



INTRODUCTION

Oral and Maxillofacial Surgery: Saving Faces – Changing Lives

Tim Silegy, DDS

Oral and maxillofacial surgery began as, and remains, a specialty of dentistry. As the name implies, oral and maxillofacial surgeons are dentists trained to surgically address diseases and deformities of the mouth, jaws, and face. However, in spite of the descriptive name, many general dentists still see the oral and maxillofacial surgeon as the friendly person down the hall who takes out teeth.

As we enter the new millennium, confusion as to the scope of oral and maxillofacial surgical practice remains. Recognizing this, the American Association of Oral and Maxillofacial Surgeons has begun a nationwide educational campaign designed to educate health care professionals, politicians and the public. More information on their program can be found on their

website, www.aaoms.org.

It is the intention of this issue of the *Journal* of the California Dental Association to provide California dentists with an overview of current oral and maxillofacial surgery training and practice.

Drs. Alan Felsenfeld and Angelle Casagrande open this issue with a historical review of the specialty's development. They then summarize current training and accreditation guidelines, and finish with an overview of the oral and maxillofacial surgery residency training programs in California.

Dr. Jack Lytle follows with a paper tracing the development of ambulatory outpatient anesthesia for oral and maxillofacial surgery. Interestingly, many of these anesthesia pioneers practiced in California.

Third molar removal is a mainstay of

most oral and maxillofacial surgery practices. Controversy still surrounds the indications for removal of asymptomatic compromised third molars. Dr. Ron Kaminishi and Kurtis Kaminishi illustrate how removal of retained third molars in an ever-expanding aged population is associated with significant risks.

Traumatic maxillofacial injuries can have a profound physical and emotional impact on the individual. For years, oral and maxillofacial surgeons have been instrumental in developing techniques to repair of these injuries. Dr. Peter Scheer and I illustrate the oral and



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maxillofacial surgeon's role in trauma management.

Internal derangement of the temporomandibular joint results in pain, spasm, and hypomobility. While non-surgical management can be effective in managing symptoms, definitive surgical treatment may be indicated. Drs. A. Thomas Indresano and Casagrande review the indications for, and surgical options available to, patients who fail to respond to conservative therapy.

A strong relationship exists between facial growth and dental occlusion. Dr. Robert Relle and I discuss the diagnosis and surgical correction of dentofacial deformities. New technology and techniques have transformed what was once an arduous surgery requiring days of hospitalization into what today is commonly an outpatient procedure.

Dr. Simona Arcan provides an overview of facial cosmetic surgery. Patients seeking cosmetic dental procedures often desire enhancement of other facial structures. Appropriately trained oral and maxillofacial surgeons can draw upon their expertise in facial anatomy to help patients reach their esthetic goals.

Conspicuously missing from this issue is a discussion of dental implantology and bone grafting. While oral and maxillofacial surgeons have been instrumental in developing this technology, it is not exclusive to oral and maxillofacial surgeons, and would require an entire issue to adequately review.

Finally, I would like to dedicate this issue to the many fine men and women in academic oral and maxillofacial surgical practice. Without their sacrifice and dedication, many of the advancements discussed in the pages that follow would not have been possible. **CDA**