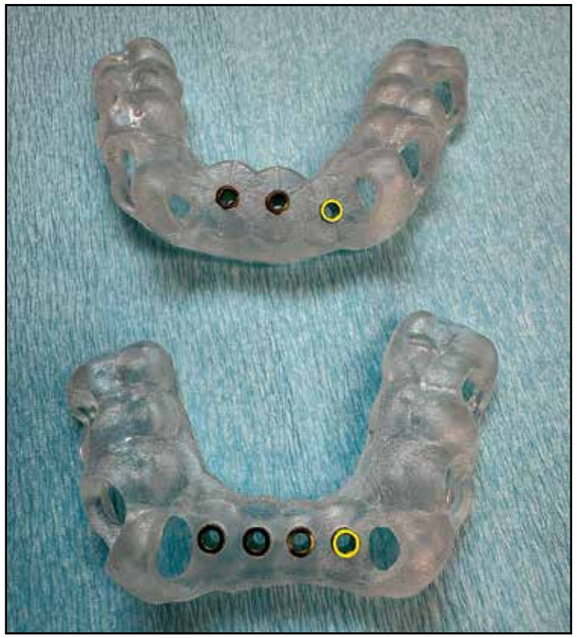


Figure 1. Tooth supported, pilot guide.

The choice of surgical guide depends on the overall treatment plan and patient anatomy. *Tooth supported guides* are generally the most predictable, as they utilize the patient's own

Figures 2a. Tooth supported, partially guided.



Figures 2b. Tooth supported, partially guided.

hard tissue and at least three to four healthy, stable teeth to support the guide securely. Tooth supported surgical guides offer simple and reliable anchorage, offering both support and retention. *Soft tissue supported guides* are often used for edentulous patients.[3] However, soft tissue-borne support has the potential to move during implant preparation, making it the least stable type of guide. All-on-X cases involve various anatomical and orientation variables that must be carefully balanced. I often use this type of guide to measure bone reduction and ensure proper vertical reduction, clearance, and approximate implant emergence. The guide features a *bone reduction window,* which allows for precise measurement of alveolar bone reduction, and an *access window,* which helps confirm proper implant emergence and abutment selection. These guides provide sufficient anatomic reference points to ensure accurate surgical measurements and prevent loss of surgical orientation. *Bone supported guides* are typically used for full arch edentulous implant cases. These guides are difficult to fabricate and accurately position intraorally due to the extent of flap reflection and potential digital workflow inaccuracies.[4] They are often placed with bone stabilization pins secured in the alveolus to enhance stability.

The simplest type of surgical guide is a *pilot drill guide*, which typically guides only the initial pilot drill to establish the starting point and angulation of the osteotomy. This type of guide allows the surgeon flexibility to adjust drill orientation and eventually place the implant freehand. It is typically less expensive to produce and can be fabricated in nearly every dental office. Pilot guides are most useful when the precise starting point is important but full guidance is unnecessary. These guides may be beneficial in aesthetic zone cases, ensuring proper emergence and positioning,

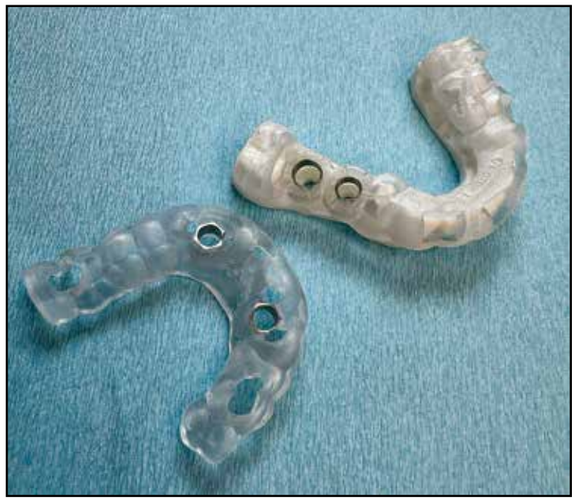
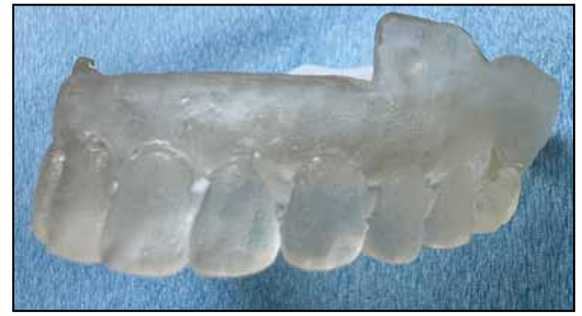


Figure 3. Tooth supported, fully guided.



Figures 4a. Tissue supported, All-on-X guide.

Figures 4b. Tissue supported, All-on-X guide.

Figures 4c. Tissue supported, All-on-X guide.

in multiple implant cases to maintain proper spacing, or in immediate implant placement to facilitate guided emergence within the extraction site.

Partial guides balance precision and flexibility, allowing the surgeon to make necessary adjustments. Partial guides assist with initial osteotomy preparation and alignment and are particularly useful in cases where implant placement may be challenging but full guidance is unnecessary. Partial guides also allow flexibility in implant positioning, may be designed for enhanced surgical visibility, and can be helpful in cases with limited mouth opening where full guides may not fit properly.

A *full guide* for dental implant placement provides complete control over implant depth, angulation, and position. It reduces variability and improves placement precision. The guide ensures that the implant is placed at the exact planned depth and angulation. The guide includes sleeves that direct the drills and implant placement. The guide can be designed with tooth, tissue, or bone support, depending on the clinical needs of the case.

CAD/CAM Surgical Guide Fabrication

- Intraoral scan.
- CBCT of the intended implant site.
- Computer-Aided Design (CAD).
- Computer-Aided Manufacturing (CAM) via milling or printing.

Computer-aided design and computer-aided manufacturing (CAD/CAM) techniques offer a relatively simple process that requires minimal additional time from the surgeon. The CT scan and intraoral scan are typically performed by surgical assistants and then forwarded to the guide technician at the lab. If the surgeon does not have an intraoral scanner in their office, an impression and patient model can be used as an alternative. The lab technician designs the ideal prosthesis and implant positioning using CAD software and sends the surgeon the plans for approval before guide fabrication. The surgeon can then adjust the proposed implant positions and implant sizes as needed. The lab fabricates the guide based on the finalized digital design. This process typically only takes a few minutes to modify or approve the final implant positioning. While the *final design should be approved by the surgeon,* the rest of the process can be performed by your surgical assistants and lab technician.

