Fact Sheet

Anesthesia in the Oral and Maxillofacial Surgery Office

Oral and Maxillofacial Surgeons rigorously trained to safely administer office-based anesthesia

The ability to provide safe, effective anesthesia to ambulatory patients has distinguished the dental specialty of oral and maxillofacial surgery since its earliest days. OMSs have the knowledge and training which, when expanded through daily experience, enable them to:

- Identify, diagnose and assess the source of pain and anxiety within the scope of their discipline; and
- Appropriately use the techniques of regional (local) anesthesia, all forms of sedation, and general anesthesia, which are an integral component to the practice of oral and maxillofacial surgery.

OMSs are experienced in:

- Airway management;
- Endotracheal intubation;
- Establishing and maintaining intravenous and arterial lines and invasive monitors; and
- Managing complications and emergencies associated with the administration of anesthesia.

OMS Residency Training

Oral and maxillofacial surgeons complete four years of dental school and a minimum of four years of training in a hospital-based surgical residency program alongside medical residents in general surgery, anesthesia, plastic surgery and otolaryngology. OMS residents must complete a rotation on the medical anesthesiology service during which they become competent in:

- Evaluating patients for anesthesia;
- Delivering the anesthetic; and
- Monitoring post-anesthetic patients.

Long-term safety of anesthesia administration in the OMS office

OMS National Insurance Company data[1] indicate that during the 17-year period from 1988 through 2004, OMSNIC insureds performed 29.6 million, of which 40 deaths and two incidents of brain damage were reported. The two statistics indicate a frequency of office death/brain damage equal to 1:704,960.

In addition, OMS residents must be:

- Competent in physical diagnosis;
- Trained in Advanced Cardiac Life Support; and
- Trained in ambulatory anesthesia throughout the residency.

Practicing OMSs

Practicing OMSs must comply with individual state rules and regulations on anesthesia administration.

The AAOMS has developed and maintained an office anesthesia evaluation program for more than 30 years. AAOMS members are required to periodically undergo this on-site anesthesia inspection and reevaluation, requirements that often exceed those mandated by state law. AAOMS recommends the following indicators be monitored during sedation and general anesthetic procedures:

- Blood pressure;
- Heart rate and rhythm (EKG); and
- Monitoring ventilation and oxygenation.

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Considerations for using conscious sedation, deep sedation and general anesthesia

- Mental status, age or level of maturity of the patient;
- Reduction of pain and anxiety;
- Type and complexity of surgical procedures;
- Conditions in which local anesthesia may not achieve desired effect; and

Patient cooperation precludes optimal performance of planned procedure.

Who is the AAOMS?

The American Association of Oral and Maxillofacial Surgeons (AAOMS) the professional organization representing more than 7,000 Oral and Maxillofacial Surgeons in the United States, supports its members' ability to practice their specialty through education, research and advocacy.

OMSs are dental specialists who treat conditions, defects, injuries and aesthetic aspects of the jaws, face, mouth and teeth. Their training includes a four-year doctorate in dentistry followed by completion of a minimum of four years of surgical training in a hospital-based residency program. They replace lost teeth with dental implants, remove cancerous tumors, rebuild faces injured by trauma, perform cosmetic surgery and provide safe and effective anesthesia. AAOMS members comply with rigorous continuing education requirements and submit to periodic office examinations, ensuring the public that all office procedures and personnel meet stringent national standards.

[1] OMSNIC, Morbidity and Mortality Statistics, 1988 – 2004

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