



The Westerner

Volume 16, Issue 2

Fall 2003

President's Message

President's Message

Kudos to Dr. Charles Walter for organizing an excellent 2003 annual meeting! Dr. Jeff Dembo presented a well-received program covering anesthesia emergencies preparedness and management. The Whistler, BC venue was incredibly beautiful, and the weather cooperated fully. Stories from attendees were filled with the usual activities of golf, swimming, spa sessions, hiking, and mountain biking; but there were also reports of lesser-known activities like high trapeze flying, glacier skiing and snow boarding, and cable "zip" line excursions (the latter sounding like something from a misplaced "Raiders of the Have -You-Lost-Mind?" theme park ride). You know who you are... The traditional Western Bar-B-Q revealed the dusted off, or in some cases brand-new, and likely soon to be deep-closet accessories - I'd forgotten what spurs looked like. The fare was varied and delicious. The proverbial good time was had. Thank you Chuck!

I am pleased to have the opportunity to serve in the role of President of the WSOMS this year. My



President Mark Egbert, DDS

involvement with pediatric oral and maxillofacial surgery has lead me to the choice of a pediatric theme for our 2004 annual meeting in Las Vegas, Nevada. I've been successful in lining up great speakers, and a beautiful resort, so save the dates of April 2-6, 2004!

The business of the Society goes on. We have recently returned from a successful Western Board meeting and District Caucus. The board learned that our balance sheet is healthy and in the black. This is in large measure thanks to the Whistler meeting, and is also due to increased membership gained in conjunction with the annual meeting registration. We are a healthier organization these

days owing to the work of many dedicated and responsible stewards who have served as your board and leadership during these past number of years. We will continue to exercise fiscal restraint in running your Western Society to maintain a positive balance.

Continuing the tradition of involvement and volunteerism, I would like to welcome our newest members of the Western Board. Dr. Steven Beadnell hails from Portland, Oregon, and Dr. John Tidwell is from Seattle, Washington. We look forward to their input and guidance as the Western Society enters a period of relative strength within our national organization. Each of them brings experience in local leadership and a fresh perspective to the board.

The Western District will continue to be prominently represented in the leadership of the AAOMS for at least the next several years. Dr. Elgan Stamper became the AAOMS president in Orlando. Congratulations to him, and congratulations to those hard working delegates, representatives,

(Cont. on page 9)

Trustee Update

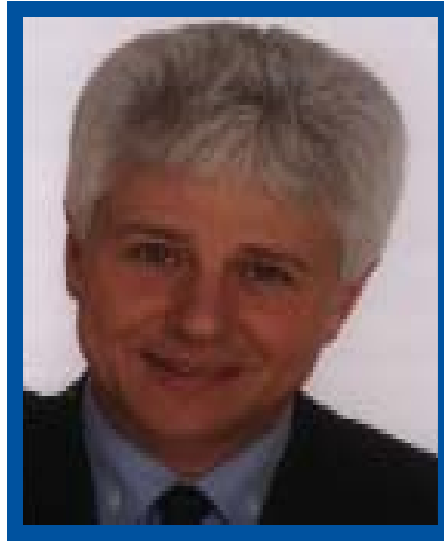
It was a busy summer with AAOMS activities. The highlights include a weeklong June Board of Trustees meeting in Sonoma; an excellent Western Society of OMS meeting in Whistler B.C; a summer 6th District caucus and culminated with the AAOMS meeting in Orlando, FL.

Although the road to Orlando for the 85th AAOMS Annual Meeting, Scientific Sessions and Exhibition traveled a circuitous route through Toronto, the final destination proved a beautiful locale for an enjoyable and successful program.

Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) 50th anniversary meeting, the AAOMS Annual Meeting welcomed 4000 total registrants, including 1600 members, their families, staff and invited guests to a program that featured symposia on the latest clinical treatments and surgical techniques; practice clinics and workshops; practice management sessions and assistant skills programs.

Prior to the beginning of the Annual Meeting, the Board of Trustees convened their September meeting. Following are the highlights of our actions:

1. Reviewed the association's July 2003 financial statements and noted that revenues and expenses were at or better than the amount budgeted. The Board thanked outgoing Treasurer Jay Malmquist for his financial stewardship over the last



Richard Crinzi, D.D.S.

two years. AAOMS is in excellent financial "health".