Over the past two decades, implant surgery has quickly evolved with the integration of new imaging technology and medical informatics.[5] Successful implant placement can be enhanced by selecting an appropriate surgical guide, contributing to predictable and accurate implant placement. However, *technology is not a substitute for surgical experience and proper operator training.* Surgeons should use a surgical guide when indicated, but we should avoid proclaiming that the use of a surgical guide is the standard of care for the placement of all dental implants. Guides and computer simulation designs help prevent surgical pitfalls and implant placement errors, but they are not a replacement for proper surgical training and experience; they are merely an adjunct.

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LEGISLATIVE UPDATE

by Gary Cooper
Legislative Advocate, CALAOMS

Spring 2025 Legislative Report

The first three months of the 2025/26 legislative session find CALAOMS following and engaging in several bills of interest to the dental profession. A couple are reintroductions of measures that were attempted in previous years and did not successfully cross the finish line.

AB 876 (Flora) is the latest attempt by the CRNAs to expand their scope of practice, specifically in acute care facilities, outpatient settings, and dental offices. The bill would significantly expand the role of the CRNA in the dental office, including determining anesthesia type, dosage, and adjustment during procedures. CALAOMS has fully supported the CRNAs in their role in providing anesthesia care in the appropriate settings. The stated goal of AB 876 is to increase access to care in rural communities and to allow CRNAs to practice independently. However, the bill does not address that the CRNA still has not been authorized by law to hold an anesthesia permit for use in a dental office. In addition, the bill does not address the fact that CRANs still cannot obtain a DEA registration. Without that registration, CRNAs cannot independently order the controlled substances required for the administration of anesthesia. Basically, without the CRNA registration and the anesthesia permit, the CRNA is at the mercy of the dental provider who may or may not have anesthesia training. This scenario runs contrary to CALAOMS’s and AAOMS’s standard of care that requires three trained people in a dental office providing anesthesia procedures. For this reason alone, CALAOMS continues to join the California Medical Association (CMA), the California Dental Association (CDA), the California Society of Anesthesiologists (CSA), and many healthcare organizations in **OPPOSING AB 876 (Flora)**. AB 876 passed out of its first policy committee hearing in the Assembly Business and Professions Committee with a vote of 15-1 (with 2 abstentions) on April 22. The text of the bill can be found here: https://legiscan.com/CA/text/AB876/2025

SB 386 (Limon) is a reintroduction of SB 1369 (Limon) from 2024. The measure requires a health plan or health insurance policy that provides direct payment to a dental provider, or payment through a contracted vendor, to have a non-fee-based default method of payment, and obtain written authorization from a dental provider who opts in, prior to providing a fee-based payment. Essentially, the bill limits the use of Virtual Credit Cards by dental plans and makes the use more transparent to the dental provider. Last year’s bill was vetoed by Governor Newsom. However, SB 386 appears to have a better chance. CALAOMS should offer **SUPPORT to SB 386** as it moves through the process. The bill is in the Senate Appropriations Committee. The text of the bill can be found here: https://legiscan.com/CA/text/SB386/id/3204521

AB 371 (Haney) is a CDA-sponsored bill to provide network adequacy. AB 371 requires that if a health care services plan or health insurer pays a *contracting* dental provider directly for covered services, the plan or insurer to pay a *non-contracting* dental provider directly for covered services if the non-contracting provider submits to the plan or insurer a written assignment of benefits form signed by the enrollee or insured. This bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount. The bill would require the plan or insurer to notify the enrollee or ensured that the provider was paid and that the out of network cost may count towards their annual or lifetime maximum. The bill would require a non-contracting dental provider make specific disclosures to an enrollee of or insured before accepting an assignment of benefits. AB 371 is to have its first policy hearing in the Assembly Health Committee. The bill is an attempt to show concern about the lack of timely dental care. CALAOMS should consider at least a statement of **SUPPORT** in committee. The bill passed out of the Assembly Committee on Health with a vote of 15-0 (with 1 abstention) on April 22, 2025. The text of the

bill can be found here: https://legiscan.com/CA/text/AB371/id/3174482

AB 873 (Alanis) is the Dental Assistant Infection Control Course legislation sponsored by CDA. The bill passed out of Assembly Business and Professions Committee and is now in Assembly Appropriations Committee. It has an urgency clause, meaning that it requires two-thirds support on the floor of the Assembly and Senate, and would take effect immediately upon signature of the governor. I recommend CALAOMS review the bill closely before offering a position. The bill passed out of the Assembly Business and Professions Committee with a vote of 17-0 (with 1 abstention) on April 8, 2025. The text of the bill can be found here: https://legiscan.com/CA/text/AB873/2025

California CCF Volunteers CareForce™

University of the Pacific Dental Students Participate at California CareForce Clinic in Coachella Valley

by Christopher Aliaga, student dentist, University of the Pacific, Arthur A. Dugoni School of Dentistry; Ruth Rauca, student dentist, University of the Pacific, Arthur A. Dugoni School of Dentistry

For 14 years, California CareForce (CCF) has provided essential healthcare services to underserved populations across California. This year, on February 28th through March 2nd, 12 dental students and 2 faculty members from the University of the Pacific Arthur A. Dugoni School of Dentistry had the opportunity to participate in the CCF Clinic held at Coachella Valley. Over 3 days, the team provided care in departments such as Oral Surgery, Restorative, and Periodontics, treating hundreds of patients in need. This is the third clinic University of the Pacific has participated in since 2024 under the leadership of CALAOMS Past President, Dr. Ned Nix.

Outside of dentistry, the CCF clinic also provided vision and general medical care to 311 vision patients and 837 medical/triage patients, reinforcing the holistic impact of the event. These patients received a total of 6,150 services valued at $546,013.

We're incredibly grateful to our student and faculty volunteers for their professionalism, compassion, and teamwork. The experience was not only transformative for the patients served but also for the students, who gained invaluable exposure to real-world clinical environments and community outreach. Several alumni of the dental school who had previously participated in the clinic were among the volunteers. The presence of these alumni volunteers is a testament to the inspiration these clinics can provide for young professionals to continue volunteering and sharing their gifts and knowledge with their communities. We hope our latest volunteers continue this tradition of humanism, excellence, and community-focused care.

Looking ahead, the groundwork laid by this team will ensure smoother logistics and even broader care for future trips. We hope to expand student involvement in restorative and surgical care, supported by an increased faculty presence. These outreach efforts continue to build momentum, and we look forward to many more opportunities to serve.

We are incredibly grateful to California CareForce and CALAOMS. They remain instrumental in enabling these clinics to happen. With continued support, we can keep bridging the gap in care access and inspire future University of the Pacific graduates to continue providing humanistic patient care.

