



The COMPASS

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LEADERSHIP AN ONGOING EVOLUTION

For an organization such as CALAOMS to continue to be relevant, responsive and viable in meeting the needs of its membership, its leadership structure needs to be periodically reviewed. What in the past has worked, seemed to be appropriate and met the needs of an organization should not be taken for granted. Times change. People change. Needs change. Priorities change. It follows that an organization needs to also change, and with it possibly the leadership structure, if it is going to continue to prosper and meet the needs of its most precious asset, its membership.

It is with these thoughts that coming out of this year's Strategic Planning Session a need was perceived to reevaluate CALAOMS's leadership and organizational structure. As one looks back at the roots of our origin in 1986, it was obvious that California's two oral surgery societies needed to have a way to speak with a single voice in matters of advocacy, dealing with insurance companies, national oral surgery



Leadership involves constantly steering a new course to meet the ever changing business tides and winds

politics and the likes. Accordingly, through the thoughtful foresight of the leadership of NCSOMS and SCSOMS, CALAOMS was founded. Since that time CALAOMS has evolved into the single premier organization representing organized OMS in California with the dissolution of both NCSOMS and SCSOMS into CALAOMS. This transformation into a single organization has been most positive for our specialty by almost all accounts. It is not the purpose of this article to recount

those successes, but rather visit how our current leadership structure came into being.

Early on, and even as we amalgamated into this single organization, the CALAOMS Board of Directors was set up to include most if not all of the Officers of the two regional societies on an

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Editor's Corner



Corrine Cline-Fortunato D.D.S.

HAPPY FISCAL NEW YEAR!

Our office functions on a fiscal calendar so July 1st is a little like New Year's Day. It's a time we review the year, set or change policies and reflect on what we have learned and how to apply it to our office-based oral surgery practice. This year I learned some valuable lessons taught at the "School of Hard Knocks". These are practical bits of information not taught in CE courses. I thought I'd share some with you:

1) Complications from oral piercings, though "rare", do occur. I treated five this past year (three infections, one case of hyperplastic tissue and one lingual dysesthesia). Until recently my main concern with oral piercings was the affect they had on the diagnostic quality of the radiographs when a patient refused to remove their jewelry. It makes sense that these types of complications would present to the OMS practice. It makes even more

sense that they have become more prevalent as the rise in home "piercing parties" increases (two of the infections I treated were reported to have occurred after piercing was performed at a party).

2) If your patient orally consumes a suppository medication there is no need for alarm (as long as the foil wrapper was previously removed). The onset of action will be delayed, but the medication will still be effective.



3) In addition to Poison Control and the Fire Department you may want to include Child Protective Services as an easy to locate emergency phone number. You are obligated to report any case of *actual or suspected* abuse or neglect as soon as you discover it (as in right that minute). CPS is very adamant about this. Be prepared for CPS to arrive at your office and remove the child (treated or not). In most instances they will arrive with a court order for your records and will expect to duplicate them at that time so be sure they are in order.

Here's to a happy fiscal new year!



Bill Emmerson for State Assembly

Bill Emmerson announced his intention to run for the 63rd Assembly District at the annual CALAOMS breakfast during the California Dental Association Meeting in Anaheim in April.

An opening in the 63rd District was created when Assemblyman Bob Dutton announced his intention to run for the Senate seat, vacated by the termed-out Senator Jim Brulte.

Emmerson will be the second dentist to run for the State Assembly in recent years, following the lead of CALAOMS member Sam Aanestad, who was elected in 1998 to the Assembly and in 2002 to the Senate.

Emmerson, a former California legislative staff member and long-time volunteer with the California Dental Association, Tri County Dental Society, and various orthodontic associations, was encouraged to run for the Legislature by Senators Brulte and Aanestad.

You can reach the Bill Emmerson for Assembly campaign at: P.O. Box 7607, Redlands, CA 92375.



Letters to the Editor

Introducing Orthognathic Surgery in Vietnam

by Dale E. Stringer, DDS

In March of this year, I traveled to Ho Chi Minh City, Vietnam, with colleagues Dr. Liviu Eftimie, Dr. Brett King, and Dr. Wade Hill, to further introduce the principles of orthognathic surgery to Vietnamese oral surgeons. This was my fourth volunteer assignment with a Washington, DC-based organization called Health Volunteers Overseas (HVO) and my third visit to Vietnam since 1999.

HVO has been training Vietnamese oral surgeons at the Institute of Odonto-Stomatology and Maxillo-Facial Surgery in implantology since 1996. More than 100 implants are now being placed a year through this program. Prosthodontists are also participating in the HVO program and have significantly enhanced prosthodontic education in Vietnam. The institute's dental clinic and adjacent maxillofacial hospital is currently expanding from four operating rooms to eight and is now better prepared to handle major surgery cases.

The orthognathic aspect of HVO's oral surgery training program in Vietnam was harder to initiate than the implantology training but was desperately needed. While the Vietnamese faculty at the institute is made up of skilled

surgeons, the HVO program presented its first introduction and hands-on exposure to orthognathic surgery. Before our training, patients with jaw deformities in Vietnam simply were not corrected.

The introduction of orthognathic surgery in Vietnam was compounded by the fact that there are very few trained orthodontists in the country. As prospective surgery patients typically need one year to eighteen months of consistent orthodontic care to be properly prepared for surgery, we are now hoping to have patients ready for surgery on a yearly basis. The growing level of cooperation between Vietnamese orthodontists and oral surgeons is enhancing that process.

Our most recent volunteer assignment was a culmination of our previous work in Vietnam. During our February 2000 visit to Vietnam, we selected several of the patients who were operated on in March 2003. Our week in Vietnam was spent reviewing techniques and preparing patients for surgery alongside the Vietnamese practitioners, overseeing two and a half days of surgery and lecturing to more than 20 local oral surgeons and residents. Our last day was spent sightseeing with our hosts in and around Ho Chi Minh City and

following up with our surgery patients.

