



# The COMPASS

Official Publication of the California Association of Oral and Maxillofacial Surgeons



Volume VI, Issue 2, Summer 2004

## Volunteering – Protecting Our future

It's hard to believe, but 2004 is half over. It's also hard to believe, but it's now time to begin planning for 2005 as we continue to finish our CALAOMS projects for 2004. You all have received or soon will be receiving a letter from President-Elect Dr. Michael Cadra requesting that the membership submit requests for committee positions in CALAOMS for 2005. Some of you will take the time and thoughtfully respond. Kudos and thanks! Some of you will put the letter aside with full intention to return to it but then forget. Try harder! Some of you will immediately place the letter in your nearest circular file and say "not for me". Not good!

Now I realize that becoming involved in the "politics" of CALAOMS is not for everyone and many of you are active in AAOMS, CDA, in your local dental societies or on your local hospital staffs. But many of you do not participate in any organized dental, OMS or hospital organization and are not giving back to the specialty that is providing you prestige, support and a lifestyle which is envied by many.



Remember that volunteering to serve on a CALAOMS committee does not automatically commit you to a lengthy road of meetings, Board participation and the Executive Committee of CALAOMS. We need volunteers to help with CALAOMS committee projects and the time required is not often very great. This is a good way to get your feet wet when you have other family and practice responsibilities without a significant initial time commitment. You may find that you enjoy the work and wish to do more, but the first step is just to begin becoming involved.

As our letter states, "It is imperative to the vitality of our association that we have a dynamic committee structure. Committee work

is the key to accomplishing the tasks that improve our specialty and the environment in which we practice. This is a great opportunity to "give back" to your profession at a time when we have many challenging issues that demand our attention. Dedicated and committed volunteers insure the long term stability and continued growth of our specialty, our association and our practices."

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# The COMPASS

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- \* Southern California Association of Oral and Maxillofacial Surgeons
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## Editor's Corner



Ned L. Nix, DDS

*Ned L. Nix, DDS writes a guest Editorial in the absence of our current Editor Corrine Cline-Fortunato, DDS.*

### “Are there any REAL doctors on board?”

**Y**ou can't make this stuff up. I was flying down to San Diego to see the San Francisco Giants play the Padres on Friday April 9<sup>th</sup>. I was preparing for my biyearly ACLS recertification and reading the Emergency Cardiac Care Provider Manual during takeoff. I was actually dozing in and out and had just finished the page that said, “You are an Oral Surgeon and are flying in an airplane. The flight staff calls for a healthcare provider over the intercom.” I'm not kidding, minutes later the Southwest Airlines flight attendant announces the need for a doctor. “If there is a doctor on board, will you please ring your call button? A passenger needs assistance,” said one of the flight attendants.

It was at least a couple of minutes that there was no response. I turned to my wife and asked her if she thought I should respond. She said, “Absolutely!” I rang my call button and the flight attendant directed me to

a passenger lying across three seats. A woman who said she was a medical assistant was comforting him. The Southwest Airlines staff asked for my “license” and said the Captain would like to know my qualifications before releasing any emergency equipment. I directed my attention to the passenger and established that he was responsive. I provided my business card and my California dental license number. I immediately asked for a blood pressure cuff, stethoscope and oxygen.

I tried to calm the passenger who was diaphoretic and quite anxious. I asked him a few questions about what had happened and asked him to squeeze both of my hands tightly, thinking he may have had a stroke. He had the veins of a “marathon runner,” so he was perfusing well. He had equally strong grip strength and was not slurring his speech. His blood pressure was 110/70 with a pulse of 72. He was not complaining of chest pain. I placed a full face mask of oxygen at 8 liters of flow. It was about now the Captain had asked whether he wanted me to have the plane landed at the nearest possibility. I told the staff to continue and not to divert the flight.

The passenger (Jeff) had said he had made a trip to the ENT physician earlier that week and thought he had an ear infection. The physician had looked in his ear and did not see anything out of the ordinary. Upon takeoff, he said he experienced the worst earache he had ever had, got scared and apparently lost consciousness. I took his blood

pressure again (about 10 minutes later). It was 110/70 with a pulse of 72. I was holding his hand to comfort him and had found out he was from my home town and we had attended the same high school. He was 33 years old. He had seemed to have calmed down quite a bit. My guess would have been that he had a syncopal episode.

About this time, I heard over my left shoulder, “I am a physician and he is JUST a dentist.” I turned to look at the gentleman (this must have been 25 minutes into the medical emergency). I was kind of surprised by the statement. I took a deep breath (swallowing my pride) and said, “Thank you for offering to help doctor. I'm sure the passenger appreciates your help.” I asked him what he did, and he stated he was an internal medicine physician. I stated I was an oral and maxillofacial surgeon, an ACLS provider and had put four patients to sleep in my office that morning. He looked at me kind of funny and asked in a terse manner, “What do you think happened here?” I stated that I thought the passenger may have had a syncopal episode. He had stable blood pressure, strong equal distal motor response, and was not slurring his speech. He had never complained of chest pain. The gentleman persisted with a look of disbelief in a nasty tone of voice, “What makes you think he fainted?”

At this time, I thought it might be best to defer to a REAL doctor. Where was this guy 25 minutes ago? Why was I the only doctor to respond to the announcement given over the

intercom? Was this guy an ACLS provider? I imagine the other passengers were all wondering how Jeff was doing and would there be a change in the flight circumstance. I guess when the “word got out” that just a DENTIST was taking care of the passenger with the medical emergency, the other doctors (That’s plural. Were there other physicians on the plane that did not step up to the plate?) became interested. The physician said to me, “I think I had better take a look at him!”