OMS PAPERS

Can Your Oral and Maxillofacial Surgery Practice Stay Relevant and Competitive in the Local Digital Market?

by Peter A. Krakowiak, DMD, FRCD(C), FACD
Mr. Andrew Harrill, CEO of Public Advertising Agency

In my grandfather's early practice days in the 1950s, most dentists' marketing efforts to their community consisted of simply "hanging a shingle." My mother, who practiced dentistry in the 70s through late 90s, only had her bold name and "DMD" next to her name listings in the Yellow Pages. Professional codes dictated such modesty. When I graduated from dental school in the 90s, it became ethical and acceptable to create photo quality full page practice ads in the Yellow Pages phone books. Typically, the biggest sections of advertisers in most cities in these massive paper volumes were lawyers, dentists, plumbers, and mechanics.

The competition for size, single color printed ad, and key placement of alphabetic listings were of paramount importance in that era. Most OMS specialists did not even bother to advertise in the 80s since the referral-based relationships were more than adequate to feed the pipeline of patients. Fast forward 40 years and it is a whole new world. Approximately 455 billion dollars will be spent in the U.S. this year, and digital advertising will account for almost 85% of this figure. The world of advertising is full of inconsistencies and misrepresentations. It is a bit of a wild west and little has been done to police the industry up until now. Recently, however, the Federal Trade Commission is starting to rein in misinformation in this very dynamic and fluid industry. Privacy, factual reviews, appropriate content, and data gathering features are now required on websites in the U.S. Artificial Intelligence (AI) is now becoming mainstream and more regulations will follow, especially in our great state. A lot is in flux and changing at rates we have never seen before.

Dentistry is not an exception to the daily evolving and often misstated internet promotional activities, aka online presence. In the last two decades, general dentists have increasingly marketed themselves as providers of oral and maxillofacial surgery services. It's more important than ever for the true certified specialists to differentiate their practices. Unlike general dentists, we have spent grueling years obtaining the training, expertise, and knowledge to handle complex cases. Weekend courses do not grant that depth and expertise. The record must be set straight. However, how can we best get in front of patients actively searching for our specialized services while we're focused on HR, compliance, risk management, and, of course, delivering the best results for our patients? How do we keep up with changes and trends that change weekly?

I reached out to a well recognized California leader in marketing strategies with vast experience in digital marketing - Mr. Andrew Harrill, the CEO of publicagency.com. For years, he has worked with medical and dental clients to help them maintain their exposure and keep up with continuously changing algorithms and trends. He knows oral surgery extremely well, both on a support consulting level as a public relations expert and also as a patient. He understands why OMS specialists are different and deserve to be set apart from the general population. I asked him to help me craft this article and highlight his observations and key concepts for market specific domination of the web presence in early 2025.

I asked Andrew what he sees as the most important aspects of web based promotional strategies:

"It used to be easy to rank for keywords like *wisdom teeth extraction*, *dental implants*, or *bone grafting*. But as the

landscape becomes more competitive, general dentists are increasingly marketing themselves to encompass these services. This is where OMSs' unique training and dedication can help stand out."

First step is to create a Conversion-Focused Website

It seems like every time you talk to a new web or digital marketing guru, the first thing they say is, "You've got to create a custom website." But why? There is a method to the madness. Your website is more than just an online brochure highlighting all of your accolades. It needs to be an **information system** that helps patients solve their pain points—pun intended.

Your website should flow naturally, providing prospective patients with clear communication about your services, your bedside manner, your experience, and, most importantly, what other patients have experienced working with you.

I know you have the perfect website already, but **is it a cookie cutter website that every dentist in the market has?** Pre-designed websites can work, but only if it has unique, localized content that speaks directly to your end user about your unique practice in the local community. **Recycling content from other providers or having a generic structure does not help your overall results.**

People searching for terms like "wisdom teeth extraction near me" or "oral surgeon for dental implants" are often in pain and looking for immediate solutions. They're not casually browsing—they're looking for a solution. **If your website doesn't clearly convey your specialization and provide simple, direct ways for patients to contact your office, you're losing them to general dentists with better-optimized sites and larger marketing dollars.**

What does your website need to be competitive and succeed in its purpose?

- **User-Friendly Experience:** Easy navigation, fast loading times, and mobile optimization. If it's not a smooth experience, people will bounce, figuratively and literally.
- **Content-Rich Pages:** Detailed descriptions of your specialized services, including case studies, testimonials, educational content, and answers to common patient questions.
- **SEO-Optimized Structure:** Each page should target specific search terms relevant to your services, which help with intent-driven searches. Having localized pages focused on your core services (e.g., "Wisdom Teeth Extraction in [City]") is great practice.
- **Conversion-Oriented Design:** Clear calls-to-action (CTAs) like "Book a Consultation" or "Call Now" should be easily accessible and plentiful.

Then A very important running strategy is to build a Community-Centric Presence.

People want to know who you are and they want someone they can trust, who feels like part of their community. And guess what? Google loves community-focused content, too. When you show you're a trusted expert right in their backyard, it boosts your credibility and makes you more approachable and credible.

Here's how you can ensure you're not just another name on a list:

- **Claim and Optimize Your Google My Business Profile:** <u>This is non-negotiable.</u> If someone's searching for "Oral Surgeon near me," your profile needs to be sharp. Keep it updated with photos, reviews, and anything that shows you're a legitimate, trusted practice.
- **Create Localized Content:** Write blog posts, share educational articles, and highlight procedures you specialize in. And hey, if you're attending local events or

supporting community initiatives, talk about it! This shows you're invested in the community and not just here to play the "four corners bingo."

- **Press Releases and Local Publications:** Got something newsworthy? Share it. New procedure, community partnership, or health tips? Get it out there. Local publications love good stories, and this is how you build authority beyond just having a website. This is a great way to build back links, too!
- **Let Your Patients Do the Talking:** Nothing's more convincing than real testimonials and case studies. When patients rave about your expertise and their results, that's pure marketing gold. Make it easy for them to leave you a review.
- **Collaborate with Local Organizations:** Team up with schools, charities, or even other healthcare professionals. It's all about creating visibility and goodwill within your community.

When you take these steps, you're building more than a business—you're building a community reputation. And that reputation will drive people to your door when they need your expertise.

To take it further, you must create "Authentic, High-Quality" content.

People can tell when your content is just fluff designed to check a box. You need content that is authentic, engaging, and speaks directly to your audience. A lot of this content can be generated organically. Cookie cutter landing pages are easily spotted.