The goal of all HVO programs and certainly of the Oral and Maxillofacial Surgery Overseas Program in Vietnam is to teach, train and mentor local health care providers rather than to provide services. With that in mind, our role in Vietnam was to work with and to support the local oral surgeons who actually performed the operations.

Our Vietnamese colleagues were grateful for the time we spent with them and for sharing new techniques and skills. Patients were also thankful for the help they receive through HVO's training programs and typically present a gift to the doctors following surgery. The family of one little girl who we operated on in 2000, continues to email me to keep me updated on her health and school progress.

Volunteering through HVO in Vietnam has been a very rewarding and gratifying experience and I look forward to returning. I would recommend that anyone interested in advancing the speciality of oral and maxillofacial surgery worldwide to get involved with HVO. Membership dues support the development of oral surgery programs and volunteering is a way to contribute to our field and to the countless professionals and patients around the world who are in need of new skills and techniques.

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Leadership an Ongoing Evolution

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John S. Bond, D.M.D.

alternating basis between the north and the south. Accordingly we have six officers (President, President-Elect, Vice President, Secretary, Treasurer and Immediate Past President) and four Directors at Large. Historically, the typical ascension pattern has been to come on the Board as a Director, spending usually 3-4 years, and then being nominated to move on up through the chairs and accordingly easily spending 10 or more years in positions of leadership. This can be a worrisome, overbearing and unreasonable commitment to make by many within our membership ranks that would make excellent leaders for our organization.

It is with these thoughts in mind that an exploratory committee was set up by myself to look into the possibility of an alternative leadership structure. The hope would be that members desiring to take up positions of leadership and responsibility would not decline this opportunity simply out of an unwillingness to sign on for ten or more years without really knowing the commitment and inner workings

of the CALAOMS Board of Directors. It would seem that an Executive Committee, more in line with AAOMS's, consisting of a President, President-Elect, Vice President, Immediate Past President and Treasurer would more than suffice. It might well serve the organization to take the Treasurer out of the typical ascension pattern and have that be a long-term position to be filled for a number of years by someone with an interest in the finances of the organization. The Treasurer could certainly be nominated on down the line to move through the chairs, but it would not be an understood obligation. The Directors at Large (probably three to four) could serve staggered terms yet to be determined, certainly with the opportunity to move on through the chairs, but not with the up front expectation that they would. There are undoubtedly many members who might wish to serve on the Board as a Director for a few years but with no interest in continuing up the leadership ladder. This would be somewhat similar to the Trustees from the six districts in AAOMS. Future leadership almost always comes from those within the Board who choose to move on, but not all that serve on the Board may choose nor should they necessarily be expected to continue on.

The other beneficial change in our leadership structure, which needs to be visited and decided on, centers around long-term delegates to the AAOMS House of Delegates. California is lucky in that we have 7-8 delegates of the one hundred

that compose the AAOMS House of Delegates, depending on the annual census of membership. Most states have only one delegate who often is around for several years and not necessarily in a leadership position. Some states with more than one delegate have seen the wisdom in having a long-term delegate who is familiar with the workings of the House, remembers the history (since it often repeats itself) and has developed over the years a good working relationship with many other delegates. Politically, this offers great advantage when it comes to the inner workings of AAOMS and its leadership. In the past in California the delegates have all come from the Board of Directors, starting at the top and working down. It would seem that one or two long-term delegates would serve California very well, both within District VI and the AAOMS House of Delegates. This long-term delegate should be nominated and approved by the membership similar to all of our officers and directors. This concept is likewise being explored. It is our hope that within the next few months these changes can be agreed upon by your Board of Directors and submitted to the membership for their approval incorporating the necessary Bylaw changes. I would encourage anyone with thoughts or suggestions in this area to either contact myself or Pam Congdon, our Executive Director, with your input.

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

SCPIE's Risk Management Corner

Alter Your Records – Lose Your Case

Every medical malpractice suit can be won or lost based on the quality and content of the medical records. A potentially damaging suit can be won simply because the medical record was precise, thorough and accurate. A weak liability suit can be lost because the medical record was vague, incomplete or altered. Altering medical records can be the kiss of death to a provider's malpractice defense.

In a recent California case, an oral surgeon settled a defensible medical malpractice claim for nearly \$1 million simply because he had lost all credibility due to additions that had been made to the medical record. The involved surgeon faced allegations of failure to diagnose and treat an oral burn which resulted in infection and intracranial abscesses. The 41 year old plaintiff now suffers from severe asphasia and neurological deficits. Supportive expert reviews were initially obtained for the defense in this lawsuit.

During the course of the litigation, there were obvious

disparities in testimony between the plaintiff and the defendant surgeon. The patient claimed that on a second office visit she presented with obvious signs of infection and a history of problems manifested by protracted pain, swelling, temperature and limited jaw opening. The defendant claimed she presented with no symptoms except for a limited jaw opening which he diagnosed as TMJ problems related

Altering records is a sure way to sabotage your defense...

...It makes a doctor look like a liar and a cheat; the jury will never trust what he/she says.

to the original incident. However, significant errors in record keeping appeared to indicate an attempt of the defendant to cover up his failure to diagnose or treat the infection.

The doctor admitted there were numerous errors in the chart including the staff stamping the chart with the wrong dates and failing to annotate a "no show". In addition, the oral surgeon misdated two entries and completely re-wrote the entire entry of a previous visit. The erroneous entries were made with different colored inks, suggesting that they were done at

different times or in an attempt to look like they were done in the normal course of business.

There are situations when adding or deleting information to a chart is legitimate. However, no matter how innocent your intention, any change, if not done properly, can be seen as a self-serving attempt to cover a wrongdoing. For instance, a few days after a patient encounter, you may remember a detail you left out upon reviewing your records. Never backdate an entry. Date your entry truthfully and specify that you are adding it after the fact. Also, make the addition legible and obvious. Don't simply try to squeeze the new information in between the lines or scribble it in the margins.

