Raleigh-Wake County Dental Society
Orthodontics Oral Surgery General Dentistry Prosthodontics Periodontics Endodontics Pediatric Dentistry

RALEIGH – WAKE COUNTY DENTAL SOCIETY VOLUME 10, NUMBER 2, SEPTEMBER 2014
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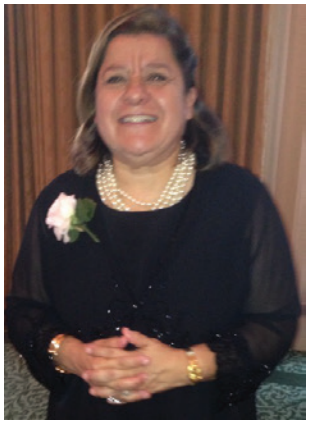
OFFICIAL PUBLICATION OF THE RALEIGH-WAKE COUNTY DENTAL SOCIETY

2014 FALL/WINTER CALENDAR

Sept	**9th**	Executive Board Meeting
	16th	General Members Meeting & CE **"Indications for Third Molar Removal"** Dr. Jeffrey Jelic
Oct	**14th**	Executive Board Meeting
	21th	General Members Meeting & CE **"Periodontal Restorative Interactions: The Vital Link Between The Two"** Dr. Hanna Hobbs
Nov	**11th**	Executive Board Meeting
	18th	General Members Meeting & CE **Office Sedation And Overhaul Of Certification For In Office Sedation"** Terry Friddle
Jan	**13th**	Executive Board Meeting
	20th	General Members Meeting & CE **Effects Of Bisphosphonates In The Oral Cavity** Dr.Valerie Murrah

General Members Meetings are held 6:15 p.m. at **North Ridge Country Club**, 6612 Falls of Neuse Rd., Raleigh, the **3rd Tuesday** of each month. There are no meetings in June, July, August and December. Social time begins 6:15 p.m. with the buffet line opening at 6:45 p.m. The business meeting commences at 7:00 p.m. followed by a CE lecture.



Dear Colleagues and Friends,

Our summer is almost over and hopefully you had time for a few days of vacation and relaxation. We are already looking forward to our fall meeting scheduled Tuesday, September 16, at the North Ridge Country Club. Our guest speaker will be Dr. Jeffrey Jelic, the first of many great speakers we have secured to address our group. Please mark your calendars now and plan to bring a prospective new member. We are always in need of new members to increase our voice, visibility, and volunteer hours in the Raleigh/Wake County area.

One of the volunteer opportunities available includes service at Wake Smiles dental clinic which has recently opened their newly renovated facility. They now offer daytime hours as well as evenings in the new expanded facility. We recently had Summer Jam 2014, a fundraiser to help raise support for the new clinic. However, they still are in need of volunteers, equipment, and of course, donations. This new clinic is a visible presence in the community and serves many low income patients that have special dental needs. Our continued support will help secure its future presence in Wake County.

Nedda I. Ibrahim, DDS, MPH
neddawi@hotmail.com


Lisa D Mayer

I hope that you had a pleasant summer, and are ready to attend our fall General Meetings, which will kick off on Tuesday, September 16 with an outstanding presentation by Dr. Jeffrey Jelic. We always have room for more members on our roster, so please invite a Wake County colleague to join you as our guest for any meeting and encourage them to join.

Since there have been some questions concerning guests in the past, I will give you a brief recap of the RWCDS guest policy.

A member dentist may invite another dentist or dental student as their guest anytime without prior Board approval. If the dentist resides or practices in Wake County, they may attend up to two meetings at no cost before deciding to join the Society. Dental students may also attend up to two meetings at no cost. If the dentist does not qualify to become a RWCDS Member (does not live or practice in Wake County) then the Society must be reimbursed for their meeting expense.

All other guests who are not trained dentists must be pre-approved by the Executive Board prior to attending a meeting. In addition, they must attend the meeting with a Member host and their meeting expense must also be reimbursed to the Society. The Board can also choose to deny approval to any non- dentist.

As we prepare for the 2015 membership renewal cycle, please also consider giving back to the community by supporting the RWCDS Foundation with a tax-deductible contribution. The Foundation supports many worthwhile causes and events including Wake Smiles, the UNC School of Dentistry, the Wake Tech Dental Hygiene and Dental Assisting programs, and Children's Dental Health Awareness Day.

I am proud to be affiliated with an organization that does so much good in our community and hope that you will include a donation to the Foundation along with your membership dues in 2015. Thank you for your support.

The Raleigh-Wake County Dental Society Community Dental Health Program, Inc. (Wake Smiles) *A volunteer dentist-run 501c3 organization founded in 2001.*

Wake Smiles provided dental services during ten clinic days in June. This has been our most productive month in the last two years. Our dentist volunteers for June were: Giles Willis, Nedda Ibrahim, Nazir Ahmad, Saba Mokry, Kamran Qureshy, Fred Crisp, Cameron Noah, Catie Cunningham, Rachel Locey, and Helen Zhang. The value of care these wonderful volunteers provided was $33,319.00.