To create that kind of content, start by being proactive:

- **Capture Authentic Moments:** Take short videos or photos of your office, your staff, and your daily interactions with patients (with their permission, of course). Whether it's answering common questions, showcasing a new piece of equipment, or highlighting a successful procedure, these moments matter.
- **Encourage Real Conversations:** Your office staff are the ones talking to patients day in and day out. They know the common pain points, frequently asked questions, and unique stories worth sharing. Get their insights and use them to create relatable content.
- **Stay Consistent:** Collaborate with your team or agency to compile all this material into a cohesive content strategy. This will keep your marketing fresh, engaging, and most importantly, real.
- **Showcase Community Involvement:** Feature local events you sponsor or participate in. When people see you're invested in their community, it builds trust.

Creating genuine content doesn't mean adding more work to your plate. It means working smarter and making content a part of your process. Done right, you create organic content to build an authentic, effective marketing strategy.

Not surprising, the most important pillar of your strategies will center on optimizing your SEO for public's Intent-Based Searches.

Here's the truth: Most people searching for an Oral and Maxillofacial Surgeon are typically dealing with pain or facing a serious dental issue. They're not casually browsing. They need help right now, and analysis of their searches reflects that urgency on Intent-Based Searches.

For example, these show up:

- "Emergency wisdom teeth extraction near me"
- "Pull broken tooth near me"
- "Broken jaw near me"

- "Infected tooth near me"
- "Dental implants in (City)"
- "Oral Surgeon for Dental Implants in [City]"
- "TMJ Specialist [City]"

If your practice isn't showing up when someone's frantically typing these keywords, you're practically inviting them to go to the next option (general dentist) on the displayed list of providers. Here's how to ensure you're at the top of their search results:

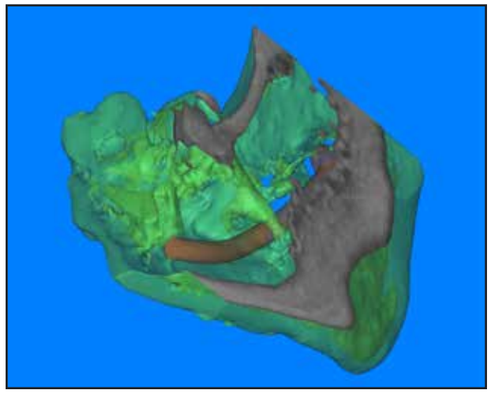
Keys to Success in online presence:

- **Dominate Your Local SEO:** Localized search is everything. If someone's searching for a specialist in your area, you need to be on that first page. Make sure your site includes location-specific keywords and landing pages targeting your primary services.

- **Create Unique Content for Each Service:** Instead of trying to rank your homepage for everything, create dedicated pages for each service you offer. This shows Google (and potential patients) that you are the expert for that specific need.

- **Intent-Focused Keywords:** Don't waste your SEO budget on generic terms like "dentist near me." Focus on searches that are more likely to convert and bring relevant customers, like "Best Oral Surgeon for Wisdom Teeth Removal [City]" or "TMJ Specialist [City]."

- **Regularly Update Your Google My Business (GMB) Profile:** Keeping your GMB profile current with positive reviews, photos, and accurate business information helps you stay relevant and pull up ahead of others who are stagnant.



- **Quality Back links:** I know this is nerdy but it is important. Reach out to local health-related sites, associations, or even community event pages to earn back links that strengthen your credibility.

- **Content Is Still King, But Only If It's Relevant:** Write blog posts that educate, answer questions, and address pain points your potential patients are facing. This not only boosts your rankings but also establishes you as the go-to expert.

In essence, you want your SEO strategy to work like a magnet, pulling in people who are already looking for your services. That's how you maximize your reach, deliver real value, and increase conversions.

You need to be running effective ads (Simplified and In Your Voice).

Here's the deal: If you really want to drive growth, you've got to get aggressive with paid advertising. But the key is not just throwing money at Google or Facebook. It's about targeting the right people at the right time.

- **Hit the High-Intent Searches:** Make sure your ads are showing up when people are searching for urgent needs like "Emergency Wisdom Teeth Removal [City]."
- **Geotarget Like a Pro:** No one's driving 200 miles for oral surgery. Keep your ads within a specific radius of your practice.
- **Reel 'Em Back In:** If someone visits your site but doesn't book, hit them with a retargeting ad. Remind them why you're the right choice.
- **Showcase Your Expertise:** Use social media ads to share patient stories, educational videos, and community involvement.
- **Measure Everything:** Track conversions, refine your strategy, and keep pushing until you're getting those appointments. Also, this makes sure your dollars are being used properly.

Ultimately, a successful paid advertising campaign should be laser-focused on intent-driven traffic. I know we have all heard this but it bears repeating. It's all about showing up when your patients are actively searching for the specific services you provide.

Finally, if you value your time and seek the best return on your investment, collaborate with an experienced social media and promotional agency to build your presence. Practice systems are paramount to our operations going forward.

The best way to ensure your marketing efforts are cohesive and effective is to work closely with an experienced marketing agency. Here's how to make that collaboration successful:

- **Video Content:** Record short, engaging videos where you answer frequently asked questions, discuss common pain points, or showcase your expertise. Your agency can help turn these videos into polished, optimized content.

- **Content Gathering:** Empower your office staff to note down recurring patient questions or concerns to help shape content ideas.
- **Event Promotion:** Share information about community events you are involved in, seminars you are hosting, or any outreach activities. Your agency can promote these initiatives through press releases, articles, and social media.
- **Regular Check-Ins:** Collaborate with your agency to keep content fresh, adjust advertising strategies, and continuously monitor results to improve your presence.

By implementing these strategies and collaborating effectively with your marketing agency, you'll build a powerful, community-centric, and highly visible brand that attracts the right audience and helps you take back that digital real estate.

As with anything we do, it is important to collaborate with experts in the field to receive the best outcomes and return on investment that is measurable and proportional to the resources applied to the task. The referral-based marketing paradigm is rapidly fading and the direct-to-patient approach is key moving forward in order to sustain patient flow and access to specialized care providers. Building a relationship

with a solid, knowledgeable marketing expert may be as important now as having a specialized accountant and legal HR support for every OMS practice.