2. Approved an agreement with computer hardware and support provider COMPUTEK to market the necessary equipment and service in conjunction with the sales of Discus Dental's OMSVision practice management software system.

3. Reviewed a new recruitment video designed to encourage dental students to consider a future in oral and maxillofacial surgery. The 10-minute video will be accompanied by a more detailed brochure that will be given to the students and featured on the AAOMS Website.

4. Accepted the OMSITE Committee's recommendation to change the name of the OMS In-Training Examination (OMSITE) to the Oral and Maxillofacial Surgery Self-Assessment Tool (OMSSAT). The new name more clearly reflects the examination's change from a

"secured" exam to an educational self-assessment mechanism.

5. Thanked the OMS Foundation for extending their financial support for the annual Faculty Educator Development Awards (FEDA) from five to ten years. Now in its second year, the FEDA represents a concerted effort by AAOMS to encourage new OMS's to consider careers in OMS education.

An important function of the AAOMS Annual Meeting, of course, is the business addressed by the House of Delegates. This year the House approved 11 resolutions, including the following:

1. Approved the 2004 AAOMS operational budget with revenues of \$12,654,435 and expenses of \$12,429,989. Amended the Bylaws to require implementation of the AAOMS Office Anesthesia Evaluation Program with evaluation and re-evaluation every five years, or re-evaluation in accordance with current state dental board regulation by OMS component societies and counterparts in order for fellows and members to maintain active membership status in the OMS component societies and counterparts, including annual status reports on the office anesthesia evaluation and re-evaluations to the Committee on Anesthesia. OMS state societies are also required to amend their Bylaws to incorporate the five-year requirement for transmittal to the AAOMS by the third session of the AAOMS House of Delegates in 2006.

(Cont. page 4)

Are you Reading your Journal of Oral and Maxillofacial Surgery ?

Many of our multitude of readers were confused by our previous heading of the section of the Westerner. Recall the previous heading was entitled "Are You Reading Your Journal?". Recently, I noted some confusion as to which Journal was being referred to in the title. One reader wrote that "no where in Sports Illustrated could I find the references to the questions". Two others mentioned Time Magazine. To avoid future confusions, we are referring to the great Journal of Oral and Maxillofacial Surgery.

Don Devlin, Editor

1. You are contemplating placing a plate to maintain the fixation of a mandibular fracture. Which of the following statement is *false*?
 - a. Plate-related problems usually develop during the first year.
 - b. The main cause for removal of a plate is most often dehiscence.
 - c. Stainless steel plates are less biocompatible than titanium.
 - d. It is not possible to state with certainty that an otherwise symptomless plate, left insitu, is harmless.
2. A patient presents with a need to have a LeFort I osteotomy accomplished. Which of the following statements is *incorrect*?
 - a. The muscles of the soft palate may contribute to skeletal relapses of the maxilla.
 - b. Mandibular surgery in combination with maxillary surgery does not affect maxillary stability.
 - c. The fixation of the LeFort I osteotomy has been shown to be stable with both wire osteosyntheses and plate and screw fixation in similar surgical procedures.
 - d. Post-operative skeletal changes with the use of 2-plate fixation for LeFort I does significantly differ from that of observed with 4-plate fixation.
3. A radiolucent and bone expanding lesion of the mandible was noted. You remove the lesion through an intraoral approach. The pathologic diagnosis is "brown tumor secondary to hyperparathyroidism". Which of the following statement is *correct*?
 - a. Brown tumor is frequently found in patients with rickets caused by severe vitamin D deficiency.
 - b. The incidence of hyperparathyroidism has no relationship in patients chronic renal failure.
 - c. Thallium 201 and technetium 99m subtraction imaging are not reliable techniques in detecting parathyroid adenomas.
 - d. In the jaw bone, the brown tumor is histologically indistinguishable from the giant cell granuloma.
4. A patient needing orthognathic surgery in the form of mandibular advancement has symptoms of TMJ dysfunction. You should be aware which of the following statements is *true*:
 - a. Patients with pre-existing TMJ dysfunction undergoing mandibular advancement are likely to have significantly increased signs and symptoms of TMJ dysfunction.
 - b. Patients with pre-existing TMJ undergoing advancement are likely to obtain a significant reduction in signs and symptoms of TMJ dysfunction.
 - c. Advancement of the maxillomandibular complex in a counterclockwise direction may further decrease the loading of the TMJ.
 - d. The highest incidence of TMJ symptoms in those patients needing orthognathic surgery is most often found in prognathic patients.
5. The management of condylar fractures in children is one with many opinions and controversies. A seven year old child with a chin laceration as a result of severe facial trauma presents in the hospital ER.

