Reoperative Oral & Maxillofacial Surgery Clinics

Drs. Luis Vega and Rui Fernandes are very pleased to present the February 2011 edition of the Oral and Maxillofacial Surgery Clinics of North America dedicated to “Reoperative Oral and Maxillofacial Surgery” where they served as guest editors.

Whether we are seasoned surgeons or recent graduates, we are all faced with patients needing reoperative interventions. The term “reoperative surgery” is often perceived negatively due to its connotation of complication and blame. As a result, surgeons are often reluctant to discuss their experiences, forgoing opportunities for shared learning.

Reoperative surgery has different meanings for different surgeons. It may encompass touch-up procedures for denture failure, pa- tients re-doing a facet due to continued aging and its sequelae, multistage maxillofacial reconstructive procedures, correction of an unsatisfactory orthognathic result, complications from bone grafts for dental implants, or a reoperation due to a positive margin or recurrence of initial disease. Reoperative maxillofacial surgery is often more difficult than the initial surgery due to the inherent scaring and altered anatomy. Equally, the surgeon must dedicate significant time to planning to minimize the need for yet another intervention in the future.

We have sought to recruit leaders in our specialty to contribute their collective experiences in dealing with these difficult processes. We hope that within Reoperative Oral and Maxillofacial Surgery Clinics the reader will find pearls of wisdom shared by our contributors that will better their clinical practices and minimize the need for reoperative procedures.

In the literature...


A note from our Division Chief...

Welcome to the latest edition of our Division’s newsletter. The 2010-2011 academic year has been another successful year in our Division. We are well on our way to surpass last year’s operative surgical load as well as the number of patient visits. The administrative area and conference room renovations have been a tremendous success.

This year, we have had several guest speakers presenting various topics in our conference area. Dr. William Martin from the University of Florida, College of Dentistry, Department of Prosthodontics gave a marvelous presentation on prosthetic rehabilitation for dental implants. Dr. Rudney Durage, president of the Brazilian Society of Oral and Maxillofacial Surgery (SOBRACIBU) presented his experience on the surgical management of TMJ disorders. Dr. Paul Twomey from University of Texas/Southwestern Medical Center (Parkland) Department of OMS presented a comprehensive talk on the management of patients with cleft deformities, and Dr. Peter Waite, from the University of Alabama, Department of Oral and Maxillofacial Surgery shared his thoughts and experience regarding surgical management of obstructive sleep apnea. Dr. T. William Evans, one of my mentors and my fellowship director, will round off our guest speakers for this academic year when he arrives in Jacksonville in June as our guest speaker at the annual residency graduation.

Last January, we successfully matched 3 applicants to our residency program for the entering class of 2011. Drs. Chris Chaffin (U. of Penn), Scott Roemer (U. of Penn), and Jonathan McCabe (UNLV) will spend the next 6 years with us. Dr. Robert Wundere (U. of Louisville) will be our one-year non-matriculated intern for the upcoming year. Dr. Terry Sa (UCSF) will be the incoming Microvascular Surgery Fellow and we are well on our way in selecting the Microvascular surgery fellows for the 2012 and 2013 academic years.

From an academic standpoint our Division continues its trend of various scholarly activities. This year, we have had multiple publications in numerous peer-reviewed journals (JOMS, OMS Clinics of North America), as well as textbooks (Operative Maxillofacial Surgery, Peterson’s Oral & Maxillofacial Surgery, Complications in Oral & Maxillofacial Surgery, Selected Topics in Oral & Maxillofacial Surgery). The faculty continues to travel within and outside of the United States presenting at various national and international associations. Drs. Luis Vega and Rui Fernandes in particular were asked numerous times to be keynote speakers in South America this year. I am also very glad to report to you that due to the high volume of thyroid surgery being performed in our Section of Head & Neck, a bi-weekly Thyroid Conference is now held in our conference room. This has been a very well attended meeting by multiple specialties (OMFS, Endocrinology, Pathology, Nuclear Medicine, and Hem-Onc) involved in the management of patient with thyroid disorders. Drs. Rui Fernandes and Nelson Goldman deserve a lot of credit for this conference and its on-going success.

Finally, our outpatient clinic renovation has allowed us to treat more patients than before with the capability of performing more complex surgery within the clinic area. This has significantly enhanced our dental implant practice as well as the fairly innovative zygoma implant surgery under the guidance of Drs. Howard Schare and Luis Vega.

I would like to thank you for your continued support of our Division and our educational mission. I realize that the success of our Division is truly dependent on each of its members, residents, support staff, alumni, and our friends and colleagues across the country. I wish you well and look forward to seeing you soon!
CHANGE IS COMING...