I deferred and asked the physician to examine the passenger. I walked back to my seat. What is interesting is that as soon as the physician made the statement, “He is just a dentist,” all of the attention of the flight attendant staff immediately shifted to him! I was glad to see the physician offer to help. Maybe the patient had a myocardial infarction or other event that my problem oriented history and physical did not pick up? He definitely should have evaluated the passenger. I am writing this article thinking that all of us will have to accept the fact that we are dentists. That’s a good thing! We are so fortunate to be well trained dental specialists, oral and maxillofacial surgeons. It is our dental license that gives us the privilege to administer ambulatory general anesthesia. With or without the medical double degree, we are highly trained and skilled healthcare providers. It’s too bad the physician had to embarrass himself by his behavior, but remember, in his mind he is a REAL doctor. I’m kind of glad I am not one of those.

## Ask The Expert:



Hooman Zarrinkelk, DDS

Since the publication of the last “ask the expert” column in the compass I have had absolutely no response. To me it means that our membership is either well informed or too busy to send me questions. Both of these scenarios are good, but it also means that this column may not be needed. Therefore, if you want to see this column continued I need you to help me make it useful by submitting questions. You can email me your questions at: [drzarrinkelk@sbcglobal.net](mailto:drzarrinkelk@sbcglobal.net)

**Q:** *Is there any new labor code laws that I need to be particularly aware of that you have seen used more and more recently?*

HMZ, Ventura

**A:** With the new California Bounty Hunter law, which allows employees and ex-employees to keep 25% of any penalties for Labor Code violations (a right previously reserved to the State’s Labor Commissioner), employers need to be especially careful on the following: ensuring that employees receive at least a one-half hour unpaid meal break no later than the end of the fifth hour of work (no working through lunch); 10 minute rest breaks twice a day (no combining or working through); ensuring that all employees are properly categorized regarding whether they earn overtime or not (“exempt” v. “non-exempt”). Doctors often assume that many of their employees are exempt from overtime because they receive a salary and have higher level duties. In fact, other than an Office Manager, in most situations every other office employee is non-exempt, meaning they are entitled to overtime (and regardless of whether they receive a salary or hourly wage). Doctors also need to ensure that their employment applications are up to date and that a revised copy is mailed to the proper Labor Commission office.

Jon Light, esq  
Labor law attorney  
Nordman, Cormany, Hair & Compton  
Oxnard  
805.988.8305

*Send your questions to me via mail or email*

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*Dr. Zarrinkelk does not purport to be an expert. All questions received by Dr. Zarrinkelk are then forwarded on to an expert in the related area for fielding.*

*Volunteering Continued from  
page 1*

The effectiveness of teamwork by the membership joining in to help CALAOMS and our specialty has been demonstrated by the overwhelming positive response of the membership in writing letters to legislators regarding our current scope of practice legislation and the increased contributions by members to CALAOMSPAC. If we can carry over this membership participation to increased committee participation, our association will reap the benefits and consequently so will you.

The CALAOMS Board of Directors is strongly committed to increasing membership participation in the affairs of our association. We have changed the name of the Nominating Committee to the Nominating/Leadership Development Committee. We have charged this committee with identification of CALAOMS members with leadership potential and to personally contact these members, if they are not now active, to become involved. If you are one of those members who have agreed to become more involved – thank you. The entire leadership process is a revolving door – older leaders finish their cycle and move on, younger members enter the process, learn the ropes and enter into leadership positions. This process protects our future by blending the energy and new ideas of the younger members with the experience and knowledge of the more senior members. So fill out your committee request letter and join in the process.

P. Thomas Hiser, DDS, MS  
President, CALAOMS

# Course Announcement

**CALAOMS Presents:**

## **INFECTION CONTROL AND CALIFORNIA LAW**

**With Eve Cuny, RDA, MS and Art Curley, JD**

Beginning with the 2004-2005 renewal cycle, all dentists are required to complete 2 units of continuing education in the areas of infection control and California law. This CALAOMS course will satisfy this requirement.

Ms. Cuny serves as the Director of Environmental Health and Safety and Assistant Professor in the Department of Pathology and Medicine at the University of Pacific School of Dentistry. She is a nationally recognized expert in infection control in dentistry.

Mr. Curley is a senior trial attorney in the San Francisco based health care defense firm of Bradley, Curley, Asiano, Barrabee & Crawford, P.C. He is currently Assistant Professor of Dental Jurisprudence at the University of the Pacific School of Dentistry.

This course will be given twice this year in conjunction with the SCPIE Risk Management Seminar. Most courses given by local dental societies are given at times inconvenient for CALAOMS members, for example on Friday.

**Time: 8 am-12 noon**

**Units: 4 CE units**

**Tuition: \$125**

**Dates: Wednesday, October 20, 2004 - Pleasanton Hilton,**

**Wednesday, October 27, 2004 - Southern California  
location to be announced**

## California phases in new Rx forms.

To make it easier to write, yet on the other hand further prevent the unlawful alteration of prescription forms, the California Legislature passed Senate Bill 151. SB 151 requires the phasing out of triplicate prescription forms, and the phasing in of a new tamper-resistant form for all Schedule II – V controlled substances. Furthermore, prescribers of Schedule II-III controlled substances must submit monthly to the Department of Justice's (DOJ) CURES program their prescription reports.

Here is a breakdown of the timeline for the implementation of this law.

### **January 1, 2004**

SB 151 is enacted into law.

Prescriptions for Schedule II-V drugs are valid for only six months and must be signed and dated.

### **June 30, 2004**

Last day the DOJ will accept orders for additional triplicate prescription forms.

