ADSA Annual Session
Returns to New York
As president of our Society, one of my many duties is to respond to media requests for official responses from the Society on various issues. With the recent media attention on office-based anesthesia and sedation following reports of adverse outcomes in several dental offices around the country, it was inevitable that our Society would be approached for our thoughts and positions.

In this issue, I’ll share with you an e-mail interview I had with Anesthesiology News reporter Bob Kronemyer. Anesthesiology News is a 41 year old monthly newsletter distributed to more than 47,000 physician anesthesiologists and anesthesiology residents in the United States with coverage of major scientific meetings, feature articles, and in-depth clinical reviews.

The following are my replies to Mr. Kronemyer’s questions followed by responses to follow-up questions from a second e-mail mostly clarifying items from the first correspondence.

First e-mail:

BK: I am a writer for Anesthesiology News. I am writing a story on anesthesia in dentistry. The springboard for the story is the death of a 14-month-old girl in Texas from apparent anesthesia while at a dentist’s office last month.

BK: Are you president of ADSA?
KR: Yes.

BK: Are you also in private practice? If so, how should I reference you, including city and state?
KR: Yes, I’m a dentist anesthesiologist and work in a surgery center in Tarzana, CA called Solis Surgical Arts. I also perform mobile, dental office based anesthesia throughout the state of Arizona and I’m the Associate Program Director for the NYU Langone Dental Anesthesia residency.

BK: Do you feel the death of the toddler in Texas could have been avoided? If so, how?
KR: I don’t have enough information to comment intelligently on that case. To attempt to do so without all of the facts would be unprofessional and inappropriate. I know the case involved an adverse outcome with a pediatric dentist and a physician anesthesiologist in the pediatric dentist’s office but I have no other facts at this time.

BK: Does your society have guidelines or recommendations when providing anesthesia in a dentist’s office? If so, what are the highlights?
KR: The ADSA does not. We defer to the excellent guidelines that the ADA and AAPD/AAP have published. Both organizations regularly update those guidelines and both are due to update them again later this year after a multi-year re-evaluation. When these guidelines are followed, there is a phenomenal safety record of sedation and anesthesia in dentistry. Almost universally, when an adverse outcome occurs, the guidelines were violated, often times on many fronts.

BK: Do rules vary from state to state? If

Submission Guidelines
Pulse welcomes submission of items of interest to society members. Items including letters to the editor, referenced scientific articles, case reviews, point-counter point opinion articles, component, legislative and residency news, along with book and product reviews will be considered for publication. All submissions must contain the name, professional degree(s), and contact information of the author(s). Scientific articles, case reviews and point-counter point articles must also contain a photograph of the author. Pulse is published quarterly by the American Dental Society of Anesthesiology. Items can be submitted electronically to Knight Charlton, ADSA Executive Director at: knightc@icloud.com and Dr. Roy L. Stevens, Editor at stevensdds@aol.com.
so, how (perhaps singling out one or two states as examples)?

KR: Yes, sedation and anesthesia rules vary by state within dentistry. Many states accept the ADA guidelines as their state requirements but other feel they want to write their own. You can get an idea of the differences between states from an older publication:


BK: Do you feel nationwide that standards are too lax?

KR: There are no nationwide standards; there are only nationwide guidelines. As mentioned above, when the ADA and AAPD/AAP guidelines are followed, there is an excellent safety record of sedation and anesthesia in dentistry.

BK: Forward-looking comments about administering anesthesia in a dentist’s office?

KR: Office based anesthesia in a dental office has a long history of safety and efficacy going back to Horace Wells in December of 1844. In the 1980s, dentists were providing office based general anesthesia for outpatient “day surgery” while medicine was still requiring overnight admissions and hospital stays for the most minor and routine surgery that required general anesthesia. Dentistry has always been at the forefront of office based sedation and anesthesia and I don’t see that changing in the future.

Second e-mail:

BK: Are these the two organizations you are referring to the American Academy of Pediatric Dentistry (AAPD) and American Academy of Pediatrics (AAP)?

KR: Yes. They jointly sponsor sedation and anesthesia guidelines for dentists when treating the pediatric dental patient population.