Handwriting analysts are masters of the art of detecting inconsistencies found in records. Experts can point out variations in handwriting, chemical contents of inks, types of pens, etc. Examiners may use various techniques when medical records alteration is suspected: 1) Infrared examination of suspected obliterated entries; 2) Handwriting examination to determine if the sequence of the documents was altered; 3) Examination of documents to determine if any pages were inserted or removed; 4) Examination of folds, creases and stapler/punch holes to determine the history of the documents; and 5) Handwriting analysis to determine who wrote the entries.

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Teaching Centers

Much more than just a knife and gun club - a look at the LAC+USC Medical Center OMS Residency Program in 2003.

As the summer months slowly approach the numbers of traumatic facial injuries once again is on the rise at the Los Angeles County & University of Southern California Medical Center in Los Angeles (LAC/USC). This phenomenon is well known to the trauma surgeons in the County of Los Angeles. Dr. Dennis-Duke Yamashita (USC OMS'73), the current chairman of the LAC/USC Advanced Program in Oral & Maxillofacial Surgery, has a simple explanation. He jokingly relates it to the Braunian theory of molecular motion and temperature related increase in rates of molecular collisions. As Southern California temperatures climb so do the numbers of "interpersonal" collisions. Perhaps it is not the most scientifically valid explanation but there just may be something to it.

Be that as it may, the overall trauma numbers have been declining, based on the ten-year retrospective epidemiological database study concluded this year by the USC OMS and ENT residents. The concomitant decrease in Los Angeles County violent crime rates and motor vehicle accidents over the last ten years have both been linked to the almost 50% drop in midface skeletal and mandibular fractures presenting at LAC/USC Trauma Center. The current case numbers are still significant with over one thousand facial trauma victims treated annually. In fact, just this year the United States Navy chose the LA County program to train their OMS and Trauma teams in management of trauma and ballistic injuries. This year San Diego's Lt. Commanders Alan Schelhamer and Bo Carson spent their summer with the USC OMS program treating facial trauma and orthognathic patients.

The OMS residents and attending staff have pleasantly welcomed these trauma volume changes. In the last three years the program has been able to greatly expand its scope of training. The increased availability of operating room time for elective

surgeries, as well as close association with the Children's Hospital of Los Angeles (CHLA) department of Plastic Surgery, have allowed the development of a superb pediatric and orthognathic training curriculum for the current cadre of residents. The USC OMS surgeons now routinely perform midfacial and mandibular distractions in both adult and pediatric patients treating syndromal, cleft lip and palate, trauma and trach dependent patients. CHLA is one of the hot beds for this therapy on the west coast and the residents are integrally involved in all phases of the therapy. As a result of decreased insurance coverage for orthognathic case benefits in the private practice sector the program has seen well over a hundred referrals from private orthodontists for delivery of orthognathic care at our publicly funded institution.



At LAX+USC OMS residents are intimately involved in full scope of Oral & Maxillofacial surgical care. Here under the watchful guidance of the attending staff, Dr. Paul Bohman, the residents are performing a facial reconstructive procedure in their own dedicated OR Suite.

The program, which started in 1964 under the guidance of Marsh Robinson, is currently one of the largest OMS residency programs in North America. The program currently has fifteen residents in two separate tracks. There are also two internship positions available annually. The internship is highly sought after, as most of its graduates have been able to gain entry into high profile residency programs. The current four-year graduate track offers the OMS certificate while the six-year track graduates residents with an MD degree from Keck USC School of Medicine and an OMS certificate.

Anyone familiar with the "County Hospital" will vouch that, unlike in many other medical centers, one of the greatest attributes of this grand facility is the exceptionally friendly and collegial relationship between the three specialty programs treating cranio-facial and head and neck problems. OMS, ENT and Plastics residents routinely provide care to patients in a team approach with multi-specialty staff coverage. This atmosphere has allowed the residents from all three specialties to develop an understanding of how positive professional interactions, mutual respect and varied clinical

backgrounds can yield optimal care for their patients. As a result “The County” is a very pleasant working and learning environment. It is hoped that the positive relationships cultivated here will continue and influence the residents in future interaction with other cranio-facial and head and neck services in their communities.

The current program has a very diverse blend of individuals from various cultural and academic backgrounds. This is appropriate as the residents and staff are involved in provision of surgical care to the very culturally and ethnically diverse, but largely under-served, Los Angeles County community. In one of the busiest outpatient clinics in the country, the OMS residents provide outpatient surgical care to over 14,000 patients annually. The annual admissions to the OMS service alone amount to over 500 patients a year with approximately 400 major surgical procedures delivered at its surgical facilities.

Although this year’s three senior residents have quite different personalities and backgrounds, they have worked very well together to lead the 2002/03 OMS team to one of the most surgically active years in the history of the program.

Andy Afshar (Case Western DDS’97, USC Keck MD’00), famous for his TV appearance on the reality show “Blind date”, has an uncanny flavor for fashion and physical fitness. Andy is planning to enter into private practice in Arizona at the completion of his training. His medical school partner, Alex Kim (Columbia DDS’97, USC Keck MD’00), has spent his few minutes of spare time building a supercharged Mustang he hopes will avoid CHP’s radar due to its stealthy body-kit and low rider suspension. Alex is also quite a computer/multimedia wizard who plays a mean guitar. His career plans include staying in Southern California, where the rest of family resides.

The lone four year resident Peter Krakowiak (UBC DMD’95) is one of four Canadians currently in the residency program (making USC one of the largest “Canadian” training programs in the world). Peter is planning to make the West Coast his home as well. And just in case anyone out there is looking for an associate all three of the seniors can be contacted through their program.