Mr. Harrill has worked with independent small and large OMS practices and is a great resource for our professional group. He understands the challenges we face and has demonstrated the ability to level our playing field and give us an advantage over general dental encroachment into our traditional service offerings. Almost 20 percent of our patients are now coming from internet searches and it is growing year over year. It is now our number one referral source. If anyone wishes to contact Andrew for guidance in setting goals and harnessing cost-effective strategies, he is available. His contact is drew@publicadagency.com and he is located in Southern California which for all of us is just a click away at www.publicagency.com.

by Jesse Han, DDS, MD

Non-Narcotic Postoperative Pain Management in Oral and Maxillofacial Surgery

Effective postoperative pain management is critical in oral and maxillofacial surgery to optimize patient comfort and recovery. Narcotics have traditionally been used for this purpose; however, their risk for potential abuse and dependency has shifted the attention of postoperative pain control towards non-narcotic methods of analgesia. This summary describes recent updates and advancements in postoperative non-narcotic pain management.

First Line Non-Narcotic Analgesics

The AAOMS White Paper on acute and postoperative pain management recommends acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) as first line therapy for analgesia.[1] Numerous studies have highlighted the efficacy of combining acetaminophen with NSAIDs for postoperative pain management in oral surgery. A notable trial with subjects undergoing wisdom tooth extraction revealed that this combination not only provided superior pain control compared to opioid regimens but also resulted in better sleep quality and higher patient satisfaction.[2]

Studies have further investigated whether the preemptive use of NSAIDs could optimize postoperative pain after oral surgical procedures. A systematic review in 2021 found that preemptive ketorolac administration for third molar removal resulted in pain perception and number of analgesics taken compared to other medications and controls.[3] A randomized trial showed that the preoperative administration of the combination of dexamethasone with NSAIDs provided significantly lower pain perception on the first postoperative day compared to dexamethasone alone.[4] However, a randomized trial in 2012 found no significant reduction of pain with preemptive NSAIDs use alone after third molar removal.[5] Considerations to be made prior to administration of NSAIDs preoperatively are the relative risks of hemorrhage postoperatively, concurrent use of anticoagulants, history of gastric ulcer disease, or chronic kidney disease.

Approved by the FDA in 2023, Combogesic® IV is a combination of 1,000 mg of acetaminophen and 300 mg of ibuprofen in a 100 mL solution for infusion. It is indicated for adults requiring IV administration for the relief of mild to moderate pain or as an adjunct to opioid analgesics in managing moderate to severe pain. Clinical studies have demonstrated that Combogesic® IV provides superior analgesic effects compared to either acetaminophen or ibuprofen administered alone. A recent randomized, double-blind trial found that patients receiving the combination experienced significantly greater pain relief over 48 hours than those receiving individual treatments or placebo. Although its use in in-office oral and maxillofacial surgery procedures may be limited to a single dose perioperatively, it could be utilized in an inpatient setting or for those unable to take medications orally.

Non-Narcotic Adjuncts

The use of corticosteroids has known benefits in oral and maxillofacial surgery. Dexamethasone is commonly used in the oral and maxillofacial surgery setting, and benefits with its use are outlined in the AAOMS White Paper on acute and postoperative pain management. A meta-analysis of randomized studies in 2008 found that the administration of 4-8 mg of dexamethasone significantly reduced postoperative pain, swelling, and trismus when given preoperatively.[5] Postoperative corticosteroids have also shown to decrease postoperative pain. A meta-analysis of clinical trials found that oral methylprednisolone given postoperatively significantly decreased pain and trismus compared to control groups.[6] The use of corticosteroids has known benefits but also has known negative sequelae so should be used judiciously.

Liposomal bupivacaine (Exparel®) is a well-studied long-acting local anesthetic with sustained slow release over 72-96 hours after a single injection. Its use in oral and maxillofacial surgery is still considered off-label, but numerous studies have investigated its use in the field with various results. A recent randomized trial in 2023 found lower pain scores among subjects given Exparel® compared to just bupivacaine alone during the evenings of days 0 and 2.[7] Other studies found variable or no significant differences in postoperative pain with Exparel® use. These results suggest that Exparel® use may provide benefit to the patient but must be weighed with its extra costs and potential for toxicity when given with other local anesthetics.

Platelet rich-fibrin (PRF) is an autologous blood concentrate rich in platelets and growth factors to enhance healing. PRF has gained popularity in its application in oral and maxillofacial surgery as an adjunct during extraction, grafting, and implant-related procedures. A systematic review in 2019 found that application of PRF significantly relived pain and swelling after removal of impacted lower third molars.[8] However, other studies have found inconsistent benefits of PRF use as they relate to postoperative pain and swelling. Although PRF use in oral and maxillofacial surgery has potential to benefit the patient, its use requires venipuncture and additional equipment costs.

Future Directions

In 2025, the U.S. Food and Drug Administration (FDA) approved suzetrigine, marketed as Journavx™, as a novel class of non-opioid analgesics. Suzetrigine functions by selectively inhibiting the NaV1.8 sodium channel, which plays a role in pain signaling within the peripheral nervous system. By targeting this specific pathway, suzetrigine effectively reduces pain without engaging the central nervous system pathways associated with opioids. Clinical trials have demonstrated that suzetrigine provides significant pain relief comparable to traditional opioids without the associated risks of respiratory depression or dependency. Although its efficacy has been studied for abdominoplasty and bunionectomy, no data exists yet as it relates to oral and maxillofacial surgery. Future applications in oral and maxillofacial surgery include its use in patients as an opioid alternative, or for those with allergies to one or more of the first-line medications for analgesia.

Conclusion

The landscape of postoperative pain management in oral and maxillofacial surgery is evolving, with a shift towards non-narcotic management. Acetaminophen and NSAID use as first-line analgesics is proven to be an effective alternative to narcotics. Other adjuncts including corticosteroids, liposomal bupivacaine, and PRF may provide additional postoperative pain improvement as well. Current methods of non-narcotic pain management can be effective and safe, but may not completely eliminate the need for narcotics postoperatively. The approval of suzetrigine represents a potential milestone in non-narcotic analgesia, offering effective pain relief without the risks associated with opioids. Further research is necessary to fully establish the applicability of new and emerging non-narcotic analgesic therapies, such as suzetrigine, in oral and maxillofacial surgery.

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by Solomon Poyourow, DDS, MD, MPH

Remembering Gratitude

Recently, I heard an oral surgery podcast where the surgeon was interviewing an orthodontist on the topic of investing for retirement. They spoke about the business of orthodontics. The orthodontist had built a large practice and then closed it down to teach full-time at a residency program. The orthodontist said one day he overheard the residents talking about how they were looking forward to retirement. The surgeon and orthodontist laughed at the idea of longing for retirement before one's career even begins.

When I heard this, I thought about burnout and having a negative outlook on one's profession, especially early on in a career. It made me reflect on my own career, which is only 12 years post-residency, during which I have viewed oral surgery both positively and negatively. I think my negative views came from not being in the right practice setting and not realizing how fortunate I was. I believe oral and maxillofacial surgery is one of the best careers out there and there are very few health care professions that can compare. I wanted to write this as a brief reminder that however each of us is practicing oral and maxillofacial surgery, we are very fortunate to be where we are.