BK: (From first e-mail) Is an anesthesiologist required on site when anesthesia is given? I am referring to a certified or dedicated anesthesiologist.

KR: Just as written I have to say no, then. Local anesthesia is “anesthesia” that does not require the presence of an anesthesiologist in any medical or dental office. The same can be said for inhalation sedation with nitrous oxide and oxygen only or even parenteral moderate sedation that is routinely done safely by dentists and physicians on a daily basis in their offices without a dedicated anesthesiologist. Since the 14 month old in Austin Texas was the springboard for the story, I would also remind you that a dedicated physician anesthesiologist was on site when this tragedy occurred.

BK: The editor would also like to generate a map of the United States, depicting the requirements of each state for dentistry; for example, this particular state requires an on-site anesthesiologist, this requires an on-site CRNA, etc. Can you provide me the data? If not, can you refer me to someone who can?

KR: I do not believe this data exists within a separate repository. You would probably have to research each state board individually.

Just as all of dentistry is concerned with reports of adverse outcomes involving anesthesia and sedation in dental offices, it would appear our medical colleagues have taken notice as well. Only time will tell if this limited interview results in an article in Anesthesiology News. Stay safe.
It’s Time for a Barn Raising

In 18th and 19th century rural America, when a local farmer needed a new barn, members of the community would band together and help build the new structure. This became known as a “barn raising”. A barn was an important structure; necessary for the storage of hay and supplies and to protect the farmer’s animals from the elements and predators. But barns were also large and costly and the labor to build such a structure was beyond the abilities of the typical family. Barn raising provided a means to provide that labor by enlisting members of the local community who volunteered their time to help their neighbor. All participants dutifully gave of their time knowing that if they ever had a need, the community would help them as well. It appears to this writer that it is time for the dental anesthesia community to have an old fashion barn raising.

While occasionally a local report will bring to light a tragedy occurring in a nearby dental office, a recent lengthy investigative report in The Dallas Morning News has sent shock waves across the country spurring follow up reports on television news programs and in other periodicals. The Dallas report, which relates the stories of a number of anesthesia and sedation related patient deaths in dental offices, questions dentist’s ability to provide their own anesthesia and sedation care, questions training standards for dentists and their staff, and questions how state regulators are protecting the public by policing anesthesia and sedation providers. The writer estimates, using statistics from the state of Texas and extrapolating nationally, that there have been as many as 1000 dental office deaths since 2010 or approximately one dental office death every other day.

Additional reports of dental anesthesia tragedies have recently made national news; the most recent involving a 14-month-old girl in an Austin, Texas pediatric dental office. And while this case involved general anesthesia reportedly provided by a physician anesthesiologist, the coverage of this story in People Magazine and on CBS’s The Today Show certainly has the potential to give the public pause in considering dental office-based anesthesia.

Further challenges for the dental anesthesia community are emerging from California following the death of a 6-year-old boy last year during a tooth extraction procedure in a San Francisco area oral surgery office. A bill before the California Assembly, known as Caleb’s Law, profiled later in this issue, initially required a second anesthesia provider be present when dentists provided dental care under deep sedation or general anesthesia to children under age 7. While the bill was modified to only require the California Dental Board establish and share a data base of dental anesthesia morbidity and mortality, the message it sends is clear; the public is concerned with continuing reports of anesthesia and sedation related patient deaths in dental offices and mortality, the message it sends is clear; the public is concerned with continuing reports of the public’s trust of dental office based anesthesia and sedation. Just as the rural farming communities of old had to come together to help each other in times of need, so too must the dental anesthesia community come together to find solutions to these and other problems. To not do so could jeopardize the anesthesia legacy of dentistry and could signal the beginning of the end of office based anesthesia and sedation. No one wants that. The ADSA is ready to help.

Respectively,

Roy L. Stevens, D.D.S.
Editor
The 2016 ADSA Annual Session was held April 7-9 at the Marriot Hotel near the iconic Brooklyn Bridge in New York City. The location of this year’s Annual Session allowed participants easy access to all that New York City has to offer including the Statue of Liberty, the 9/11 Memorial, Times Square, and the sites and tastes of Brooklyn. Many of the famous landmarks could be viewed by walking across the nearby historic Brooklyn Bridge.