The USC OMS program is not only involved in surgical ventures but has embraced the

areas of clinically relevant research with animal studies in distraction osteogenesis, human nerve injury research, oral cancer screening methodology development, diabetes and odontogenic infections in humans and socio-economical impact studies of the trauma population. Residents, under the guidance of their individual staff research mentors, have been repeatedly selected to present their research at several notable national and international forums. The Marsh Robinson Academy of OMS Foundation has been there to offer its strong financial support for their research pursuits technological advancement. This well establish program is funded by the USC OMS alumni and their ongoing support continues to be of great value to the residency program.

Of special note is the research accomplished by Dr. Yen (our staff PhD orthodontist) and Dr. Yamashita in the area of mandibular distraction. Numerous residents have assisted in this grant-funded effort to develop an animal model for the correction of anterior open bite deformities with mandibular distraction therapy. The distraction research has focused on developing protocols for implant anchored distraction osteogenesis, as well as internal maxillary distraction applications in cleft lip and palate patients. These efforts have led to the development of a USC designed distractor prototype for mass-market production by KLS-Martin.

Dr. McAndrews (one of the newest attending staff and USC OMS grad 2000) and Dr. Yamashita have also been successful at arranging for a funded clinical trial of fluorescent light based devices for detection of pre-malignant lesions in the oro-pharynx. The appliances are based on techniques that have proved successful in the detection of cervical lesions in obstetrics and gynecology.

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2003 crew of LAC+USC Residents with their Chairman Dr. Dennis-Duke Yamashita. USC has currently the largest training program on the West Coast and third largest program in North America.

Knife and Gun Club

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Dr. Bach Le (USC DDS 1994 and Oregon OMS'00) has been involved in mentoring the research in the area of nerve injury and its recovery in mandibular fractures. In addition he has co-authored several articles in the area of implants, bone grafting and alveolar distraction.

Dr. Joseph Anselmo, Col. USAF(R) and Temple OMS'64, is the new director of the hospital's department of dentistry. He has been busy over the last two years studying the relationship between diabetes and the incidence of severe space occupying infections.

The academic curriculum is always improving, most recently with the development of a comprehensive didactic and clinical implant module by Dr. Ted Tanabe (USC OMS'97), Dr. Ken Fortman (staff prosthodontic guru) and Dr. Bach Le. The residents are exposed to several different implant systems, all currently available at the hospital as well as the USC School of Dentistry. Recently the newly developed undergraduate implant program has involved the OMS residents in treatment planning and placement of endosseous implants for USC School of Dentistry patients. The dental school based OMS curriculum is predominantly mentored by Dr. David Hochwald (Loyola OMS). Overall, the current residents are getting large volumes of cases and a fully structured didactic implant curriculum.

This year brought the return of monthly Cranio-Facial Deformity Forums with the orthodontic faculty and residents at the USC School of Dentistry. These friendly CDC forums encourage Ortho and OMS residents to present and discuss interesting cases for mutual treatment planning input.

The USC program's mission has not only been to train skilled surgeons but also to serve the needs of the community. In the past few years the program directors

allowed the USC residents the opportunity to deliver oral surgical care to underserved children in the communities of Long Beach and Catalina Island. Residents venture to these communities with their specialized skills and provide care to children who would otherwise have no avenue for treatment. Several residents have also ventured to the East Los Angeles school district to promote oral health and spark youngsters interests in health care professions during career days.

As the academic year approaches an end and a new crew of residents enters

the program they will inherit a broad scoped and balanced training program. The two certificate tracks offer different paths, however over the last few years they have proven to give fairly even and ample exposure to oral surgical care. The program continues to turn out exceptionally knowledgeable and talented surgeons with the ability to perform expanded scope Oral & Maxillofacial Surgery. The program's future looks bright as it continues to expound its didactic and research curriculum while continuing to have case volumes second to none.

By Peter Krakowiak, D.D.

UCSF Ground Rounds in May

On May 13, 2003 the University of California, San Francisco held its Combined Ground Rounds. David C. Hatcher, DDS, MSC, MRCD(C), a radiologist who specializes in images for the head and neck region, was the featured guest speaker. He spoke about the latest in radiological technology including the Newtom Scan and their application in the Oral and Maxillofacial specialities. Pictured below are Dr. Hatcher, Dr. Tony Pogrel (head of the UCSF OMS Department), along with residents.

CALAOMS members are always encouraged to attend these short but informative lectures and rounds. One hour of dental and medical CE credits are available to attendees. The UCSF Department of Oral and Maxillofacial Surgery puts on these meetings with CALAOMS on a quarterly basis. We hope to see you at the next meeting in the series in September of this year. It will feature Arun Sharma, DDS, MSc, Assistant Professor of Prosthodontics, UCSF. Dr. Sharma will lecture on "Implant Considerations for the OMS". The date is Tuesday, September 30th, at 6:00 p.m. in room C-701.



From left to right are Doctors Schmidt, Lee, Pogrel, Hatcher, Chigurupati, and Reddy.

The Sadi Fontaine Academy; UOP-Highland Hospital's Oral & Maxillofacial Surgery Residency Training Program Alumni Association 2003

The Fortieth Annual Congress of the Sadi Fontaine Academy was held on March 15 and 16 at the beautiful Western Saint Frances Hotel in San Francisco. The speaker for this year's congress was Dr. Robert Campbell, Professor of Oral Maxillofacial Surgery at the School of Dentistry, as well as Professor of Anesthesiology at the School of Medicine; Medical College of Virginia in Richmond, Virginia. The presentation was entitled "Office Based Anesthesia: New Technologies and Review of the Past, Present, and the Future".