### **July 1, 2004**

Prescribers may begin using the new tamper-resistant forms.

Prescriptions for Schedule II-controlled substance must be reported to the DOJ CURES program on a monthly basis.

Prescribers may still continue to use triplicate forms.

DOJ will no longer accept orders for the triplicate forms.

### **December 31, 2004**

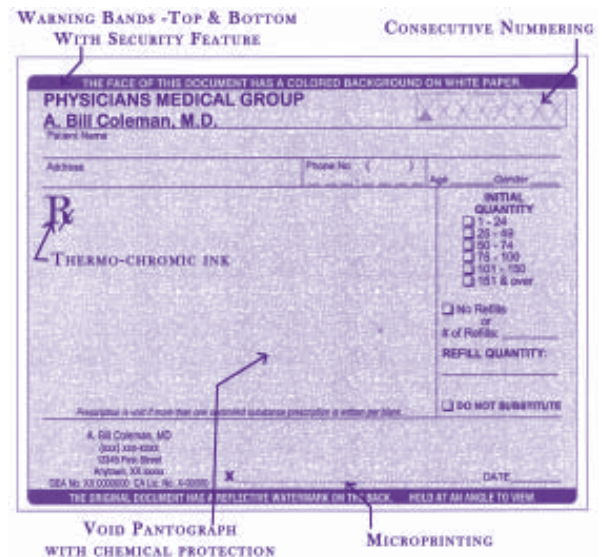
Last day the triplicate prescription forms can be issued.

### **January 1, 2005**

All written prescription for Schedule II-V controlled substance drugs, must be done on the new tamper-resistant forms.

Prescriptions for Schedule III-controlled substance must be reported to the DOJ CURES program on a monthly basis.

The complete bill, details and flow charts of this new law can be viewed on California's Board of Pharmacy web site at the following address: [http://www.pharmacy.ca.gov/info\\_prescribe\\_rph.htm](http://www.pharmacy.ca.gov/info_prescribe_rph.htm) You will also find more information on the DOJ's CURES program.



# CALAOMS FOUNDATION

By, Gerald Gelfand, D.M.D., President

**S**o what has the Foundation been up to lately? Funny you should ask.

We've been providing funds in support of continuing education at our residency training programs in California. These programs are open to all CALAOMS members who wish to attend. Under the watchful eyes of Foundation Board member Angelle Casagrande, DDS, MD, we sponsored a Resident Table Clinic competition for the first time at our annual meeting in Monterey. With seven entries, it was by all accounts a successful endeavor with first place and a prize of \$1,000.00 going to Stephen Connelly, DDS, from UCSF. Many thanks to Angelle for organizing this competition which we hope to continue at our annual meetings and to the judges for the competition, Lester Machado, DDS, MD, Foundation Board Member Lee Heldt, DDS, MD, Mitchell Day, DDS and Daniel Levin, DDS.

There are to be sure bigger and better things we could be doing. To be honest, however, you guys are not making it easy for us. My calls for support from our membership have for the most part gone unheeded. For you few who have contributed in support of the Foundation, the Board and I thank you very much. For those of you who haven't, it's never a bad time to do so and it's never too late.

We are developing, with the help of Steve Krantzman and our entire staff in the central office, a Foundation logo, pledge card and promotional material. When you receive a solicitation this summer, (when you're actually making money), please keep support for the Foundation in your plans. Call me a dreamer if you like, but the Foundation is embarking on an effort to grow our corpus to one

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*My mother taught me  
that if you have nothing nice to  
say...*

---

million dollars. Then and only then will we be able to do some good for our neighbors in California.

If you have some ideas for the Foundation to look at, please let us know. If you want to be active with the Foundation, please let us know that, too. We are currently expanding the size of the Foundation Board from six to nine members and are always looking for worthy endeavors to support. If you think we're wasting our time and should just forget the whole thing, please let us know that also. Just let us know something so that I am aware that at least somebody actually reads this beside our Editor and me.

My mother taught me that if you don't have something nice to say, say

nothing. I admit that I never quite subscribed to that lesson and hope that you, too, will ignore this motherly advice and let us know what you think of the Foundation, whether we need one or whether we're just spinning our wheels. Even if what you have to say isn't "nice", we'd still like to hear it. Please give us some feedback so that we can figure out where we go from here. Right now the only feedback we've gotten is the lack of financial support by our membership and to be sure, that does speak volumes. Sometimes, however, the real membership sentiments go unsaid so please just give us some feedback, up or down. There are other options we could take with this money but it's still my desire to use it in a positive fashion and in a philanthropic manner to benefit the people we serve in California.

I wrote in the last issue of the Compass that I don't give up easily but that doesn't mean that I never give up. I hope when I'm back in the Compass in the fall that "giving up" won't be an option but rather that I can report to you the wonderful reception and support we received from our membership over the summer.

For those of you who actually read this to the end, I can be reached at (818)225-8602 or gelfoms@aol.com.



## CALAOMS First (and hopefully) Annual Resident Table Clinics

If the talent and expertise displayed by the OMS residents at the Table Clinic Contest at the annual CALAOMS meeting in Monterey on April 31<sup>st</sup> is any measure of things to come, the future of our specialty is secure. Four residents participated in the contest sponsored by the CALAOMS Health Foundation. Dr. Angelle Casagrande, Assistant Professor of the UOP-Highland Hospital OMS Residency Training Program said she organized the contest to expose residents to CALAOMS, enhance the educational program of the meeting and to expose the members of CALAOMS to the talented pool of OMS residents in the six California training programs.

