CONTEMPORARY

ORAL AND MAXILLOFACIAL SURGERY

Introduction

Oral and maxillofacial surgery is the specialty of *dentistry* that includes the diagnosis and surgical and adjunctive treatment of diseases, injuries, and defects, including both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. This definition is intentionally broad and all-inclusive, primarily pertaining to the specialty of oral and maxillofacial surgery. The surgery performed in the office by general practitioners is usually much less extensive than that practiced by specialists in oral and maxillofacial surgery.

The scope of oral and maxillofacial surgery for the general practitioner is defined by several factors. The individual dentist's desire to perform surgical procedures is the first. Some dentists have little or no interest in surgical activity, whereas other dentists enjoy it. The second factor is the individual dentist's training and experience in performing complex surgical procedures. A dentist may be interested in performing surgery for the removal of impacted teeth; however, without adequate training and experience, it would be unwise to do so. The third factor defining the scope of a dentist's surgical practice is the level of skill of the individual dentist. Even with a high interest level and with extensive training, a dentist who has little or no skill in the surgical arena should probably not perform complex surgical procedures. On the other hand, with a high level of interest, extensive training, and sufficient skill, the general practitioner should seriously consider performing more complex surgical procedures. The fourth and final factor is the availability of specialists in the dentist's vicinity. If specialists in oral and maxillofacial surgery are geographically separated from the general practitioner by a large distance, the general practitioner may wish to perform more surgical procedures and surgery of greater complexity than he or she would if there were a specialist relatively near.

It is important to note that the scope of oral and maxillofacial surgery practice for the general practitioner of dentistry is not defined by state law. For the most part, state dental boards issue a single license for the practice of dentistry to both general practitioners and specialists. The general practitioner has the legal right to perform any oral and maxillofacial surgery procedure. Therefore each dentist must decide which surgical procedure to perform and which should be referred to a specialist, keeping in mind the best interests of the patient. The factors previously listed are those upon which such decisions should be made.

The scope of oral and maxillofacial surgery for the general practitioner usually includes several surgical procedures. The extraction of erupted teeth and the removal of fractured roots are the procedures most often performed. On completion of dental school, every dentist should have adequate training, experience, and skill to provide this service. The dentist should be able to perform minor preprosthetic surgical procedures, which includes most procedures that can be performed with local anesthesia in an office setting. The dentist should be able to manage minor infections of the teeth and soft tissues of the mouth. Because most odontogenic infections are minor, the reasonably experienced general dentist can manage them. The dentist should be able to evaluate the patient with an oral pathologic lesion and determine whether a biopsy is necessary. In many situations, the dentist should be the one who performs such a biopsy. Finally, the general dentist should have facility to manage traumatic injuries of the teeth and soft tissues of the mouth. In many situations, definitive care must be provided by specialists, but initial care often can be provided by the general dentist.

The specialist in oral and maxillofacial surgery is a dentist who has had formal training in oral and maxillofacial surgery for 4 or more years after completing dental school. During this period, he or she has gained extensive experience in complex surgical and medical management and has received extensive training and experience in the diagnosis and surgical management of impacted teeth, as well as experience with the techniques of tooth extraction in patients with severe medical compromises. Important to the training of oral and maxillofacial surgeons is the acquisition of knowledge and skill in advanced and complex pain control methods, including intravenous sedation and ambulatory general anesthesia. In addition, the oral and maxillofacial surgeon receives extensive training and experience in the initial and definitive care of the trauma patient, management of extensive odontogenic infections of the head and neck, management of oral pathologic lesions (such as cysts and tumors of the jaws), diagnosis and management of dentofacial deformities (congenital, developmental, or acquired), complex maxillofacial preprosthetic surgery (including the use of dental implants), reconstruction with bone grafts of missing portions of the jaws, and management of facial pain and temporomandibular joint disorders.

Surgery does not require technical skill alone; it is a complex discipline that includes many factors. Surgical skill is the technical portion of the total surgical activity and accounts for less than one third of a surgeon's ability. Surgical judgment is the wisdom to make decisions in managing the patient undergoing a surgical procedure. Importantly, the discipline of surgery includes the diag-

nosis of the surgical problem; the preparation of the patient, both psychologically and physiologically, for the procedure; the timing of the operation for the patient's maxima] benefit; the adjustment and modification of standard surgical procedures to fit the individual needs of each patient; and, finally, the supportive postoperative care that is essential for an uneventful recovery from the surgical procedure.

To be excellent, a surgeon must be technically skilled but must also have strong components of humanism, kindness, and compassion. It is important that he or she have a great deal of insight into the patient's concerns regarding the upcoming surgical procedure. The surgeon must take advantage of this insight and project an image of caring about these concerns, which all patients have. This humanistic approach will be the most important factor in the patient's judgment of the surgeon's overall skill. The excellent surgeon must have good surgical judgment, which is a measure of both maturity and surgical experience. Finally, the surgeon must have great respect for soft tissue, as well as hard tissue. Surgeons with less respect for tissue will have patients who take longer to heal and have a higher incidence of complications.

The excellent surgeon must reflect these characteristics by knowing when operations are necessary, where to perform the operation anatomically, and how technically to perform the procedure. Equally important, the surgeon must know when not to operate. As the beginning surgeon enters training, he or she should observe teachers for examples of surgical maturity. He or she should look for teachers who emphasize surgical finesse over surgical force. He or she should observe how surgeons, whether they are other students or senior faculty, help anxious patients through a surgical procedure by expressing concern and interest in the patient as a person, as well as how they perform the technical portion of the surgery.

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