We also want to thank the private dental offices of Williams and Daily, Wainwright and Wassel, and Dr. Knox McMillan for treating Wake Smiles patients. They provided dental care worth $12,116.00 in June.

From January through June of this year 30 volunteer dentists have provided 339 patient visits in the clinic and private offices producing $149,728.00 worth of dental care.

Wake Smiles wants to give a BIG THANK YOU to Matt Drabick, Dr. Nedda Ibrahim and family for organizing a fundraising concert for Wake Smiles on June 28th. They raised $2,110.00 and put on a wonderful concert. We all had a great time! The music was incredible! (Dr. Ibrahim has a very talented family!)

We are looking forward to seeing everyone at the RWCDS meeting in September. I will be introducing you to our new volunteer coordinator, Sheila Lassiter.

Thank you for all your support over the last year and a half. Wake Smiles is on the way to becoming a fully functioning dental clinic. Please come by to see us when you are in the area.

Wake Smiles Rotary Club of Raleigh Dental Clinic
The Salvation Army Judy D. Selnak Center of Hope
1863 Capital Boulevard
Raleigh, North Carolina 27604

MISSION: To improve the oral health of low income and uninsured adults of Wake County through direct volunteer services while supporting collaborative and volunteer efforts of existing providers in the community.
VISION: for people of all income levels to have access to dental care, and to recognize and support all dental volunteer efforts in Wake County.
GOAL: to increase the number of low income, uninsured adults receiving comprehensive preventive and restorative dental services in the Wake County Area.

Dianne Keyser
Executive Director
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MRONJ is the new BRONJ

In April 2014, AAOMS first publically recognized that antiresorptive and antiangiogenic drugs lead to osteonecrosis of the jaw in a similar fashion as bisphosphonates. An AAOMS Task Force updated the previous Position Paper on Bisphophonate-Related Osteonecrosis of the Jaw to include the newly coined term "MRONJ." The point of the paper was to bring light to a new group of patients at risk for developing osteonecrosis of the jaw, even in the absence of dental extractions. There is little data to provide a percentage risk factor for each patient. However, even though the incidence may be low, the consequence of the disease is severely morbid. More importantly, all practitioners who treat these patients should be aware of risk factors and appropriately discuss them through informed consent.

Medication-Related Osteonecrosis of the Jaw (MRONJ) is replacing Bisphosphonate-Related Osteonecrosis of the Jaw (BRONJ) in more recent literature primarily due to newer antiresorptive and antiangiogenic therapies. One example that is popular in the headlines is Denosumab which is a monoclonal antibody prescribed for treatment of osteoporosis, neoplastic bone disease, or giant cell tumor of bone. The mechanism is through inhibition of RANKL which is a protein signal utilized for dissolution of bone. Introduced in 2011, Denosumab is the first of its type approved for human use by the FDA.

Most Oral and Maxillofacial Surgeons have separate consent forms that review and illustrate individual risk factors for patients who take either bisphosphonate, antiresorptive or antiangiogenic drugs. If you decide to treat patients with such conditions, it is important not only to be aware of the risks factors, but also inform your patients.

Dr. Nazir Ahmad
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Member Article

March 7, 2014

Dear Colleagues,

I recently had a meeting with the North Carolina Dental Board regarding allowing dentists to perform Botox and dermal filler injections for both esthetic and therapeutic procedures for their patients. I want to share with you what was discussed. It is my desire that our state join the 20 states that allow dentists to perform esthetic Botox and dermal filler procedures.

Botox, the trade name for botulinum toxin, has been used for over 20 years to temporarily paralyze muscles for multiple applications, including facial pain, gummy smiles, down turned oral commissures, bruxism, TMJ, dimpling of the chin, tension-headaches and orthodontic relapse. It is a highly refined purified protein that contains no live bacteria. It is injected into the muscle to produce temporary local paralysis.

Dermal fillers are made of hyaluronic acid (which is the matrix of human skin) with an increased number of cross bridges to prevent their breakdown. They are used to modify smile lines (nasio-labial folds), down-turned oral commissures, marionette lines, scars, thinned lips, and deficient intra-oral volume (for example, black triangles). It is also used in the reconstruction of skin defects caused by scarring from acne or due to loss of skin elasticity from aging. These fillers are injected sub-dermally.