(cont. on page 10)

District VI News

Trustee Update (cont.)

2. Called for the AAOMS and component societies to strongly reinforce the responsibility that all AAOMS fellows and members have to participate in maxillofacial trauma call as an active member of a hospital staff in their community.

3. Encouraged the AAOMS to seek incentive pay for oral and maxillofacial surgeons serving in the armed forces comparable to that paid physicians.

4. Established the Committee on Public and Professional Communication as a standing committee.

A complete discussion of the resolutions is available on the AAOMS Website at www.aaoms.org.

I am also happy to report that the House of Delegates installed Dr. Elgan P. Stamper as President of AAOMS and elected Dr. Jay Malmquist as our Vice President. It has been a long while since we have had a president from the 6th District and we are all looking forward to working with Elgan and Jay for the betterment of our Association. Additionally, Dr. Ira D. Cheifetz was elected Treasurer and Dr. Daniel Daley was chosen President Elect. Dr. Larry W. Nissan will serve on the Board as the Immediate Past President. Trustees serving on the AAOMS Board are nominated by the district caucuses and elected by the house of delegates. This year in Orlando, I was re-elected for a second

term as District 6 Trustee. I will be working with Dr. Lee D. Pollan, (District 1) and Dr. Edwin W. Slade, Jr, (District II) who were also re-elected for a second term. Trustees continuing to serve on the AAOMS Board of Trustees are Dr. Donald L. Seago (District III); Dr. Mark Tucker (District IV) and Dr. R. Lynn White (District V). Dr. Seago and Dr. Tucker also announced their intention to run at next year's House of Delegates for the AAOMS Vice President's position.

I would like to express my appreciation to the District 6 Caucus and the House of Delegates for the opportunity to continue to serve for the next two years.

It also seems appropriate that I "bug" you a little bit with regard to your participation and continued support of our Association. The AAOMS Foundation is in the midst of a major capital gifts campaign. Our goal has targeted 2.5 million in member pledges and 1 million in corporate pledges. To this point, we have reached approximately 2/3rds of this goal. One only has to look at the benefits of the ongoing *Third Molar Study & The Anesthesia Outcomes Study* funded by your Association and the Foundation to realize the value of these education and research projects and the positive impact they are having on our private practices. Justification and support for procedures that we perform on a routine basis as a result of these studies alone will add demonstrated value to the services we routinely

provide. I would challenge each of you to commit a minimum of \$2000 over a five year period to the Foundation. Additional revenues from your commitment will have a significant impact on our specialty and is a minimal financial burden. If you contributed more, *Thank-you!* It also goes without saying that our successes in the legislative and regulatory arena, depend on continued support of OMSPAC. Thanks to the efforts of members such as Dr. Lanny Garvar, Dr. Tim Shahbazian and others working with the "Informed" Legislators, OMS's will receive a 3% increase (the only specialty that will receive an increase) from the Centers for Medicare and Medicaid Services (CMS) this year. Please consider additional support to OMSPAC, which was also directly involved with this effort. If you have any comments or need assistance, please feel free to contact me at drcrinzi@aol.com and I will be happy to assist you.

In good health,

Richard A. Crinzi, DDS, MS

ACLS Revisited

An Editorial

Having recently completed an ACLS Provider Course sponsored by the American Heart Association (AHA), some degree of concern has entered my mind regarding the relevance of a large portion of the material presented. Let me say, however, at the very beginning that such a program is essential for the OMS healthcare professional, especially since all of us are involved in the administration of both local and intravenous medication for pain control. A number of organizations are currently sponsoring ACLS provider courses. The AHA, the Red Cross and Life Savers are well known providers.

In preparation for the course, the AHA ACLS Provider Manual may be considered the gold standard. The contents involving text and illustration are masterfully detailed. The course itself may vary in the scope of material covered and in difficulty in obtaining a passing grade depending on where one may take the course. For instance, if you were to take the course in your local hospital, in all probability you will be enrolled with ER physicians, ICU nurses, paramedics, along with other specialties of medicine. To adapt such a course to those of us in OMS would not be fair to the other participants.