Highlights from Annual Session included Dr. Howard Israel giving the Michael J Brienza Memorial Lecture on the connection between the Pernkopf Anatomy text and the Nazi Holocaust and 2016 Heidbrink Award recipient, Dr. Karen Crowley, giving the Osterloh Lecture entitled “Running Toward Patient Safety”. Anesthesia residents from nearby residency programs also gave several thought provoking presentations. Our Society owes a great deal of gratitude to all those who organized and planned this year’s meeting.

The ADSA House of Delegates met during the Annual Session, with Dr. Clyde Waggoner presiding as Speaker of the House, and approved a new logo for the Society, updated language for the College of Sedation in Dentistry and elected Drs. Jason Brady and Paul Schwartz as Directors.

Next Year’s Annual Session is scheduled for the beautiful city of Portland, Oregon and promises to be another fantastic meeting.
2016 ADSA Annual Session in Brooklyn, New York

Dr. Karen Crowley, 2016 Heidbrink Award recipient is congratulated by Dr. Kenneth Reed, ADSA President at the New York Annual Session Awards Banquet.

Dr. Waggoneer, (center) Speaker of the ADSA House of Delegates, applauds newly elected ADSA Directors Dr. Jason Brady (left) and Dr. Paul Schwartz.

Dr. Kenneth Reed (left) congratulates Dr. Roy Stevens for his years as Director.

Dr. Joel Weaver (left) receives the ADSA Distinguished Service Award from ADSA President Dr. Kenneth Reed.
Dr. Karen Crowley Receives Heidbrink Award at Annual Session in Brooklyn

The Heidbrink Award, the ADSA’s highest honor, was awarded to Dr. Karen Crowley at the ADSA Annual Session in Brooklyn, NY. Named after legendary anesthesia pioneer, Jay A. Heidbrink, D.D.S., the award is given to an individual who has made significant contributions to the advancement of anesthesiology in dentistry.

Dr. Crowley, the first woman to receive this prestigious award, has been instrumental in re-examining the educational paradigm of responding to medical, sedative, and anesthetic emergencies by championing the use of high fidelity simulation in preparing dentists for real life emergencies. Her forceful, yet non-threatening persona has lead to integration of sound educational principles into simulation training for AAOMS, ADA, and ADSA. Her work with simulation epitomizes the new ADSA tag line, Patient Safety is Our Priority.

Dr. Crowley, a past recipient of the Peter H. Jacobsohn Distinguished Service Award and former ADSA President completed her dental training at Georgetown University School of Dentistry in 1979 and a residency in oral and maxillofacial surgery at Boston University School of Graduate Dentistry in 1986. She practices oral and maxillofacial surgery in Londonderry, NH.

Peter H. Jacobsohn Distinguished Service Award Awarded to Dr. Joel Weaver

Dr. Joel Weaver, former Editor-in-Chief of Anesthesia Progress, past ADSA President, and 1998 Heidbrink Award recipient was awarded the Peter H. Jacobsohn Distinguished Service Award at the ADSA Annual Session in Brooklyn, NY.

The award, given out on rare occasions when an individual has contributed long and dedicated service above and beyond all expectations, honors the memory of ADSA past president, Dr. Peter H. Jacobsohn. Dr. Weaver is part of the dental anesthesiology legacy of The Ohio State University which includes Drs. Morgan Allison, Wayne Hiatt and Bill Wallace. He served as Program Director of the Dental Anesthesiology Residency program at The Ohio State University College of Dentistry for many years and trained many of the leaders in anesthesiology in our profession today. Whether it be his willingness to stand outside in the snow with a carousel of slides in case ADSA’s first sponsored speaker at a national meeting did not show, the many late nights he spent pouring over and rewriting articles for Anesthesia Progress, or the many hours he and his wife Barbara spent scanning years of Anesthesia Progress so they could be available on-line, Dr. Weaver embodies the attributes of the consummate professional; buttressing a towering intellect with a modest and self-effacing demeanor. He is well deserving of this award.