The \$1,000 first prize went to Dr. Steve Connely, a third year UCSF resident. Connely, a graduate of Columbia University, School of Dentistry has a background in dopamine receptor research and has previously received the William Giess Fellowship in research. His table clinic demonstrates a portion of his research into why squamous cell carcinoma is often painful while dysplastic oral lesions usually are not painful. He elegantly demonstrated that nitric oxide receptors are mediators of pain perception in oral squamous cell carcinoma. He performed his research with the guidance of Dr. Brian Schmidt, noted oral and maxillofacial cancer expert. Dr. Connely is hoping to complete a fellowship in oral cancer once he has completed his MD and PhD degrees.

Dr. Suketu Patel, a senior at USC, won the \$750 second prize. Dr. Patel's table clinic highlighted the use of alveolar distraction osteogenesis to improve maxillary arch-form in cleft palate patients. Patel plans to move to Murray, Utah, this summer, to complete a Fellowship in Facial Plastic Surgery with Dr. Brent Kennedy.

There was a tie for the third place and both winners received \$500 each. Dr. Thomas Ying presented a thoughtful review of surgical approaches to repairing naso-orbito-

ethmoid fractures and concluded that early, primary repair yields the best results. Dr. Ying is completing his residency at USC this summer and is interested in finding a private practice opportunity in California. Ying shared the third place honors with Dr. Kian Farzaneh. A



*Residents who participated in the table clinic are pictured here from left to right Dr. Kian Farzaneh, Dr. Thomas Ying, Dr. Suketu Patel, and Dr. Steve Connely*

fourth year resident at UOP-Highland General Hospital, Dr. Farzaneh is opening his own private practice in San Ramon, de novo. Dr. Farzaneh said his brother-in-law who is an OMS in Walnut Creek inspires him.

Dr Casagrande said at the award presentations that the judging was difficult because each of the presentations were excellent, informative and innovative. The monetary stipends help foster and reward resident research interest, furthering the goals of the CALAOMS Health Foundation.

*By Lester Machado, DDS, MD*

# SCPIE's Risk Management Corner

## You Can Prevent Wrongful Tooth Removal

**W**rongful tooth extractions happen and yet attention to a few preventive policies and procedures can practically extinguish the risk. Approximately 10% to 15% of malpractice claims against oral and maxillofacial surgeons are due to removal of the wrong tooth.

Could the following happen to you? Dr. Insured had a referral slip (although it was several months old) from the claimant's general dentist that indicated extraction of tooth 19. The claimant wrote on the patient intake sheet that she was present for extraction of tooth 14. Dr. Insured removed tooth 19 according to the old (but still "valid") referral slip and he did not notice the discrepancy in the claimant's intake sheet. It turns out that the correct tooth to be extracted was tooth 14. The claimant was correct and she signed the consent for tooth 14. The referral slip was not correct and Dr. Insured failed to follow up on the error. Thousands of dollars were paid out in settlement of this lawsuit.

The guidelines described below are likely not new to you but they warrant close and careful review. Adherence to these simple, common sense, rules

of thumb can help keep the wrong tooth in the right place every time.

Two categories of patients comprise the bulk of wrongful tooth removal claims: 1) The patient requiring removal of a tooth because of pain, infection, non-restorability, etc.; and 2) The orthodontic patient referred for the removal of otherwise sound teeth to facilitate orthodontic treatment. Prior to any extraction procedure consider the following actions:

***A high proportion of extraction related allegations involve skilled oral surgeons who simply failed to exercise good judgment.***

- Study the referral slip carefully;
- Conduct a thorough independent evaluation of the treatment request;
  - Question the patient regarding his or her understanding of the treatment plan;
  - Contact the referring doctor with any questions about which teeth are to be removed.

While extraction risks are real, most of the risk factors can be diminished by paying careful attention to patient selection, informed consent, skillful treatment, documentation and old-fashion empathy. A high proportion of extraction related allegations involve skilled oral surgeons who simply failed to exercise good judgment.

The informed consent process is vital to managing extraction risks. It serves to educate patients and manage their expectations. The consent form should specify what tooth or teeth are to be extracted; it should not simply state that "extractions" are to be performed. Do not extract any teeth for which you do not have consent. If you foresee a potential complication, be certain to discuss that risk with the patient as part of the informed consent process. Always give patients a copy of the consent form to take with them. This will help refresh their memory about the points raised in your discussion.

When mistakes are made, one of the most common reasons is vague or misunderstood communication between the oral surgeon and the referring doctor. The use of several different numbering systems for identifying teeth appears to be a major cause of the communication breakdown between the doctors. It is easy to understand how one doctor's identification method might be misunderstood if each doctor uses a different numbering system. Another potential source of breakdown is verbal communication carried from the referral office by the patient to the oral surgeon's office.

In 1997, national patient safety goals were first identified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). One of the JCAHO 2004 patient safety goals is to "eliminate wrong-site, wrong patient, wrong procedure surgery".

The Joint Commission suggested the following actions to eliminate this

problem: 1) Create and use a pre-operative verification process such as a checklist, to confirm that appropriate documents like the medical record or imaging studies are available; and 2) Implement a process to mark the surgical site and involve the patient in the marking process.

The American Dental Association has been very supportive of efforts to eliminate wrong-site surgery including wrong dental extractions. However, the ADA acknowledges that there does not appear to be a practical or reliable method to actually mark the teeth that are intended for extraction. Therefore, dental procedures will be considered exempt from the site marking requirement.

In lieu of directly marking the teeth, the ADA recommends and the Joint Commission concurs with the following: 1) Review the dental record including the medical history, laboratory findings, appropriate charts and dental radiographs; 2) Indicate the tooth number(s) or mark the surgical site on the diagram or radiograph to be included as part of the patient record; 3) Insure that radiographs are properly oriented and visually confirm that the correct teeth or tissues have been charted; 4) Conduct a "time out" to verify patient, tooth and procedure with assistant present at the time of the extraction (two person rule).