Unfortunately for the OMS who may participate in a hospital based course intermingled with a diversity of other

type health care providers, the program is frequently far a field from our basic needs. For example, how many of us have amiodarone, magnesium sulfate, an esophageal detector device, or are prepared to perform transcutaneous pacing for asystole in our office? In addition, which of the multitude of arrhythmias presented in an ACLS course are of concern to us in our practice? If one should be of concern, why should it be so? In other words, how much material in the ACLS Provider Manual and presented in the hospital based ACLS course is relevant to our practice?

Fortunately, through our state OMS society here in California, four courses per year (two in the north and two in the south are presented under the auspices of an official ACLS provider. The course is taught by dedicated society members volunteering their time in an effort to present a meaningful "user friendly" course. If one were to spend countless hours in committing to memory as much of the Provider Manual as possible, I'm certain we may fail to recognize or may overlook some critical areas of particular relevance to our everyday practice. An ACLS manual designed for our specialty would surely be of benefit and would serve to complement the tremendous AHA Provider Manual. Now, there's a project for our local and national anesthesia committees. Our office anesthesia evaluation program has been an example of what we can do.

Don Devlin, Editor

SAVE THE DATE!!! WSOMS ANNUAL MEETING

April 2-6, 2004

JW MARRIOTT LAS VEGAS RESORT

Speakers:

Dr. Len Kaban
Dr. Bonnie Padwa
Dr. Maria Troulis
Dr. Jeff Bennett

Topic: Pediatric OMS

For Information call or e-mail the WSOMS Office

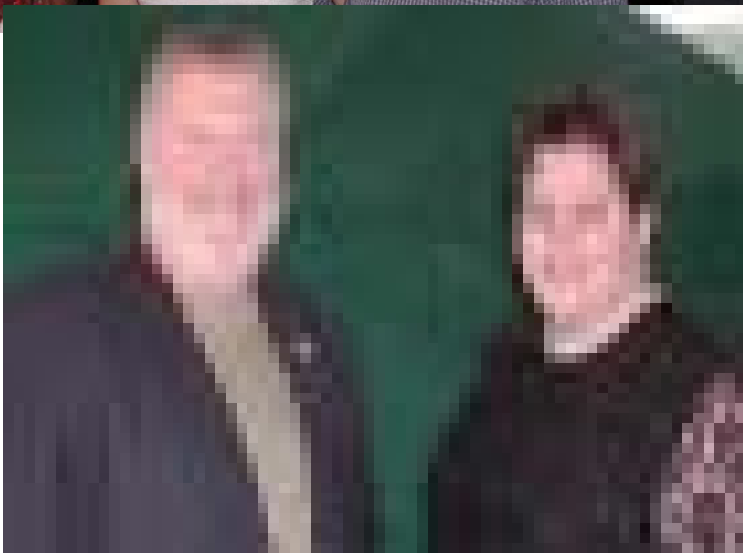
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WSOMS Annual Meeting Whistler, BC



An Update from the Secretary's Desk

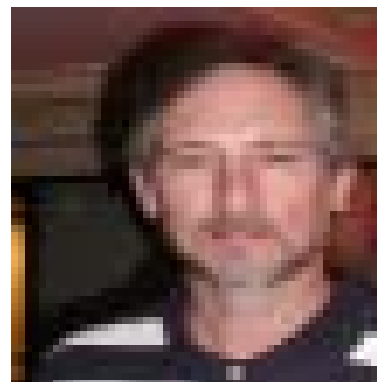
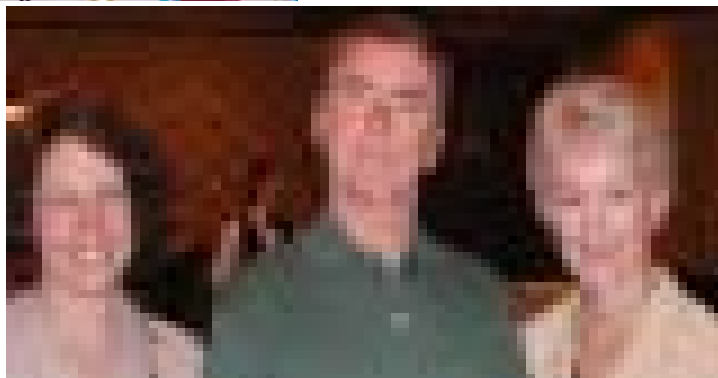
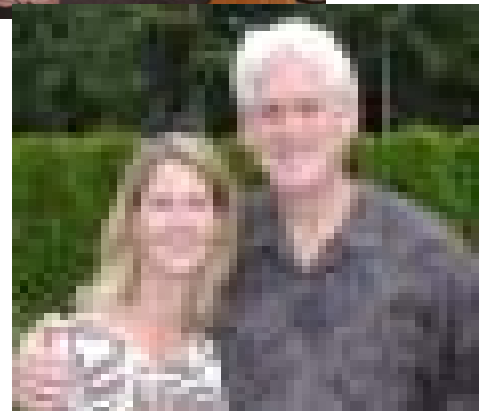
The annual meeting this year, presided over by Dr. Charles Walter was a huge success. Whistler, BC provided an exceptional site for the Western family gathering; skiing, rock-climbing, trail rides, miniature golf, shopping, golf, tennis, fishing--it was all there! The BBQ was outstanding in the true Western tradition. Dr. Jeff Dembo presented an informative and interesting topic on Anesthesia Emergencies.