Forgetting Gratitude

Forgetting to be grateful is human nature. You simply can't feel grateful all the time. I'm sure even Jeff Bezos has become accustomed to waking up in his $100 million Florida compound or in his 150-foot mega yacht off the coast of Greece.

As we move through life with automaticity, occasionally we experience something that disrupts our normal thought pattern. I experienced that recently when seeing a patient for a post-op exam. He was a 40-something man with a young child who I had seen several times prior for other extractions and implants. I asked him how his Christmas holiday went and he told me his Christmas present was being fired from his job as a senior software engineer. He elaborated that the job market was bleak and there was an abundance of experienced engineers, many from outside the country, willing to work for lower wages. As a middle-aged applicant, he was not at the top of anyone's list.

Job Security/Supply & Demand

Wow. I felt so lucky to be an oral and maxillofacial surgeon. I felt lucky to own my practice. Nobody can fire me. Sure, running a practice is hard, but you have ultimate freedom. Surgeons who are not practice owners should feel fortunate as well. The job security we are afforded as oral and maxillofacial surgeons is exceptional. Sometimes it doesn't feel like that in highly competitive areas, but there are only 7,500 oral and maxillofacial surgeons nationwide. Nearly every person sees an oral and maxillofacial surgeon at least once in their life. There are few surgical specialists that are so needed and have so few doctors.

For reference, in the United States there are:

- 254,000 primary care physicians
- 202,000 general dentists
- 71,000 general surgeons
- 50,000 OB/GYN
- 23,000 orthopedic surgeons
- 19,000 gastroenterologists
- 18,000 ophthalmologists
- 14,000 urologists
- 11,300 orthodontists
- 11,000 dermatologists
- 10,000 plastic surgeons
- 9,000 pediatric dentists

- 5,700 endodontists
- 5,000 cardiothoracic surgeons
- 3,800 neurosurgeons

Cardiothoracic surgeons and neurosurgeons have more limited supply, but far more people need oral surgery than a CABG or craniotomy. I receive emails from recruiters across the country on a monthly basis. This does not even address the need in academic institutions, which is substantial.

Compensation

I was having a chat with my friend who is a pediatric plastic surgeon at a major medical center. He makes between $60 and $250 for a primary cleft lip repair. A cleft lip repair pays less than a surgical extraction! He actually is well compensated with his salary by the hospital, but his salary is subsidized by the more profitable surgical specialties.

We are very well compensated for the surgery we do. It is, in general, vastly greater than what other surgeons are paid for a given surgery. The $250 mark is not unusual for a surgical procedure. I recall a general surgeon telling me that was what he was paid for an appendectomy or a cholecystectomy. A cardiac surgeon said he received $1,500 for a CABG. It might take him 6 hours, or it might take him much longer. The patient may need to go back to the OR. They might die. It didn't seem fair.

Simplicity of Insurance

Dental insurance is frustrating, but it is far simpler than medical insurance. It is a convoluted chore for physicians to get paid by medical insurance. I think this is one of the reasons why so few physicians are in solo practice or small group practices. It is just too hard for physicians to deal with insurance companies. We have it really good. We have a few codes and figure out quickly how to get paid. It is manageable to have one staff person do insurance billing; however, my preference is to outsource this job.

Scope of Practice

As an oral and maxillofacial surgeon, you have the freedom to do whatever kind of surgery you wish: Dentoalveolar, implant, trauma, orthognathic, TMJ, oncologic, craniofacial, or cosmetic. The list is long and varied.

Surgical Success

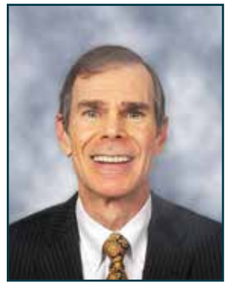
We are blessed to do surgery with a high success rate. My orthopedic surgery buddy said if he could just do carpal tunnel releases all day he would be extremely happy. I asked him why and he said because the success rate is so high - being in the mid to high 80%. Just imagine if you had a 15% implant failure rate. I would probably stop doing implants. I was used to 100% success rates. Surgery just works. You do the surgery and the patient is better, end of story. Not so in other surgical specialties. Consider spine, neuro, transplant, colorectal, oncologic, urologic, or anything else. It seems virtually all other surgical specialties have more frequent complications and surgical failures. For the purposes of discussion, let's exclude TMJ patients from this section. In general, our patients do extremely well and benefit from surgery.

Thank You

In summary, I'm so happy to be where I am. I hope you are as well. I recall going into dental school planning to be a GP and midway made the switch. I'm grateful to my faculty at UCLA who gave up higher-paying careers to teach. I know they had a love for teaching and it paid off in different ways, but it's still a sacrifice. The massive time commitment, loss of income, and political headaches they dealt with as faculty. At one time, I thought academics would be easier than private practice because there would be less politics. How misguided I was!

What started all this was my patient telling me he got fired before Christmas, but that wasn't the end of my reflection. I thought about all the people in this country struggling to make a living, out of work, or doing back-breaking physical labor, and I realized myself and my family are beyond blessed. This profession is whatever we wish to make it.

MEANING IN ETHICS



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

Los Angeles Fires - A Perspective

Aldous Leopold is among the heroes of the awakening conservation movement of the late 60's with stirring and prophetic writings from two decades prior that are relevant today.

As we review the ravages of the fires in two much loved communities in LA and reimagine their recovery, we might consider his admonition. Rather than viewing land as simply a commodity to be subdued and exchanged, he felt we must "see land as a community to which we belong... There is no other way for land to survive the impact of mechanized man… that land is to be loved and respected is an extension of ethics."

As politicians, conservationists, public works professionals, and philosophers weigh in on lessons from the loss of two flourishing neighborhoods, Leopold's writings urge us to "examine each question in terms of what is ethically and aesthetically right, as well as what is economically expedient."

As restoring and rebuilding is likely to proceed, we would do well to remember Leopold's admonition: "A thing is right when it tends to preserve the integrity, stability, and beauty of the biotic community. It is wrong when it tends otherwise."

He came upon this perspective at age 24 after graduating from Yale's fledgling forestry department. He took the job of supervisor of the Carson National Forest in New Mexico. At that time, he subscribed to the perspective of ranchers and hunters alike who wished to eliminate wolves in favor of deer and livestock. An awakening came when he saw the fading light in the eyes of a wolf he had shot, then watched the decimation of the mountain on which it had roamed after the overgrazing of the unchecked deer that the wolf used to hunt. He came to realize that much more was at stake than the loss of one species when considering the entirety of the mountain and its ecosystem. Leopold went on to make substantial headway in conserving the Grand Canyon.