Preventing mistakes is easier than repairing them, and good communication is the key to prevention. Ultimately we all benefit – the oral surgeon, the referral doctor, the patient.

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

## SB1336 – Burton (Scope of Practice) Update

**O**n Tuesday, June 22<sup>nd</sup>, our clarification of scope bill was heard before the Assembly Business and Professions Committee of the State legislature. The Honorable Lou Correa chairs this committee. Due to the media attention leading up to this hearing, there were several television cameras present; including CBS Evening News (which aired the following night, June 23). After the testimony was given from supporters and opposition, Correa wanted both sides to attempt to renegotiate a compromise. He let them use an outside private room and gave them 30 minutes to hammer it out. After two hours, with both Assemblyperson Correa and Senator Burton present, a compromise was met. This will result in a series of amendments that will be finalized prior to the next committee hearing. With this commitment to amend the bill, it passed out of committee unopposed. We will provide all of you with the amendments once legislative staff has drafted them.

From here the bill moves to the Assembly Appropriations Committee and hopefully it will be heard before the summer break. Most of July will be spent contacting the remaining assembly members prior to the floor vote in August. If we are able to move it out of the Assembly, it will then go back to the Senate floor for a final vote before going to the Governor to be signed into law. There are many people to thank, but now is not the time...we still have a very long way to go.

### THE RANGER

I go to the places where others won't  
I get there by foot, by plane, by boat  
I was trained by Americas previous best  
So, I can do the work, that lets you rest

I don't ask you to know who I am  
I really don't care, or give a damn  
Because in my heart I've made these commitments  
To protect the constitution and all its amendments

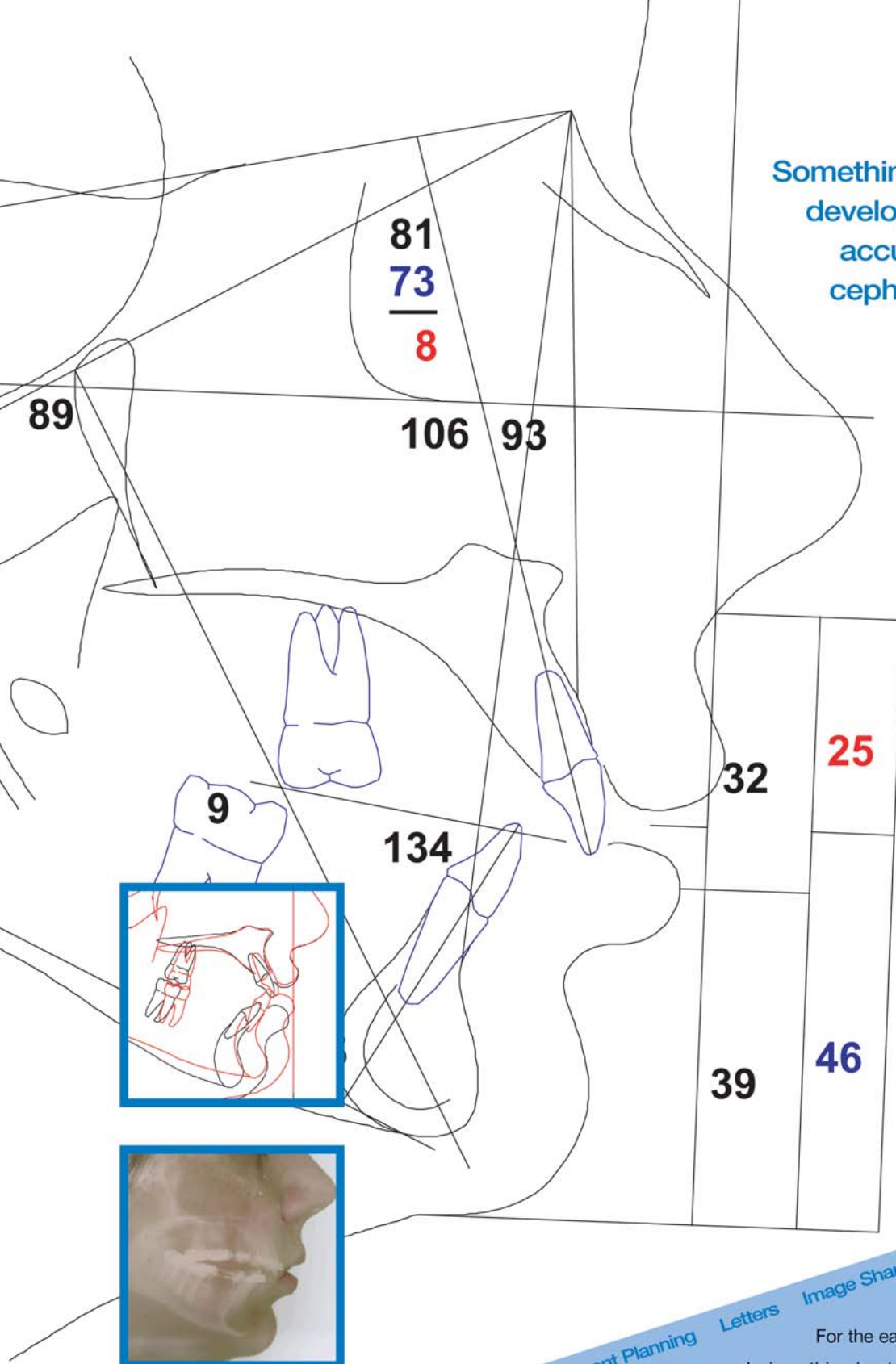
So I put on this uniform on a daily basis  
And join my friends of so many races  
We all took the pledge to be all we could be  
And would give up our lives to keep you free

So here I sit, a soldier of one  
Doing my duty; its not always fun  
I do what I do, yes there's danger  
But don't call me a hero; I'm an American Ranger

John R. Saunderson, May 1, 2004

This poem was written by CALAOMS member John Saunderson, DMD and sent to fellow Member Robert Hale, DDS who is serving in Iraq Bob has posted this in the hospital and has shared it with many of his fellow soldiers. They greatly appreciate knowing that they are in our thoughts.