Dr. Don Devlin, the Westerner Editor, was on top of things with his camera, as shown by all the great shots included in the newsletter.

Plans are already in place for the next annual meeting in Las Vegas--YOU WON'T WANT TO MISS THIS ONE-- Dr. Mark Egbert, President of WSOMS has arranged for a dynamite program on Pediatric Oral and Maxillofacial Surgery. Put the dates on you calendar--April 2-6, 2004.

2005 is also going to be a great meeting. Dr. Gary Carlsen has made arrangements for our gathering to be at the St. Regis in Dana Point, CA over the 4th of July. More information will follow after the next annual meeting. If you have any questions, call 775-626-4478 or e-mail me at WesternOMS@aol.com.

Linda MacDonald, Executive Secretary



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President's Message (cont,)

and allies of the Western District who were successful in presenting his campaign. Now we will continue to support his efforts and help him to create a record of achievement that will continue the legacy of excellence among leaders of the AAOMS.

Soon to follow will be another Western-born president. Dr. Jay Malmquist, having served well as our AAOMS treasurer, ran in Orlando for the vice president position. It is a testament to his record of excellence that he ran unopposed, having shown that no better candidate exists to ascend the chairs. Jay has succeeded with style, dignity, and grace. Certainly his leadership tenure and presidency will be marked by the same qualities.

During the next two years we will continue to be represented by our current District Trustee, Dr. Rick Crinzi. He has brought the western delegates and leadership directly into the AAOMS boardroom. His frequent and timely communications have kept the Western leadership well informed in near real-time fashion regarding the current issues and business of our national society and profession. The increased level of communication represents a significant change from the way business has previously been done. I applaud the efforts of our leadership in keeping the grassroots better informed and involved. To meet the needs of AAOMS's increasingly

diverse applicant-membership pool, I hope to see the AAOMS embrace a doctrine of free, open, and timely member communications utilizing the newest electronic means available.

As I look to the coming months, one goal regarding member communication I would like to meet for the Western Society is the establishment of a Western web site. This will function as a resource for our membership with links to related sites, a membership directory, and perhaps to include online meeting registration and "Westerner" issues. Preliminary inquiries lead me to believe that this can be accomplished with acceptable levels of cost to the society such that the services gained will be well worth the initial set up and ongoing maintenance costs.

Finally, I would like to say "Thank you" again for the opportunity to serve as your Western Society president. Ours is a great district for many reasons. I am humbled and pleased to be a part of this, and I am honored to represent you. I look forward to seeing you in Las Vegas!

*Mark Egbert
President, WSOMS*



The St. Regis Monarch
Beach Hotel
July 1-5, 2005
FOR YOU WHO PLAN
AHEAD

It's time to mark your calendars for the Western Society meeting for the year 2005. We will return to a more traditional Fourth of July weekend meeting from July 1st to checkout on July 5th, and there will be a wonderful July 4th fireworks display. The St. Regis Monarch Beach in Dana Point, CA will provide great family fun as well as on-site golf, shopping and a Spa atmosphere.