Two years ago I personally experienced Botox and dermal filler. I researched and found a well-respected plastic surgeon and made my appointment. Upon arriving, no medical history was taken, no consent forms signed, and there was no exam by the surgeon. After discussing my concerns and desires with the nurse, she proceeded to inject the Botox. A few weeks later I returned for the dermal filler. Again, with no medical history, no consent, and no surgeon. Topical anesthesia placed for 35 minutes and again, the nurse injected the filler. Because these procedures are not permanent, I later sought out additional treatment, this time at another well-established, recommended and reputable facility. Again, there was no exam by the physician, only a nurse. No follow up appointments were scheduled. I experienced another facility with the exact same scenario as the first.

The Botox injections were uncomfortable, but the dermal filler experience excruciating. I didn't question it because my assumption was this was the way it went with these types of procedures.

Then it dawned on me. Why are dentists not performing these procedures? We have more academic training in head and neck anatomy, as well as more training and clinical experience than any other health care provider in administering injections to the head and neck.

After these experiences, I invested 40 hours and thousands of dollars in coursework to become knowledgeable about these procedures. The courses I took were offered by the American Academy of Facial Esthetics and are AGD accredited and ADA recognized for training in the use of injectable Botox and dermal filler, both for therapeutic and esthetic purposes. These programs have trained over 8,000 dentists and health care providers nationally and internationally.

I have been practicing dentistry in North Carolina since 2001. I am passionate about our profession and, more importantly, I greatly respect my patients and am humbled by the trust they place in me as their health care provider. I have very close relationships with my patients. This relationship goes beyond healthy gums and teeth. I am committed to being a comprehensive provider. The needs of today's patients are complex. Their fast-paced and busy lives demand comprehensive services from the providers they choose. The excitement of a healthier mouth, healthier habits, and esthetically pleasing smile, reach beyond the parameters of the oral cavity to encompass the entire face, and indeed the entire person.

There is a growing demand by the public, as witnessed within my own practice, for esthetic enhancements of the face with Botox and dermal fillers. Patients consider these esthetic procedures to be natural extensions of the time, money and care they expend in improving and maintaining their dental health and beauty. It seems only natural that the dentist--the provider they already trust with caring for such a large portion of their health and appearance, one who is familiar with them and their medical histories, and one they feel comfortable asking questions of--should also be able to provide the esthetic services these patients are demanding.

Dentists are held to a high standard of practice. We are the doctors that have been trained in the head and neck areas specifically and are responsible directly for our actions. Dentists can inject dental blocks that can significantly decrease the discomfort experienced during filler injections. Dentists are able to provide a better service to our patients. I learned from my own experience that patients can be reluctant to ask vital questions of the nurse injectors, and this reticence may increase the potential for compromised care. And there are questions that even I did not know to ask. Questions such as where, when, how are you qualified to inject Botox and dermal fillers? Questions, such as reconstitution ratios and expiration dates of the materials, and whether and what level of pain to expect after a procedure.

Recently I was invited to a conference about the most recent FDA approved dermal filler. I sat in a room with some of the Triangle's most respected plastic surgeons, dermatologists and physicians. The concepts presented were within the scope of dentistry. Botox and dermal fillers are pharmacological agents just like the local anesthetics that we use on a daily basis.

According to the NC General Statute 90-29(b)(1), we are allowed to work on "human teeth, gums, alveolar processes, jaws, maxilla, mandible or adjacent tissues or structures of the oral cavity." The board currently allows the treatment of migraines and TMJ with injections in the frontalis, masseter, and temporalis muscles. That means the board agrees that those areas are adjacent to, or near, the oral cavity.

Further, nowhere in the NC General Statutes is there any differentiation made between esthetic and therapeutic procedures, as we are allowed to do veneers, crowns and whitening for purely cosmetic reasons without breaking any laws.

In addition, Section 90-29(b)(10) allows dentists to "engage in any clinical practices included in the curricula of recognized dental schools or colleges." Botox and dermal filler course are now taught throughout the country in dental schools. Just look at the dental schools at University of Massachusetts, Tufts University, University of Maryland, or OSHU. All of these dental schools offer Botox and dermal filler courses.

For me, the facts supporting dentists performing these procedures are clear. To summarize:

1. The NC General Statues allow Botox and dermal filler therapy according to Section 90-29(b)(10) because it is taught in accredited dental schools and in ADA and AGD annual meetings. "A person shall be deemed to be practicing dentistry in this State who does, undertakes or attempts to do, or claims the ability to …perform or engage in any of the clinical practices included in the curricula of recognized

dental schools or colleges"

2. The board allowing therapeutic injections in the frontal, masseter, and temporalis muscles suggests that those areas are considered adjacent structures to the oral cavity as defined in Section 90-29(b)(1): A person shall be deemed to be practicing dentistry in this State who does, undertakes or attempts to do, or claims the ability to …diagnose, treat, operate, or prescribe for any disease, disorder, pain, deformity, injury, deficiency, defect, or other physical condition of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity."
3. The NC General Statutes do not differentiate between esthetic and therapeutic procedures.
4. In order for dentists to obtain malpractice insurance the board needs to be definitive in their interpretation of the NC General Statues. 5. We have a mutual obligation to protect the public.