Dr. Campbell's outstanding presentation began on Saturday morning and ended Sunday afternoon. Topics covered were, New Anesthetic Technologies including the use of Sevoflurane and Isoflurane in the out patient office setting. He also discussed the use of Propofol, Ketamine and infusion pumps in delivery of general anesthesia in the private practice. Dr. Campbell went on to discuss in detail management of anesthetic complications as well as the use of nonendotracheal anesthesia for adults and children. An extensive review of anesthetic complications such as malignant hyperthermia, as well as laryngeal spasms were also presented. Dr. Campbell concluded by discussing the LMA-Classic. The use of the laryngeal masks made the audience aware of this unique device, which provides for a secure and a reliable airway without the use of a laryngeal scope in blind insertions. The limited risk of esophageal or bronchial misplacement was also presented using the device. Dr. Campbell's presentation ended with a question and answer session, which lasted well beyond the allocated time. We are extremely grateful for his generous donation of time and knowledge to our members.

The Fortieth Congress was dedicated to our dear colleague, Dr. John C. Dittmer. As you all are aware, John practiced in Lafayette, California. In September of 1997, John suffered a cerebral aneurysm which forced him to leave his private practice. John was honored along with his beautiful wife Kate, and his daughter, Dr. Franziska Dittmer-Duton, who graduated from the University of the Pacific School of Dentistry in the year 2000. Also present was Mr. Matthew Duton, Franziska's husband.

At the Dinner Banquet on Saturday evening, our own alumni, the Honorable California Senator, Dr. Sam Aanestad, presented John with a "California Senate Resolution" for his years of dedication to our profession and to his patients.

Prior to the conclusion of an elegant evening, Dr. Thomas Indersano, Chairman of the UOP-Highland Oral and Maxillofacial Residency Training Program, introduced the Residents and their spouses and welcomed distinguished guests, including Drs. Kramer and Packard, past chairmen of the residency program.

The Sadi Fontaine's Forty First Annual Congress is in its planning stages. The tentative date is planned for March of 2004. A brochure of the upcoming meeting will be sent to the Sadi Fontaine CALAOMS Membership in January of 2004. For further information or any questions, please contact Dr. Ed Bedrossian at 415-956-6610 or oms@sfimplants.com.

*Edmond Bedrossian, DDS, FACD, FACOMS
President, Sadi Fontaine Academy*



Senator Samuel Aanestad D.D.S. Presents the Senate Resolution to CALAOMS Member John C. Dittmer D.D.S



Dr. Edmond Bedrossian(center) with 1999 Graduate Dr. Okezie (left), and 2002 Graduate Dr. Far (right)

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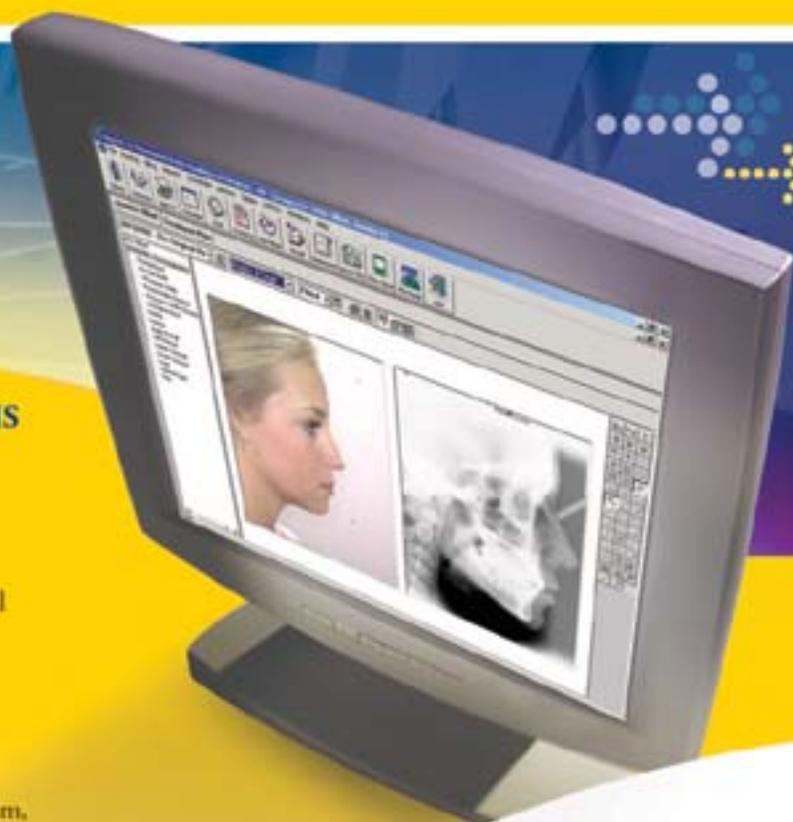
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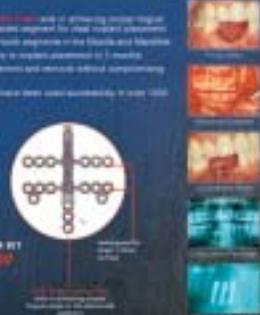
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Indications include: lack of alveolar ridge height, angle in the anterior segment for ideal implant placement, angle or midline tooth angulation in the Maxilla and Mandible, Flared ridge angulation in implant placement in Maxilla, Bone above alveolar crest and alveolar crestal resorption over time.

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Bone Mill

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Bone Graft Kit

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...Naturally!

Autogenous Bone Grafts



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ITEM	DESCRIPTION	QTY
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01-0003	Clarizio Sinus Lift Instrument	100
01-0004	Clarizio Sinus Lift Instrument	100
01-0005	Clarizio Sinus Lift Instrument	100
01-0006	Clarizio Sinus Lift Instrument	100
01-0007	Clarizio Sinus Lift Instrument	100
01-0008	Clarizio Sinus Lift Instrument	100
01-0009	Clarizio Sinus Lift Instrument	100
01-0010	Clarizio Sinus Lift Instrument	100



Sinus Lift Instruments

California Trends and Oral Surgeons: Demographic Changes that will Matter to Oral Surgeons

There are three key trends that will matter most to oral and maxillofacial surgeons over the next twenty years and into the distant future. Demographers are confident of these predictions because all of the elements that will form these trends are already present.