Op Ed pieces in the LA Times, January 23 variously commented on how to rebuild responsibly and even suggested that after a common tragic experience a community or nation could become stronger and more enlightened in its social contract. One author advised that we use caution in the rush to rebuild and investigate the advances of other urban centers including Vienna, Milan, and even centers in Egypt which have used various methods to provide housing with different models that might be considered. Since LA was already facing challenges in housing its most vulnerable, the recent increase in housing needs provides an opportunity to rethink how to go about this.

We should take these examples to heart, especially as the city moves to streamline construction in fire-affected areas. Los Angeles must rebuild — and we should not lose sight of our affordability and climate crises in the process, because they are intertwined. We need an equitable and sustainable approach to housing all Angelenos that will stop exacerbating the very conditions that led to these fires in the first place.

AAOMS CLINICAL PAPER SUMMARY

The following is a summary of the AAOMS Clinical Paper: *Implications of Cannabis Use for Patients Undergoing Office-based Anesthesia and Oral and Maxillofacial Surgery. American Association of Oral and Maxillofacial Surgeons, 2023, https://aaoms.org/wp-content/uploads/2024/04/cannabis_patient_anesthesia_clinical_paper.pdf*

Marijuana smokers undergoing oral surgery present several anesthetic concerns due to the effects of cannabis on the cardiovascular, respiratory, and nervous systems and drug interactions.

Preoperative Considerations

Discontinue Use Prior to Surgery

- *Occasional users*: Abstain for at least 72 hours before surgery. Daily or heavy users may require longer periods of abstinence.
- Withdrawal symptoms may be a concern.

Patient Screening

- *Ask about*:
  - Frequency and method of marijuana use (smoking, vaping, edibles).
  - Date of last use.
- *Evaluate for*:
  - Cardiovascular or respiratory symptoms and signs.
  - History of withdrawal symptoms or psychiatric concerns.

Risks

- *Cannabis may*:
  - Interfere with anesthetic medications.
  - Increase risks of bronchospasm, laryngospasm, and cardiovascular events.
  - Delay gastric emptying, increasing aspiration risk.

Post-operative Considerations

- Avoid marijuana use during recovery, especially when narcotics are prescribed.
- *Risks include*:
  - Impaired coordination, pain perception, and judgment.
  - Negative effects on oral tissue healing.
  - Additive CNS depressant effects when combined with opioids or sedatives.

Key Physiological Considerations

Cardiovascular Effects

- Increased heart rate and blood pressure:

- Users may have a 2.5–4 times greater risk of myocardial infarction depending on frequency.
- Consider a lower threshold for preoperative medical consultation.

- Hypotension and bradycardia may occur in chronic users, particularly under anesthesia.

Respiratory Effects

- *Airway irritability*:
  - Acute use causes bronchodilation.
  - Chronic use leads to airway inflammation, increased sputum production, wheezing, coughing, and infection risk.
  - The connection to COPD is inconclusive, but chronic cannabis smoke exposure increases inflammation.
  - Marijuana carboxyhemoglobin levels are five times that of tobacco smoking, resulting in shorter times to desaturation.

Gastrointestinal & Endocrine Effects

- *Cannabinoid Hyperemesis Syndrome*: Recurrent nausea, vomiting, and abdominal pain.
- Insulin resistance and reduced thyroid hormones may occur with chronic use.
- Cannabis is ineffective for post-operative nausea, despite its use in chemotherapy settings.

Neurological Effects

- Therapeutic for some seizure disorders.
- Chronic use may impair cognitive function; some effects are reversible with abstinence.
- Increased risks of psychosis, suicidal ideation, and suicide attempts.

Pain Management

- Cannabis shows no significant advantage over placebo for chronic non-cancer pain.
- Chronic users may require higher doses of opioids and experience worse post-operative pain.

Preoperative Instructions for Marijuana Users

Discontinuation Guidelines

- Postpone surgery if the patient is acutely intoxicated.
- Heavy users should taper cannabis use:
  - Reduce by 25% over the first 2 days.
  - Then, reduce by 50% over the remaining days pre-op.
- Encourage switching from smoking to vaporized or oral use (if tapering is gradual) to reduce pulmonary risks.
- Cancel or postpone surgery if abstinence guidelines are not followed.

Fasting Guidelines

- *Standard NPO*: Nothing by mouth for 8 hours before surgery.
- Consider extending fasting for edible users or those with delayed gastric emptying.

Managing Marijuana Withdrawal

- *Onset*: 24–72 hours after cessation.
- *Peak*: Around 1 week.
- *Duration*: This will be resolved within 2 weeks.
- *Symptoms*: Irritability, anxiety, insomnia, appetite changes.
- *Supportive care*:
  - Hydration, rest, reassurance.
  - Medications as needed:
  - Hydroxyzine
  - Melatonin for sleep
  - Antiemetics
  - Low-dose benzodiazepines (use cautiously)

Edibles Are Not a Safe Alternative

- Metabolized into 11-hydroxy-THC, which is longer-acting and more sedating.
- Increase aspiration risk due to delayed gastric emptying.
- Potentiate effects of opioids, benzodiazepines, and general anesthetics.

Anesthetic Considerations

Increased Anesthetic Requirements

- Marijuana smokers may have “rocky” or “combative” anesthetics in the office. This group of patients could benefit from a deeper level of sedation and maintenance using an infusion pump rather than intermittent boluses.
- Chronic users may require higher doses of:
  - Benzodiazepines
  - Opioids
  - Hypnotics (e.g., propofol)

Specific Interactions

*Propofol***:** Cannabis may increase its metabolism due to CYP450 enzyme upregulation.

- *Opioids***:** Cannabis inhibits CYP3A4, leading to slower opioid metabolism and increased sedation risk.
- *Midazolam***:** Cannabis users may require ~20% more than non-users for sedation.
- *Other agents*:
  - Some data suggest tolerance to sevoflurane (increased MAC needed).
  - Use caution with ketamine due to the potential for increased emergence reactions.
  - Dexmedetomidine may be helpful; dose adjustment is often not required.
- THC may delay recovery, leading to prolonged sedation.

Post-operative Nausea and Vomiting

- Consider the use of additional PONV prophylaxis.

Cognitive and Psychological Effects

- *Users may show*:
  - Altered response to pain medications.
  - Anxiety, paranoia, or agitation, especially with high-THC strains.