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- Single-step procedure for Maxillary and Mandibular
- From initial surgery to implant placement in 3 months
- Easy to use and does not compromise new bone
- Track Distractors have been used successfully in over 750 cases worldwide



## Vertical Distractors

## The R. Quélin Bone-Mill

Designed for pre-prosthetic and reconstructive procedures.

- Designed to grind bone of various densities, especially compact cortical bone
- Bone particles as small as 0.1mm
- Specially designed to produce graft material from each harvest
- Collector cup for remaining bone
- No metal residue on the grinding wheel



## Bone Mill

## Bone Graft Kit



- Included in Kit:
- 1 x Container
  - 1 x Screwdriver
  - 1 x Blade
  - 2 x 1.5mm x 9mm S
  - 1 x Twist Drill

## 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.

## Periotome

**Cut**  
A high technology blade efficiently cuts/shavings surfaces. No saws, osteotomes, trephines, rongeurs.

**Collect**  
While cutting, shavings combine with the instrument to the handle for collection. No forceps, searchers or suction.

**Deliver**  
The instrument safely transfers the graft, then delivers it directly to the recipient site. No forceps, searchers or suction.



Effectively and safely harvest autogenous grafts no longer difficult and no longer painful. The MX Grafting System is a self-contained, single-use instrument. Unlike those designed to "chisel out" the "Gold Standard" with saws, the MX Grafting System uses a natural bone harvest technique. The MX Grafting System is a natural choice for bone grafting. Autogenous Bone Grafts... Naturally!

## MX Grafter

## Clarizio Sinus Lift Instruments



STOCK#	DESCRIPTION
01-04-00	EXTRACTING FORCEPS, #107, UPPER ANTERIOR
01-04-01	EXTRACTING FORCEPS, #107, UPPER UNIVERS
01-04-02	EXTRACTING FORCEPS, #174N, LOWER ANTERIOR
01-04-03	EXTRACTING FORCEPS, #90, LOWER UNIVER
01-04-04	EXTRACTING FORCEPS, #670, UPPER MO
01-04-05	EXTRACTING FORCEPS, #145E, LOWER MO
01-04-06	EXTRACTING FORCEPS, #1251, UPPER MO
01-04-07	EXTRACTING FORCEPS, #112, LOWER UNIVER
01-051-2	SEMIN ROOT PICK
01-105-94	CLARIZIO ELEVATOR #MR, BERRAZO
01-105-99	ELEVATOR #077K, KLS MARTIN #MODIFIED
38-297-02	WEDGER RETRACTOR, LARGE
20-652-17	NEEDLE HOLDER, MARTIN, TC 17CM, 6-3/4"

## Sinus Lift Instruments

# Teaching Centers

## CALAOMS Resident Presentations.

The Northern Section of CALAOMS Resident Presentations took place at the Sheraton Concord on February 18, 2004. The theme for the meeting was TMJ Case Evaluation and Treatment. The presenters and their topics included; Bilateral Alloplastic TMJ Reconstruction by Dr. David Montes from University Medical Center, Fresno, the Saga of the Multiply Operated TMJ by Dr. Trent Westernoff from UC San Francisco, Chronic Dislocation of the TMJ: Pathophysiology and Management by Dr. (Maj.) Lloyd Anseth from David Grant USAF Medical Center, Travis AFB, and Total Joint Replacement: Case Report and Description of a Series by Dr. Kian Farzaneh from UOP/Highland Hospital, Oakland.



Presenters from the four OMS advanced residency programs in northern California are Drs. Trent Westernoff, Kian Farzaneh, Lloyd Anseth, and David Montes.

## Spring OMSA Update

The Spring Oral and Maxillofacial Surgery Assistant's Course (OMSA) was once again a big success. The course consists of a three-month home study program, which is mandatory for previously uncertified assistants, followed by a two-day weekend seminar.

Two significant changes were made to the curriculum this year. The very popular "hands on" workshops were discontinued, as they were an administrative and logistical nightmare. Not to worry, it is hoped that they will be brought back in the near future as a freestanding oral surgery assistant's course.

The second change concerned the approach to teaching basic science. Rather than having separate lectures on physical assessment, monitoring and EKG, a systems approach was implemented. Using this format, students learned anatomy and physiology and the anesthetic implications concurrently.

A nautical theme greeted course participants at the beautiful Argonaut Hotel in San Francisco. Located in the Fisherman's Warf district, the venue provided out-of-town students a nice environment when not in class.



David Cummings, DDS, lectures to OMS Assistants on the topic of the Endocrine, Renal, and GI systems

Dr. Vince Farhood opened the seminar with an overview of ambulatory outpatient anesthesia. His easy going relaxed manner set the tone for an entertaining and informative weekend.

He was followed by Dr. Corrine Cline-Fortunado, who gave a great review of the respiratory system.

After a wonderful three-course lunch, Dr. Silegy reviewed the cardiovascular system. Dr. Nestor Karas completed Saturday's lectures with a review of the GI, endocrine, hepatic and renal systems.