1. People, People, People

The sheer number of people will increase dramatically. The 2000 Census showed that the United States had 280 million people at the end of the last decade. We are expected to gain 70 million people over the next two decades. Several states, especially those in the North East, are facing a net loss in population. Several states (especially in the Midwest) are expected to stay about even. The big news for California Oral Surgeons is that the majority of the growth will occur in three states: California, Texas, and Florida. Nevada, Arizona, and Utah will tend to attract large populations to major metropolitan areas such as Las Vegas, and Phoenix; but these are more regionalized growth phenomena.

This uneven distribution of population means that rather than a nice, even 25% growth in

population, California may increase in population by 40%. Every community and county in California is going through an increase.

2. Diversity is King

The complexion of California is changing. There is a myth that the majority of new residents in the state are from Mexico. It is true that within 25 years the Hispanic population nationwide will increase

The big news for California Oral Surgeons is that the majority of the growth will occur in three states: California, Texas, and Florida.

to 70 million from 35 million today. But the Hispanic market is extremely diverse. Mexico is just one of several countries that contribute large numbers of citizens to the State. It is possible that an oral surgeon in Los Angeles may appeal to one of the many subgroups of the Spanish speaking population (i.e., Guatemalan, Salvadoran, Columbian, etc.). While they have a common language, they consider their cultures to be quite different and tend to live in neighborhoods of their previous national origin.

The ethnic growth will continue for Asians. Their numbers are expected to double from 12 million to about 24 million for the nation. As much as 1/2 of their total numbers may move to California.

All of this means that California is becoming much more diverse than it previously was. There is a debate among demographers and marketers about how to promote businesses. Some say that we must “micro-market” to very small, diverse groups. Others say we should look for a new “American Melting Pot” that will express itself as a new amalgamated American Culture. Based upon America’s history, this seems like the most likely scenario.

It is likely, for instance, that the expectations for third-molar extractions may be different from culture to culture. We have observed that non-symptomatic treatments are deemed much less important by first-generation Americans than by their descendents. The question is, “How long will dental-acculturation take for these new residents?”.

3. The Graying of America

This is a poorly understood trend. In short, it means that the number of older Americans will increase. Their percentage will also increase. The reasons are complex.

For one, the American life expectancy has greatly increased. For another, there are fewer children being born per American woman (referred to as the “Fertility Rate”). It is also true that older Americans are healthier than their counterparts in previous generations. A person may have considered themselves “Old” when they reached 60. Now, “Old” is a relative term.

It is expected that there will be twice as many seniors in 2025 as there are African American’s today. Their money and their tendency to control political issues (they are major voters), will make them a powerful force. The percentage of adults 85+ will increase by 110% within 25 years.

The profession will probably have to redefine “geriatric dentistry.” Rather than considering services that plague older adults, it will probably become the services to eliminate the results associated with aging.

California, especially with its inland deserts (and golf courses) will accelerate faster than the rest of the Nation as more seniors from out of state discover California. These new Californians will likely come from the Northwestern and Central United States that have colder winters. While the cost-of-living may be higher for these seniors, they consider it to be a worthwhile trade-off in quality-of-life.

4. Changing California

California has always been politically driven by two non-contiguous regions: The Bay Area and The Los Angeles/Orange County Area. While they are likely to continue to add population, the most significant growth projections are associated with the Central Valley. These include Madera, Imperial, Calaveras, Kings, and San Benito. All of these had more than 30% growth in the last five years. Nearly all of the counties on the eastern side of the state, from Imperial County through Sutter County, are expected to have the most dramatic growth in the State. This is not due to an exodus from the more urban, coastal cities. Rather it is a migration of younger, more “family-oriented” households with children. This growth is fueled by less expensive housing, increased job availability, reduced commutes, and perceived quality of life.

By Scott McDonald

To find out about the demographics in your area of California, please call Scott McDonald & Associates (Dental Demographics) at (800) 424-6222 or scott@scottmcdonald.org.



Alter Your Records – Lose Your Case

Continued from Page 7

The primary reason for keeping any medical record must be to improve patient care. If defending a possible lawsuit is an obvious record keeping motive, credibility of the record is lost. Everyone makes mistakes but the methods for correcting mistakes in records should be clear to avoid suspicion.

Changes necessary to protect a patient from possible harm are always appropriate. For example, erroneously writing that a patient is allergic to penicillin when you really meant tetracycline could endanger the patient. This entry should be changed to avoid an injury. A common question asked is, “How long after writing a record, is it still appropriate to make changes?”. If the record needs to be changed for patient care purposes, it may be changed at any time thereafter. If the record change is not necessary for patient care, it should not be made at any time.

Altering records is a sure way to sabotage your defense. Plaintiff attorneys always hope that doctors have altered their records because if they can prove it, the suit is over. It makes a doctor look like a liar and a cheat; the jury will never trust what he/she says.

By Barbara Worsley, head of the Risk Management department at The SCPIE Companies.

March Continuing Education: “Management of Emergencies in the OMS Practice”

By Eric Eklund

On March 12, 2003 at the Pleasanton Hilton, CALAMOS once again presented “Management of Emergencies in the OMS Practice”. This semi-annual meeting provides participants (surgeons and their staff) with current practical

For the first time in several years the “old guard” turned the reins over to a new crop of course organizers who put together an excellent program. In addition to Dr. Nix, the presenters included Louie Limchayseng, Wes Emison, Michael Beckley, Scott Podlesh, Bryan Krey and Tim Silegy. Credit

was given to Dr. Richard Robinson, former chairman of this program, for his assistance to these new presenters. Topics included management of complications of the following systems: cardiovascular, respiratory, immune, nervous and endocrine. Presentations were given by lecture, computer-based slides and live simulated emergencies utilizing the lectures’ staff members to demonstrate the team approach to treating office emergencies. Equipment and supplies for the demonstrations were provided by some of the meeting sponsors. A similar program is planned for October in southern California so more members can benefit from this informative and very useful course.