I welcome perspectives, feedback and support (919) 488-0111.

Sincerely,
Dr. Jennifer Le Qtlb@yahoo.com

Documenting Informed Consent
June 1, 2014

Dentists must obtain informed consent to treatment from their patients. This means that the dentist must explain the nature of the proposed treatment as well as its risks, benefits, and alternatives. Dentists must also document obtaining informed consent.

To document the patient's consent, many dentists use chart notes such as "fully discussed pt's options + alt tx." They may also chart "k/u his treatment and possible infection, rejection, and/or pain" or "discussed fully and in detail the treatment plan and options." In addition, they may have the patient sign various consent to treatment forms.

In a recent case, one dentist learned that the law requires more. The implant patient had been without teeth for over 20 years. He also took anti-seizure medications for epilepsy and had corrective heart valve surgery. After numerous implants failed, he sued the dentist for failing to obtain adequate consent to treatment. He argued that the dentist should have warned him that his health history made it likely that the implants would fail.

The court allowed the consent claim to go to the jury. It held that the dentist must take into account the patient's "particular medical and dental history." It ruled that informed consent must be "specific to the individual undergoing treatment." Because the dentist did not document informing the patient of the impact of his health history, the dentist could not prove that he had obtained adequate informed consent.

The case demonstrates the need to document discussions concerning the patient's relevant health conditions that may increase the likelihood of complications. Consent forms that do not address the patient's particular risks are not sufficient. Chart entries such as "all pt's questions answered" will not protect the dentist from claims related to informed consent.

Patrice Walker, Attorney At Law
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Member News

American Association of Endodontists Selects New Leaders

The American Association of Endodontists appointed its 2014-2015 officers and added five new members to its Board of Directors during the Association's Annual Session, April 30 – May 3, in Washington, D.C.

Mark A. Odom, D.D.S., was appointed District III Director, representing Florida, Georgia, North Carolina, South Carolina and Tennessee. Dr. Odom received his D.D.S. and Certificate in Endodontics from Louisiana State University School of Dentistry. He has maintained a private practice in Cary, N.C. for more than 27 years. Dr. Odom has been adjunct faculty at both LSUSD and UNC Chapel Hill School of Dentistry. He previously served as a president of the Tarheel Endodontic Association.

Editor's Note

Welcome back from summer vacations. The second portion of our year will be filled with excellent clinical topics and speakers. I would like to encourage each one of you to submit letters and opinions related to dental issues that are important to our profession to the RWCD. It is your voice that is important to our profession and we all need to hear it. If you have a letter or paper that you would like printed in the newsletter or posted on the website please contact me or Doug MacLeod. As always your input and participation is needed and invaluable. If you have any comments or suggestions, please do not hesitate to contact us.

Dr. Chauncy Nelson
nelortho@nc.rr.com

RWCDS Photos

President Dr. Nedda Ibrahim with
Dr. Martha Ann Keels after her RWCD lecture.

Dr. Ibrahim with Drs. Harold Heyman and Ted Robinson.

Drs. Ibrahim and Mayer at the Wake Tech Dental assistant graduation award ceremony. DA graduates: Lindsey Dunn, Viktoria Nytka, Holly Hornick, Sarah Newbold, Ramona Mitchell, and Sharon Molden.

Photos from Children's Dental Awareness Day February '14

CLASSIFIEDS

DENTISTS

Dr. Ted Mayer- Available to check hygiene; can be contacted at 919-819-9400.

Dr. Harold J. Kear- Available to substitute on a daily or weekly basis for vacations/days off, to handle in office emergencies, and/or monitor dental hygiene; experienced, fully insured and licensed. Resume and references available upon request. Phone 919-468-8293; email-hrldkear@gmail.com

Dr. Thom Buttler- Available to check hygiene; please contact at 919-801-1167 and/or tkbuttler@gmail.com

MISCELLANEOUS

If you are interested in performing pro bono work for the Pretty in Pink Foundation for breast cancer please contact **Dr. Todd Engstrom** at 919-870-4443 or engstromorthodontics@gmail.com.

Commercial Real Estate Services
PR Commercial Properties, Inc.
Lloyd Rothschild, DDS/Principle Broker
Buyer/Tenant Representation, Investment Real Estate Consultation
Representing Dentists for their Commercial Real Estate Needs
919-787-0059, 919-264-5002 cell, lrrothschild@cs.com.

New Members

Dr. Ashley DeSaix, Raleigh, swinson.desaix@gmail.com
Dr. Sabine Schtakleff, Raleigh, sabinedds@gmail.com
Dr. Michael DesRosiers, Raleigh, ncdentistry1@gmail.com
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Dr. James P. Martin, Wake Forest, jamespmartin1@gmail.com

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