ADSA Welcomes Directors

Drs. Paul Schwartz and Jason Brady were elected Directors by the House of Delegates during the 2016 ADSA Annual Session in Brooklyn, NY. Re-elected to a second term as Director, Dr. Schwartz has practiced oral and maxillofacial surgery in Southern Maryland since 1987. He completed his dental degree in 1982 at the University of Pittsburgh School of Dental Medicine which was followed by a two-year medical anesthesia/critical care medicine residency and a three-year oral and maxillofacial surgery residency in 1987 at the University of Pittsburgh Medical Center.

Dr. Schwartz is senior attending in the Department of Surgery at the Washington Hospital Center, where he is actively involved in the Oral and Maxillofacial Surgery residency training program in which he serves as a clinical instructor in surgery and chief course instructor in ambulatory anesthesia. He is a Diplomate and board certified by the American Board of Oral and Maxillofacial Surgery (ABOMS), a fellow of the American Association of Oral and Maxillofacial Surgery (AAOMS), a Diplomate of the American Dental Board of Anesthesiology (ADBA) and National Dental Board of Anesthesiology (NDBA), and a Fellow of the American Dental Society of Anesthesiology.

Our new Director, Dr. Jason Brady, a dentist anesthesiologist, completed his dental degree at the University of Nevada, Las Vegas in 2010 and a 26-month anesthesia residency at the University of California Los Angeles in 2012. He is a Diplomate and Director of the American Dental Board of Anesthesiology (ADBA), Diplomate of the National Dental Board of Anesthesiology (NDBA), and a Fellow of the American Dental Society of Anesthesiology (ADSA).

Dr. Brady holds an adjunct faculty position in the Department of Endodontics, Oral and Maxillofacial Surgery and Orthodontics at the University of Southern California and an Attending Faculty position in Anesthesiology for the New York University Lutheran Medical Center Dental Anesthesiology Residency Program. He teaches IV moderate sedation at the Oregon Health and Science University and has lectured throughout the U.S., Europe and Canada. He also serves as Assistant Director of the ADSA Human Simulation Course. He practices office-based mobile anesthesia for dentistry and resides in Gilbert, AZ.

New ADSA Logo Approved by House of Delegates

The 2016 ADSA House of Delegates approved a new ADSA logo and tag line which will appear on all future ADSA publications, advertising, and correspondence. The new logo features an ECG sinus wave form and the tag line, Patient Safety is Our Priority. The logo can be used by members on web sites and printed materials in accordance with ADSA policy. To obtain information on using the new logo, contact the Chicago office.
Dr. Morton Rosenberg to Receive Leonard Monheim Distinguished Service Award

Dr. Morton Rosenberg has been selected to receive the Leonard Monheim Distinguished Service Award by the American Society of Dentist Anesthesiologists (ASDA) at their 2016 Annual Scientific Session and General Assembly of Members’ meeting in Denver, Colorado. Dr. Rosenberg serves as Professor of Oral and Maxillofacial Surgery and Head, Division of Anesthesia and Pain Control at Tufts University School of Dental Medicine and as Professor of Anesthesia at Tufts University School of Medicine. A nationally recognized leader and educator in dental sedation and anesthesia, Dr. Rosenberg is the recipient of ADSA’s 2006 Heidbrink Award and has been a member of the ADSA Board of Directors for many years.

The Distinguished Service Award is named in honor of Leonard Monheim, D.D.S., whose many contributions to the art and science of anesthesiology and visionary leadership helped lay the foundation for a specialty in anesthesiology for dentistry. Dr. Monheim established the first autonomous department of anesthesiology within a dental school (University of Pittsburgh School of Dental Medicine) as well as the first postdoctoral training program in anesthesia for dentists in 1949. His prolific teaching and writings, including the first modern textbook on general anesthesia specifically for dentistry, helped established anesthesia training as an important component of dentistry. Recipients of the Leonard Monheim Distinguished Service Award embody the spirit and dedication of its namesake by their many contributions to the disciplines of anesthesiology and dentistry.

Dr. Daniel Orr Elected New ACLM President

Dr. Daniel Orr was recently inducted as President of the American College of Legal Medicine (ACLM) at its annual meeting in Austin, Texas. The ACLM is comprised of dually qualified health professional attorney fellows and singly qualified attorney or health professional members and represents the specialty of legal medicine in the American Medical Association. Dr. Orr is the second dentist to serve as president of the ACLM since its establishment in 1955.