Dr. Steve Beadnell

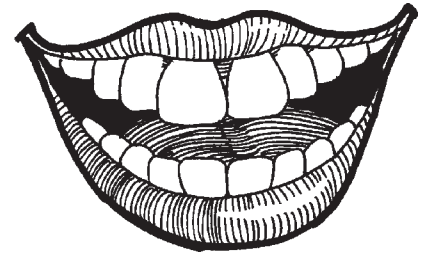
Dr. Beadnell is a 1980 graduate of OHSU School of Dentistry. After practicing clinical dentistry in the USAF for four years, he completed his OMFS training at David Grant USAF Medical Center in California in 1988. He has been in private practice in Portland, Oregon since completing his military obligation in 1991. Since his return to the Portland area, Dr. Beadnell has been actively involved in teaching at the OHSU School of Dentistry as an Adjunct Associate Professor in the Departments of Oral Pathology and OMFS. He has been involved in the activities of the Oregon Society of OMFS, including two terms as President and also as the Secretary/Treasurer for seven years. He currently continues to serve on the Board of Directors for the Oregon Society of Oral and Maxillofacial Surgeons. He feels a strong commitment to involvement in organized dentistry and OMFS and is pleased with his appointment to the WSOMS Board of Directors.



No Photo Available

Dr. John Tidwell

Dr. Tidwell was born and raised in southern California, and graduated from UC San Diego with a degree in Biochemistry and Cell Biology and a minor in Teacher Education. He subsequently attended the UCLA School of Dentistry. Following graduation from dental school in 1988, he completed his residency in Oral and Maxillofacial Surgery at the University of Washington. During his residency, he completed a one year rotation with Dr. Paul Stoelinga in Arnhem, The Netherlands. He has been married to his wife Caren for eighteen years, and has two daughters, Christina, 16, and Nicole, 11. He has been in private practice in Seattle, Washington for the past ten years, and teaches part time in the Department of OMS at the University of Washington. He is an immediate past president of the Washington State State Society of Oral and Maxillofacial Surgeons. In his leisure time, he plays tennis, golf and enjoys wakeboarding on Lake Washington. He is very pleased to serve on the WSOMS Board of Directors.



Quiz Answers

1. b. bhatt V Langford R: Removal of miniplates in maxillofacial surgery: University Hospital Birmingham Experience. JOMS V 61-5 p553, May 2003
2. d. Murray RA, et al: Comparison of the postsurgical stability of the LeFort I osteotomy using 2- and 4-plate fixation JOMS V 61-5 p574, May 2003
3. d. Shang ZJ et al: Expansile lesion of the mandible in a 45 year old woman. JOMS V 61-5 p621, May 2003
4. a. Wolford LM, et al: Changes in temporomandibular joint dysfunction after orthognathic surgery. JOMS V 61-6 p655, June 2003
5. c. Ellis E: Discussion, A comparative study of 2 imaging techniques for the diagnosis of condylar fractures in children. JOMS V 61-6 p673, June 2003
6. d. Janneane G, et al: The effect of orthognathic surgery on taste function on the palate and tongue. JOMS V 61-7 p766, July 2003

Are You Reading? (Continued from page 3)

You are called and suspect a possible condylar fracture. You know which of the following statements is *true*.

- a. You would order a panoramic radiograph as it has been shown to provide as much diagnostic information as a computed tomography scan.
 - b. Should the child not be able to bring his teeth together and a right displaced condylar fracture is present, you would consider an open procedure along with intraoral immobilization. No other mandibular fractures are present.
 - c. Mandibular immobilization of 2-3 weeks in children does not lead to ankylosis.
 - d. If a child has an isolated condylar fracture and no other mandibular fractures and is able to bring his teeth into a normal occlusal relationship, it is prudent to place training elastics on for 2-3 weeks.
6. Your patient is considering orthognathic two jaw surgery. She inquires regarding changes in taste following the surgical procedure. You know which of the following statements is *true*.
- a. In a LeFort I osteotomy procedure, taste perception is not affected.
 - b. Functional taste deficits return within six months following orthognathic surgery.
 - c. Two sides of the tongue are most often affected similarly regarding decreased taste function.
 - d. Taste function may be severely reduced on the palate following maxillary LeFort I surgery.
-



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SAVE THE DATE!

**WSOMS Annual Meeting
April 2-5, 2004
JW MARRIOTT RESORT AND SPA
LAS VEGAS, NV**

***Speakers: Dr. Leonard Kaban, Dr. Maria Troulis,
Dr. Bonnie Padwa, Dr. Jeff Bennett***

Topic: Pediatric OMS

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