



The University of Oklahoma
Health Sciences Center

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

I am Chairman of the Department of Oral and Maxillofacial Surgery at the University of Oklahoma and I wanted to explain our training and experience with anesthesia. Oral and Maxillofacial Surgery is a specialty of dentistry that requires that we do a 4-6 year residency after dental school. Anesthesia is a major part of our training. We spend between 6 months in the operating room providing general anesthesia as well as performing thousands of anesthetics on our patients throughout our training. Other rotations include internal medicine, cardiology, Intensive Care Unit, trauma surgery. We have an extensive amount of training in the evaluation of patients and their physical status.

Dentistry has been on the forefront of anesthesia. The first anesthetic in the United States was administered by a dentist at the Mass General Hospital in Boston. Dentists developed the use of nitrous oxide. Oral and maxillofacial surgeons basically developed out-patient general anesthesia in the 1960's for the extraction of wisdom teeth and decayed teeth.

The model for anesthesia developed by oral and maxillofacial surgeons is a team approach. We have a minimum of 3 team members when we perform a general anesthetic, a surgeon, one to two surgical assistants and an assistant who monitors with us the patients during anesthesia. This model is very cost effective and has an unsurpassed safety record in health care and is endorsed by the American Society of Anesthesiology.

If we are performing a sterile procedure, such as placement of dental implants, and additional sedative agents are required, our anesthesia assistant gives medications under our verbal command and our direct visual observation. The medical determination for administration of the medications or the amount of medication given is made by the Oral and Maxillofacial Surgeon, not the assistant.

Assistants that have been trained in IV access may start IV's. It is not our goal nor do we think it is appropriate for assistants to administer medications independently we ***insist that this be done under direct visual supervision and upon the direct verbal command of the surgeon.*** What we are asking already exists in medicine and occurs routinely in the operating room at hospitals.

Oral and Maxillofacial Surgeons, have practiced using this model nationally for over 30 years. The American Association of Oral and Maxillofacial Surgeons has been proactive in the safe delivery of anesthesia care and has developed an educational program for anesthesia assistants called DAANCE (Dental Anesthesia Assistant National Certifying Examination). To be eligible to take this self-study course, you must be current in Basic Life Support or CPR, work for a dentists with an anesthesia provider permit for 6 months. This course has 5 units of study including basic sciences, evaluation and preparation of patients with systemic diseases, anesthetic drugs and techniques, anesthesia equipment and monitoring and office anesthesia emergencies. This course takes about 6 months to complete and by every measure is demanding. It is culminated with a comprehensive exam that has a pass rate of approximately 78%. Needless to say this is not easy nor does course completion guarantee a passing grade.

As Oral and Maxillofacial Surgeons, we think any program that provides additional education for our assistants protects our patients and provides better care for our patients.

I am asking you to vote to pass SB 1068. If you have any questions or if I can provide any further information, please contact me. Thank you for taking the time to read this e-mail.

Sincerely,

Steven M. Sullivan, DDS
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