The ACLM is the most prominent professional society in the United States concerned with addressing issues that arise at the interface of law and the health professions. Works from their journals and other publications have been cited by state and federal courts including the Supreme Court of the United States.

Dr. Orr is a dentist anesthesiologist and oral and maxillofacial surgeon who practices in Las Vegas, Nevada. He is professor and director of oral and maxillofacial surgery and anesthesia at the University of Nevada, Las Vegas School of Dental Medicine and is a Diplomate of the American Dental Board of Anesthesiology, National Dental Board of Anesthesiology, American Board of Oral and Maxillofacial Surgery, the American Board of Legal Medicine, and is certified by the U.S. Ninth Circuit Court of Appeals.
California Assembly Bill Questions Operator Anesthesia

The tragic death of Caleb Sears, a 6-year-old San Francisco area boy undergoing a tooth extraction under office-based general anesthesia last year, has spurred legislation that could have far reaching effects for California oral and maxillofacial surgeons and other dentists practicing operator-anaesthetist deep sedation and general anesthesia for children. Assembly Bill 2235, also known as Caleb’s Law, seeks to increase the safety of administering deep sedation and general anesthesia to children during dental procedures. The bill initially would have required a separate anesthesia provider when treating children under 7 years of age. This was later changed to require dentists providing deep sedation or general anesthesia along with the dental procedure to inform parents and guardians of the increased risk when a separate anesthesia provider was not present or when recommended monitoring is not utilized.

However, at the public hearing on April 5th, the language requiring disclosure of increased risks when the dentist provides both the anesthesia and the dental procedure was stricken. The current bill does require the California Dental Board to collect, study and share anonymous clinical data on deaths and injuries from dental anesthesia. Supporters of the bill include the American Academy of Pediatrics. California Assembly Bill Questions Operator Anesthesia

ADSA Announces New Additions to NDBA and College of Sedation in Dentistry

ADSA welcomes new additions to the growing list of National Dental Board of Anesthesiology Diplomates and ADSA Fellows and Masters in the College of Sedation in Dentistry. Admission to these two prestigious organizations will help ensure dentistry’s ability to provide quality anesthesia and sedation care.

Dr. Horace Wells Inducted into Connecticut Hall of Fame

Dr. Horace Wells, who is credited with the discovery of anesthesia, was recently inducted into the Connecticut Hall of Fame. The Hall of Fame, located at the State Capitol in Hartford, honors individuals from Connecticut who have distinguished themselves in their profession, both nationally and internationally. The Hall honors many well known Connecticut natives including Katherine Hepburn, Mark Twain, Jackie Robinson and Paul Newman. Wells’ image also appears on the seals of the Hartford Dental and Medical Societies.

Dr. Wells, the first dentist to be honored in the Hall of Fame, was inducted along with Helen Keller, Nathan Hale, Meryl Streep and General Henry Burbeck. Former editor-in-chief of The Pulse, Dr. William MacDonnell and Connecticut State Representative Edwin Vargas were instrumental in seeing that Dr. Wells was honored by his home state.

A Personal Note from the Editor

I was recently honored as outgoing Director by our House of Delegates at the ADSA Annual Session in New York City for my years of service to our Society. When presented with a commemorative plaque by President Dr. Kenneth Reed, I was asked if I would like to address the House. Being overwhelmed by the moment and unprepared to make a speech, I respectively declined. However, upon reflection, I have decided to address the Delegates of the House and will do so through the following personal note.

To the 2016 ADSA House of Delegates: I would like to thank the House for this honor and for taking a chance by electing a general practitioner from Oklahoma as a Director of this Society. My work as Director has focused on initiatives to unite our dental anesthesia community and to bring the invaluable benefits of our Society to our moderate sedation colleagues; with the overriding theme of improving patient safety. With my appointment last year as Editor of The Pulse, I felt the time was right to not seek re-election and encourage others to become involved in our Society’s leadership. My work for our Society will continue as course director of our Minimal and Moderate Sedation Review courses as well as continuing to serve on the Board of Directors as Editor of The Pulse.