Dr. Tim Silegy conducted a short test review in the early evening and the assistants made their own arrangements for dinner.

First-time OMSA lecturer, Dr. Scott Podlesh, opened the seminar on Sunday with an interesting and practical review of the pediatric patient. Dr. Richard Robert, a veteran of many an OMSA course gave an excellent lecture on pharmacology making full use of various special effects. After a short lecture on IV access and care, Dr. Silegy summarized the whole weekend with a review of anesthetic emergency protocols.

After a short break, a 70 question, multiple choice final was administered. Forty-eight of the 50 assistants recertifying passed the test. Seventy-six out of 84 first-time students passed the test. Those who failed to pass the

final may take it again in the Fall for a \$50 fee. They may also retake the weekend seminar for \$185.

The southern course was also very well received. Held at the Four Seasons Resort in Beautiful Newport Beach (home to the May 2005 CALAOMS Annual Meeting), assistants were treated to lavish meals, opulent surroundings, and impeccable service—not to mention



Vivian Jui, DMD discusses the effect of anesthesia on the respiratory system to attentive assistants.

incredible shopping at nearby Fashion Island.

Dr. Alan Felsenfeld, a long time OMSA speaker, filled the room with laughs as he reviewed his "Rules" of anesthesia. To insure consistency in the curriculum, Drs. Vivian Jui, Dave Cummings, Dan Miller, Ted Tanabe, Jeff Donlevy and Tim Silegy mirrored the presentations given in San Francisco.

Test results closely paralleled those of the San Francisco course. Fifty-eight out of 63 recerts and 77 out of 89 first-timers passed the final exam.

The beginning of June marks the deadline for assistants to register for the home-study course. The Fall weekend seminars will be held in San Francisco on October 23<sup>rd</sup> and 24<sup>th</sup> and in Newport Beach on November 13<sup>th</sup> and 14<sup>th</sup>.

## CALAOMS 4th Annual Meeting in Monterey

**O**n April 30 through May 3, CALAOMS hosted its 4<sup>th</sup> Annual Membership Meeting held at the Monterey Plaza Hotel and Spa in Monterey. The meeting was followed by the spring PALs course as well.

This years meeting was dedicated to Terry W. Slaughter, DDS, for his years of service and dedication to the profession of Oral and Maxillofacial Surgery. Terry has always been one of the first to stand in opposition of regulations that restrict the role of oral surgeons. He was adamant that the name of the specialty be changed from oral surgery to oral and maxillofacial surgery to reflect the ever-expanding role of oral surgery.

Terry has also served the profession by not only being active in many dental organizations, but by serving on many of these same organization's boards. Terry has held so many positions, that it would be very difficult to name all of them here. A few key positions are President of the Northern California Society of Oral and Maxillofacial Surgeons (NCSOMS) 1974, and President of the American Association of Oral and Maxillofacial Surgeons (AAOMS) 1978.



*Pictured here is Peter K. Moy, DMD fielding one of the many questions that accompanied his presentations on Implants.*

Terry received his Dedication plaque at the Past President's Dinner / Membership Banquet on Friday April 30<sup>th</sup>. The Dinner was held in the Outer Bay Room of the Monterey Bay Aquarium. A truly stunning venue that was awe-inspiring to all that attended. The event started with cocktails while attendees had



*Vincent W. Farhood, DDS, and wife Susan stun the crowd at the Past President's Dinner/Membership Banquet with a dazzling display of Ballroom Dance.*

the opportunity to view some of the exhibits such as the new sharks exhibit. Cocktails finished with a demonstration on the finer points of ballroom dancing preformed by Vince and Susan Farhood, DDS. Members and guest then adjourned to a sumptuous dinner follow by the dedication being presented over desert.

The topics for this years scientific sessions for Saturday were "Street Drugs and Herbal Remedies" presented by Dr. Sue Carlisle, Ph.D., M.D. and "Street Drugs, How to recognize a person under their influence" presented by CHP Officer Steve Miriani. The purpose of these lectures was to help evaluate a patient prior to the administration of an anesthetic agent and knowing what questions to ask. These were very useful for today's ever increasing use of street drugs, and homeopathic remedies.



Saturday, also held the CALAOMS Health Foundation's Table Clinic competition for residents. Four residents competed for prize money by presenting brief topics for the memberships review. The table clinics were judged for content, presentation and merit, by a panel of judges, and awards were presented to the winners during lunch. For further information, please see the article on page 9.

Saturday's luncheon was also a time to honor other members. Larry J. Moore, DDS, MS, and Vince Farhood DDS both received the Committee Chairman of the Year award for 2003 for their outstanding service. Legal council Art Curley Esq. was made an honorary member of CALAOMS for his years of legal service to Dentistry and

OMS. Now you can get your third molars extracted and file for divorce all in one painless visit.

Sunday's session was "Advanced Surgical Concepts in Implant Dentistry" presented by one of our own members Peter K. Moy, DMD. The topic of dental implants, proper placement and bone grafting still remain a topic of high interest by our membership. Peter's presentation was well received and generated so many question, that at one point Dr. Larry J. Moore had to ask the membership to limit their questions in order to allow Dr. Moy time to present all of his planned material. CALAOMS would also like to recognize the fact the Dr. Moy would not accept his normal honorarium for speaking at the meeting. Peter, thank you very much for your contribution.