Here we go again! Just a few years ago, the American Counsel for Graduate Medi-

cal Education (ACGME) introduced a sweeping change in the way resident edu-

cation was being administered in our country. It was called the 80-hour duty cycle. This policy stemmed

from an unfortunate incident in New York years earlier when a patient’s care was signif-

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was then directly related to the patient’s over-

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not work more than 80 hours per week. There were also permutations regarding how many

consecutive hours a resident could work (no more than 30), and how often he/she was on call. This policy had a tremendous im-

pact on how residency directors could manage the day-to-day activities of residents and their education. Whether you believed in

the original intent of the policy or not, residents’ lives and residency programs were

forever changed.

As of July 1, 2011, there will be yet an-

other policy from ACGME. It is called the Program Requirement Policy (www.acgme.org) and it is even more encompassing than the previous policy. First year residents (interns) can no long-er work more than 16 consecutive

hours; that means there will no longer be an “intern on call.” Rather, programs will have

to create “night-float” systems and rely on ex-

tenders such as physician’s assistants and

urse practitioners, to fill in the void. Second

year residents and above can work continu-

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intern class. This includes introduction of a night-float service as well as “shift work” in order to comply with the new policy. Clear-

ly, there will be some challenges ahead for all of us involved in academic medicine and resi-

dent education.

New Faces in our Division...

This past year, Dr. Rui Fernandes, be-

came the first full-time academic oral & maxil-

lofacial surgeon to become fully trained in

TORS. Since then, he has performed several

TORS cases utilizing the Da Vinci surgical ro-

bot. This truly remarkable tool has and will

continue to revolutionize modern surgery. It

basically involves performing surgery through the use of multiple surgical arms and cameras while allowing the surgeon to control these arms sitting in a console away from the surgi-

cal field. The advantage of the Da Vinci sys-

tem is its ability to move these surgical arms 360° thereby allowing the surgeon to manipu-

late the tissues easier and facilitate a signifi-

antly broader view of the surgical field. This in turn shortens the opera-

tive time and reduces length of hospital stay and recovery time for the patient. Essentially any soft tis-

sue surgery performed through the oral cavity (tongue resection, tonsil-

lectomy, uvulopalatoplasty, and base of tongue resection for sleep apnea) can utilize the TORS tech-

nology. Look for an upcoming manuscript from our Division de-

scribing the experience with this technology.

Transoral Robotic Surgery (TORS) at UF Division of OMS

The segment was the reimplemented and fixed to the distal mandible using mini-plates. Biopsy report was consistent with condylar hyper-

plasia.

The patient has been seen for two

years without any evidence of con-

dylar resorption, mandibular devia-

tion, or recurrence.

This is a 2-year follow up of our pa-

Cranial Bone Graft and Dental Implants

The patient was a 27-year-old female

with a chief complaint of “chin devia-

tion”. She had received blunt trauma to her face 7 years earlier in car acci-

dent, although there were no fractures at that time. Over this period of time, she had noticed a slight deviation of her chin to the right side of her face as well as a progressive posterior open bite on the left side.

Clinical examination revealed a gross mandibular asymmetry, chin de-

viation, normal range of motion with deviation to the right, and a left sided posterior open bite. Radiographic im-

aging revealed a condylar mass on the left with deviation of the mandible to the right. Our differential diagnosis in-

cluded: condylar osteoma, chondro-

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mal. Bone scan revealed an increased metabolic activity in the left mandibu-

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agnosis of condylar hyperplasia it was decided to schedule her for resection of the condylar mass and immediate re-

construction.

Approach to this case included a

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ramus osteotomy was performed, then the entire proximal segment including the mass was removed. The mandibu-

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In the News...


June 2010 Dr. Luis Vega received the Dr. Roger Hehn Award for Outstanding Oral and Maxillofacial Surgery Research at the 123rd Annual Meeting of the American Association of Oral and Maxillofacial Surgeons.

October 2010 Dr. Luis Vega presented at the 122nd Annual Meeting of the Florida Society of Oral & Maxillofacial Surgeons (FSOMS), Fort Lauderdale, Florida.

November 2010 Dr. Rui Fernandes was recognized as the International Brazilian Dr. Anthony S. Bunnell Awarded the 1st Annual International Portuguese Society of Oral & Maxillofacial Surgeons (SPROBEB), Lisbon, Portugal.

November 2010 Dr. Luis Vega presented at the 121st Annual Meeting of the American Association of Oral and Maxillofacial Surgeons (AAOMS), New Orleans, Louisiana.

November 2010 Dr. Todd Fattahi became the vice presidential of the Brazilian So-

ciety of Oral and Maxillofacial Surgery (SBOCAM), Brasilia, Brazil.

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This is a 2-year follow up of our pa-
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otherwise healthy 27-year-old female with a chief complaint of "chin devo-
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Clinical examination revealed a gross mandibular asymmetry, chin de-
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Our approach to this case included a completely transoral endoscopically as-
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The patient has been seen for two
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Marginal Mandibulectomy Defect Reconstructed with Cranial Bone Graft and Dental Implants

Case Report

The patient setup and Dr. Fernandes in the da Vinci console

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On April of 2009, she was admitted with a chief complaint of "chin devo-
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