These are challenging times for the dental anesthesia community but I am encouraged by the new addition to our Board and the renewed spirit of cooperation I sense within this Society that will ensure our legacy and the privilege of providing safe and effective anesthesia and sedation care to our patients. Thank you again for this honor.

Roy L. Stevens, D.D.S.
Editor-in-Chief
The Pulse
The NDBA Poster Contest moved to Las Vegas this year and was held during the 2016 ADSA annual anesthesia review courses in March. Of the many entries, three residents were invited to participate in this year’s presentations.

1st Place: Adam Semanoff, DMD

LINGUAL NERVE INJURY ASSOCIATED WITH LARYNGEAL MASK AIRWAY USE

Laryngeal mask airways (LMA) are an incredibly valuable tool in the navigation of both difficult and routine airways. There are many types of LMAs, all consisting of a cuff/mask, airway tube and inflating line. A thorough understanding of head and neck anatomy is necessary in order to ensure proper placement and adequate ventilation while minimizing the risk of injury to the patient. There have been reports of injury to the lingual nerve, hypoglossal nerve and recurrent laryngeal nerve with use of a classic laryngeal mask airway. Cranial nerve injuries are a rare but documented complication of using supraglottic airways. We are reporting a case of transient lingual nerve paresthesia following the use of a disposable laryngeal mask airway in a 28-year-old female undergoing surgery.

2nd Place: Joseph Graver, DDS

WHAT IS THE INCIDENCE OF THE PRE- AND POST-OPERATIVE OCCULT HYPERGLYCEMIA IN THE NON-DIABETIC PATIENT UNDERGOING ELECTIVE SURGERY?

The incidence of chronic hyperglycemia and presumably undiagnosed diabetes mellitus (DM) has risen in recent decades. This frequency and severity in occurrence may be deleteriously impacting surgical outcomes. Our study measured the glycemic levels of 109 adult patients preparing for elective surgery to determine if our suspicion might be substantiated. Participating patients were 59.6% female, with a mean age of 44.18 +/- 16.37 years. 24.8% of the patients were identified as having preoperative hyperglycemia (FGG>99mg/dl). Of the 82 non-hyperglycemic patients preoperatively, 32% were identified as becoming hyperglycemic postoperatively. Multiple regression analysis revealed that age and procedure duration were co-predictors in postoperative occult hyperglycemia occurrence in the non-hyperglycemic patient. Less than the anticipated 5.1% of patients were found to have glycemic levels that qualified for undiagnosed DM. The incidence and severity of postoperative hyperglycemia, although curious would not indicate a need to routine preoperative glycemic monitoring for the non-diabetic patient either preoperatively or postoperatively.

3rd Place: John Hansford, DMD

IDIOPATHIC SYMPTOMATIC BRADYCARDIA: A CASE REPORT

Bradycardia may occur without warning during perioperative and intraoperative periods. Defined as a heart rate below 60 beats per minute, bradycardia may be sinus bradycardia or it may be related to the heart’s conduction system i.e. heart block. Hypoxia, intrinsic cardiac disease, medications, and increased vagal tone all potentially result in bradycardia, therefore, vigilant monitoring is paramount. The case report will a 40-year old obese female patient with no other significant medical history who developed symptomatic intraoperative bradycardia in the operating room soon after the end of surgery, but prior to emergence from general anesthesia. This presentation will explore the potential etiology of perioperative and intraoperative symptomatic bradycardia and discuss various strategies for its management.
Learn Anywhere, Anytime
ADSA’s On-Demand CE is designed to work no matter what device you are using - from desktops to tablets to smartphones, our On-Demand CE is optimized for them - and allows you to train on a schedule that works best for you and your team.

You Won’t Need a Training Course To Take Our ADSA Training Course!
Once you’ve registered, ADSA On Demand CE dashboard allows you to simply and intuitively find your way around, and human help is just an email or phone call away!

Educational Purpose
The ADSA online programs are part of its mission to promote safe and effective patient care for all dentists who have an interest in anesthesiology, sedation and the control of anxiety and pain.

ON DEMAND CE
Now On ADSAhome.org!