*Terry W. Slaughter, DDS receives the Annual Meeting Dedication plaque presented by CALAOMS President P. Thomas Hiser, DDS, MS, for years of dedication and service.*



*Larry J. Moore, DDS, MS, receives the Committee Chairman of the Year award for 2003 presented by CALAOMS President P. Thomas Hiser, DDS, MS.*



*Vincent W. Farhood, DDS receives the Committee Chairman of the Year award for 2003 presented by CALAOMS President P. Thomas Hiser, DDS, MS.*



*Art Curley, Esq., receives his Certificate of Honorary Membership to CALAOMS presented by President P. Thomas Hiser, DDS, MS.*

# General Announcements

## ABOMS Diplomates

CALAOMS would like to recognize the following members for achieving the honor of Diplomate of the American Board of Oral and Maxillofacial Surgery.

Arsalan Ahani	Gregory Hailey
Joy Wang	Scott Fross
Ramtin Vahadi	David Ehsan
Gregory Thomas	Marcus Cox
Andrew Rahn	Radhika Chigurupati
Michael Newton	Steven Barney
Alex McDonald	Simona Arcan
Andrew Lee	Robert Mower
Mark Kuo	William K. Tom
Jone Kim	D. Allen Pulsipher

Congratulations for obtaining this professional status and on a job well done!

## Membership Info Update

At the end of this summer, you should be receiving the annual update letter from CALAOMS requesting updated membership information. We really need accurate information from our members so that we may better serve you. This year instead of just initialing no changes needed, please take the time to look over every category and provide current information, especially if the category is blank. We really need your email address. There are times when an event changes at the last minute or some important information needs to be disseminated quickly. The best way is by email. It cuts down on time and there are no fax pages that need to be thrown away if you are not interested. We promise you that your address will not be overused or shared with any other organization. In fact all future messages to the entire membership will be addressed through BCC (blind courtesy copy) so your address will not appear on anyone else's email. We are sure that this makes sense to you, as you do not want to be one of those members that complain they missed out on important information because we didn't have your current information.

# Upcoming Events

## 2004

**OMSA Home Study Course - Fall**  
July 5, 2004

**Residents' Presentation**  
October 13, 2004                      Irvine

**Medical Emergencies**  
October 20, 2004                      Costa Mesa

**Risk Management**  
October 20, 2004                      Pleasanton

**OMSA Weekend Seminar**  
October 23-24, 2004                      San Francisco

**Risk Management**  
October 27, 2004                      Costa Mesa

**ACLS**  
October 30, 2004                      Solano

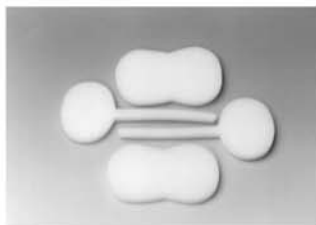
**OMSA Expanded**  
November 10, 2004                      Pleasanton

**OMSA Weekend Seminar**  
November 13-14, 2004                      Newport Beach

## 2005

**Palm Springs Meeting**  
January 14-16, 2005                      Palm Springs

**5th Annual Meeting**  
May 21-22, 2005                      Newport Beach



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# Photo Essay on Monterey

Photos taken at CALAOMS' Annual Meeting in Monterey



*Sunrise over Monterey Bay*



*Dune grass of Monterey Coast Line*



*Tuscon is one of the many architectural styles that adorne the area*



*Living Art - Jelly fishes of Monterey Bay Aquarium*



*Storybook Cottage in Carmel*



*Sun sets on Monterey's Famous Lone Pine*



*Monterey's Fishing Fleet heads out to sea as the sun rise*

# Classified



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\***Exam Chairs** - Plan Mecca Proline Powder Blue/White Fully Automatic \$6,177 New. Asking \$4,000 or BO.

\***HP Scanjet 4C/T** Scanner with transparency adapter to scan x-rays & films. Original Manual on SCSI adapter. Asking \$600 or BO.

\***CPU Back-up Power Supply** APC - Smart UPS 450. Original Manuals & Drivers. Asking \$300.00. Call (559) 447-0544

**FOR SALE:** Nellcor Puritan Bennett NPB-75. Combination capnograph and pulse oximeter. Compact 7"x3"x2" size. Uses microstream sampling for CO2 allowing excellent waveform even in "open" (i.e.:non-intubated) anesthetic systems. Includes pole mount, manual, finger probe and sampling cannulas. New equipment purchase leaves this unit unused. \$1750 OBO. Mark Grecco (209) 824-7230.

### JOB OPPORTUNITIES/ PRACTICES FOR SALE

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

**DOWNEY, CA**

This office has been an Oral Surgery Office Since 1963. The office is fully equipped for an oral surgeon with a general anesthesia license. This practice is being sold due to the death of the practitioner, Dr. Calvin Spoolstra. An oral and maxillofacial surgeon is needed ASAP to work the practice until sold. Please contact MaryEllen or Christina Spoolstra @ (714) 846-3940 or (562) 923-7257.

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**ORANGE COUNTY, CA**

**IMMEDIATE PART TIME POSITION AVAILABLE** for an Oral and Maxillofacial Surgeon at a fast growing Orange County practice. Please call or fax Hugo at Phone: (714) 734-9363; Fax: (714) 734-9362

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**SAN FRANCISCO, CA**

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staff. Seeking associate with partnership intent Please contact Kyle Van Broklin, DMD, MS.

**SAN FRANCISCO, CA**

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The surgeon may have the opportunity to become Chief of Dentistry and Oral and Maxillofacial Surgery at a major hospital in San Francisco. In addition, the surgeon may have an opportunity to perform major pediatric oral and maxillofacial surgery at a Children's Hospital in the Bay Area. Fax resume to (415) 648-6068.

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Santa Cruz, CA 95065  
Phone (831)475-0221  
Fax (831)475-3573

**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) 783-1332. Questions can also be emailed to [steve@calaoms.org](mailto:steve@calaoms.org).

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