Post-operative Recovery Recommendations

- Avoid cannabis use after IV sedation or general anesthesia.
- Do not combine cannabis with prescription narcotics pain medications.

CALIFORNIA ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS UPCOMING CE EVENTS

2025 Meetings

- OMSA Course On-line — Open Year Round
- Risk Management Webinar — October 18, 2025
- Medical Emergencies — Northern CA - TBD

2026 Meetings

- January 2025 Meeting — Hayes Mansion, San Jose, CA - January 17 - 18, 2026
- CALAOMS 26th Annual Meeting — The Westin Long Beach - May 2 & 3, 2026

Vendor Spotlight

CALAOMS Wishes to Thank the Following Vendors That Graciously Sponsored CALAOMS' Meetings In 2025

- **The Doctors Company -** Webinar Sponsor, January 2025 Meeting.
- **The Doctors Company -** Speaker Sponsor, 25th Annual Meeting.
- **OMSNIC/HUB International -** Residents Sponsor, 25th Annual Meeting.
- **Stryker** - Breakfast and Breaks Sponsor, 25th Annual Meeting.
- **Scripps Oral Pathology Service -** WiFi Sponsor, 25th Annual Meeting.

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@tahoeoralsurgery.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@oralsurgerydentalimplants.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 buy-out 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.

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

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.

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

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.

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.

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.

FACULTY POSITIONS

UCSF Oral & Maxillofacial Surgery Faculty Opportunity

The Department of Oral and Maxillofacial Surgery at the University of California, San Francisco is recruiting for a full-time faculty position at the Assistant, Associate, or Full Professor rank. The appointment will be in the HS Clinical or Clinical X series. Academic rank and salary level will be based on the successful applicant's experience.

The selected candidate will teach the application of basic sciences and the mastery of clinical procedures in all areas concerned with the care of patients. The selected candidate will provide patient care in the UCSF Orofacial Center (our ambulatory surgery center) in the student clinic. The faculty member will supervise and teach residents, dental students, and medical students in the specialty of Oral Surgery. Applicants must be eligible for licensure in California. Experience teaching trainees and providing direct supervisory oversight is preferred.

The applicants for these positions are expected to:

- Practice evidence based, high quality care;
- Teach trainees in the clinical and classroom setting;
- Evaluate appropriateness of patients to be seen in the Predoctoral oral surgery clinic;
- Represent the Predoctoral Practice within UCSF and the surrounding communities;
- Maintain an active dialogue with UCSF referring providers and within the UCSF Health Community; and
- Participate in university governance, faculty meetings, departmental administrative meetings, quality assurance programs and continuing education...

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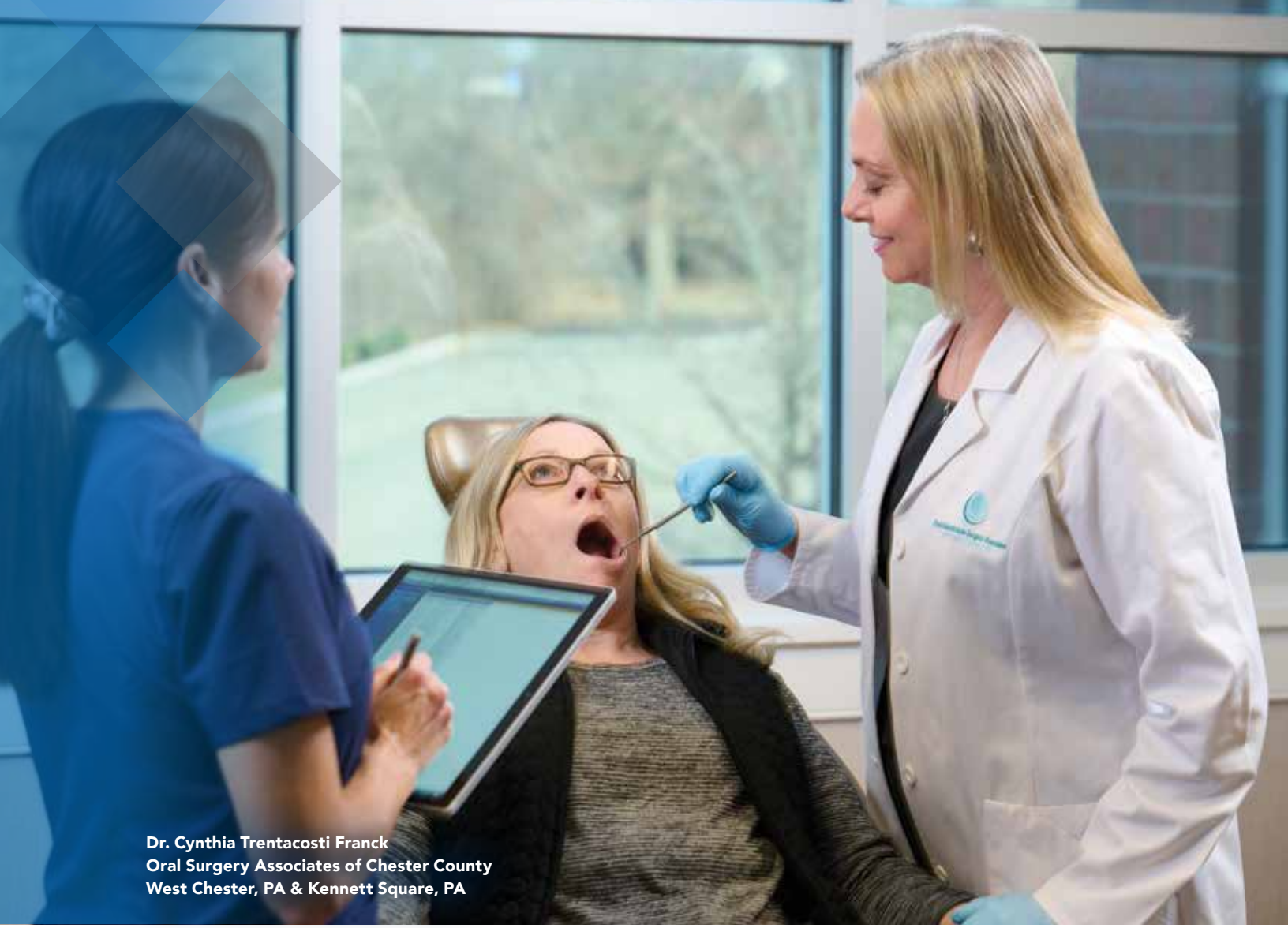
www.calaoms.org/classified-ads#faculty



Dr. Cynthia Trentacosti Franck
Oral Surgery Associates of Chester County
West Chester, PA & Kennett Square, PA

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