Dr. Limchayseng delivers his presentation on a stage that is set up as a mock surgery room, including equipment, assistant and patient.

information for handling the difficult situations we may encounter in our day-to-day practice of office based oral and maxillofacial surgery and is a good update for preparing for the Dental Board’s onsite anesthesia evaluation. As always, this was a well-attended meeting. Course Chairman and Moderator, Ned Nix, informed the audience that some members had to be denied registration because the number of participants was at full capacity.



Lecturers at the Management of Emergencies in the OMS Practice pictured from left to right Doctors Beckley, Silegy, Podlesh, Limchayseng, Nix, Krey and Emison.

Editor’s note

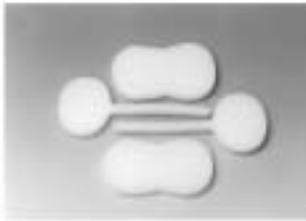
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General Announcements

Thank you Evaluators

CALAOMS would like to thank all of the general anesthesia and conscious sedation evaluators who have been working diligently to make us current with on-site inspections. Due to the efforts of our evaluators, by the end of September we will be current. We are grateful to the evaluators for volunteering their time and energies to help the profession in this way. Evaluators donate their personal time or take time away from their own practices in order to perform these duties. Their efforts provide maintenance of professional standards, and safety for our patients, in addition to keeping permit renewal fees to a minimum.

CALAOMS and the Dental Board are grateful to these doctors who give back to their profession.

Equipment Sales

McKesson Medical Corporation has been working in conjunction with specific equipment suppliers to make equipment available to the membership at volume discount prices. As many of you are aware we started with MRLAEDs which were a tremendous hit, and we sold over 150 units. Even though the promotion is over we are still receiving calls requesting these units. Although no longer available at these prices, we can still purchase them for you.

We have sold numerous Atlas Monitors as well as Midmark Autoclaves and Sterilizers. Both of these promotions will be over by the time of this publication.

If you would like to take advantage of the savings offered by these promo-



tions, you need to make your purchases by the end of the deadline. The manufacturers control these deadlines, and once they are up we will not be able to receive their special prices.

These promotions are going out by mail and fax. If you have not received ask you office staff to make sure they place them on your desk. Look to the future for great prices on Midmark chairs designed for the OMS office.

If you have questions about our equipment promotions call the Central Office at (800) 500-1332.

Upcoming Events

2003

PALS

August 16, 2003

Canceled

San Francisco

Effective Organization of Office Emergencies

October 1, 2003

Burbank

Fall Meeting - Resort At Squaw Creek

October 10-12, 2003

Lake Tahoe

OMSA (Assistant's Course)

October 25-26, 2003

Irvine

ACLS - CALAOMS

November 1, 2003

Solano

SCPIE/Risk Management Seminar

November 5, 2003

TBA South Area

SCPIE/Risk Management Seminar

November 12, 2003

Pleasanton

2004

Palm Springs Meeting - Anesth. Symp. 2004

January 16-18, 2004

Palms Springs

CALAOMS 4th Annual Meeting

April 30 - May 4, 2004

Monterey

Fall Membership Meeting

November 5-7, 2004

Silverado

In Memoriam

Thomas A. Seaton, D.D.S November 8, 1928 to March 17, 2003



Dr. Thomas Seaton, 74, passed away on March 17, 2003. Tom was born in Berea, Ohio to Ethel and Paul Seaton D.D.S on November 8, 1928. In his youth, Tom was an excellent athlete and played in the position of center on his high school football team. After graduation, Tom spent several years in the Marine Corps. He then decided to follow in his father's footsteps and graduated from the Ohio State School of Dentistry in 1954.

Wanting to further his career Tom graduated from the University of Pennsylvania in 1958 with his degree in Oral Surgery. He completed his residency at Parkland Memorial Hospital in Dallas Texas in 1959. Upon completion, Tom moved to Sacramento California, where he spent a year before settling down in San Diego.

It did not take Dr. Seaton very long before he became an integral part of San Diego's dental community. Tom took a very active role in his professions by becoming a member in many dental and specialty societies which include, San Diego County Dental Society, CDA, ADA, the former SCSOMS, CALAOMS, AAOMS, ACOMS, and ADSA.

Tom spent considerable effort to improve his knowledge and the profession of Oral Surgery. Early in his career he served as the Chief of Staff of OMS at Mercy Hospital. He served on the Board of SCSOMS for many years, which culminated with his Presidency in 1987. Tom was also honored in 1996 with our organization's Dr. Adrian Hubbel Distinguished Service Award, for his life long commitment to OMS. Tom was also awarded with a fellowship in the American College of Dentists in 1999.

When Tom was not in the office, he could be found pursuing a lower handicap on the golf course. He loved to watch the ponies run "where the surf meets the turf" at the world renowned Del Mar Racetrack. In the fall, Sundays were spent rooting for his favorite football team, the San Diego Chargers.

Tom remained active in OMS until his sudden death. He is survived by his wife Jo Ann Fine of San Diego, his son Scott Seaton, stepdaughter Lori Winenberg, stepsons, Andrew and Larry Fine, his sister Martha Ann McGerry, and two grandchildren.



Phuc Vinh Le, D.D.S May 4, 1967 - June 8, 2003



Born on May 4, 1967, Dr. Phuc Vinh Le died in a tragic scuba diving accident at the age of 36, on June 8 2003. Dr. Le was born in Saigon, Vietnam. He was a graduate from McGill University, School of Dentistry, Class of 1992. He later graduated from Boston University in 1997 with his degree in oral surgery.

Dr. Le moved out west to California where he settled in Huntington Beach, and set up practice in Westminster. Phuc was an upstanding member of his community and this association.

It is always sad when one of our own pass on, but it is even much more difficult to accept when they are young, with a full life and practice ahead of them. Dr. Le will surely be missed.

AAOMS District VI Update



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

The AAOMS Board of Trustees held a very successful meeting June 1 – 4, 2003 in Rosemont, Illinois. Subsequent to considerable deliberation, and several weeks of close monitoring, the Board decided to cancel the 2003 AAOMS Annual Meeting in Toronto, Canada and move the meeting to Orlando, Florida. This decision was made in response to member concerns and a growing belief that the Severe Acute Respiratory Syndrome (SARS) outbreak in Toronto presented a potential risk to those planning to attend the meeting. The health and welfare of AAOMS members, their staff and families have been the primary concern of the Board of Trustees, and this concern was the motivating factor in the decision to change the location for the 2003 Annual Meeting.

Although the site is different, the dates, September 10 – 13 remain the same. Utilizing the hotels and convention center in Orlando, we anticipate the same high quality educational

program, the unparalleled exhibition and the enjoyable special events that are the hallmarks of the AAOMS Annual Meeting.

There is one remaining concern. As most of you are aware, the AAOMS selects an Annual Meeting site and signs binding agreements five to six years in advance. The decision to move the Annual Meeting a short 13 weeks before its scheduled start date will likely result in a financial loss to the Association. Therefore, we ask that you make plans to attend the Orlando meeting with your staff and family. Find complete registration information at www.AAOMS.org and come to Orlando!!

2003 Annual Audit Report

Representatives of the accounting firm, Grant Thornton, LLP, have completed the annual audit of AAOMS financial statements. The auditors praised AAOMS for its careful financial policies and procedures. They noted they often hold AAOMS up as an example of a well-run organization for other clients to emulate.

2004 Proposed Budget

Your Board worked diligently to bring forward a balanced 2004 budget that funds priorities of the Association as outlined in the Strategic Plan, and returns over \$200,000.00 to AAOMS reserves. Funding was provided to

such priorities as the final year of the Third Molar Study, the Faculty Education and Development Awards, Outcomes Research on dental implants and orthognathic surgery, state dental board and scope of practice advocacy and a host of continuing education activities, including our Annual Meeting. The Budget and Finance Committee submitted an initial budget, which was refined by the Board, and will be sent forward to the House of Delegates for final ratification in September.

As you may be aware, AAOMS realizes approximately \$500,000 a year from the lease of the second floor office space in the headquarters building. Recently the current tenant gave notice that they intend to vacate the space by the end of 2003. Since there is a surplus of vacant corporate space in the Chicago area, the Budget and Finance Committee assumed a six-month vacancy when preparing the budget. Staff will continue to advertise and market the space with the hope that a tenant may be identified as soon as possible.

Other Items of Interest:

- The Board reviewed recommendations from the Faculty Recruitment and Retention Workshop Report. A special task force will be appointed to prioritize the recommendations emanating from the workshop.
- The Board met with representatives of Discus Dental, developers of the new OMSVision practice management software. The

Board reviewed the software and approved version 1.0 of the OMSVision for release. OMSVision was developed with input from AAOMS and practicing oral and maxillofacial surgeons, and will provide state-of-the-art technology for AAOMS members.

- Dr. Clark Taylor, an AAOMS fellow and current President of the American Academy of Cosmetic Surgery (AACS), proposed possible avenues of collaboration between AAOMS and AACS. The Board invited Dr. Taylor to give comments at a 2003 AAOMS House of Delegates session in Orlando, Florida.

- Dr. Donny Quick, chairman of the AAOMS Resident Organizations (ROAAOMS), also met with the Board to discuss the many successful ROAAOMS programs and activities. He stressed the vitality and commitment of our residents to the specialty.

In addition to these important reports and actions, your Board:

- Reviewed and updated the AAOMS Strategic Plan.

- Reviewed and approved program outlines for the 2004 Annual Meeting and Dental Implant Conference

- Reviewed and approved Annual Reports from all committees of the Association

- Heard a report and update on the *JOMS* from our Editor

- Heard reports on AAOMS involvement with the JCAHO Wrong Site Surgery Workshop

- Reviewed and approved appointments to committees for 2003 – 2004

- Updated information on the guidelines for credentialing OMFS in Facial Cosmetic Surgery

- Approved a new diversity statement

- Discussed policy amendments, additions and deletions, which will be referred to the HOD for consideration. A significant issue being considered is e-mail communication within the association

- Closer to District 6, the Board of Trustees did not support last years Resolution B-11 to allow AAOMS members to serve as voting delegates in the AAOMS HOD

Your AAOMS Board of Trustees continues to work diligently in the best interest of the specialty and our members. It is an honor and pleasure to represent you as your District 6 Trustee. As always, if you have any suggestions, comments or concerns, please feel free to contact me. I also hope to see many of you at the Western Society Annual Meeting in Whistler, July 18 – 23, 2003. It'll be a great time, so try to attend.

In good health,

Rick Crinzi

Orthognathic Surgery in Vietnam

Continued from Page 4

Health Volunteers Overseas (HVO) was founded in 1986 to improve global health through education. More than 3,800 health professionals have been sent to 50 training sites in more than 25 developing countries to teach, train and mentor local health care workers. HVO's programs are divided into specialities and include oral surgery, anesthesia, dentistry, nurse anesthesia, internal medicine, nursing, hand surgery, orthopaedics, pediatrics and physical therapy.

The Oral and Maxillofacial Surgery Overseas division of HVO is currently recruiting volunteers for one to two week assignments in Cambodia, India, Peru and Vietnam. For more information about these volunteer opportunities, contact the HVO Program Department (202) 296-0928 or by email at k.fincham@hvousa.org. The HVO web site is www.hvousa.org.

See HVO's Ad on Page 3



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