

N.J. Dental Society of Anesthesiology Newsletter

SCIENTIA OMNEM



DOLOREM VINCIT

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JULY, 1984

PRESIDENT'S MESSAGE

As I begin my term as President of the New Jersey Dental Society of Anesthesiology, I am aware of how far we have advanced. Our Society has progressed from a small beginning of a group of dentists with a common bond of dental anesthesiology to a large organization consisting of most of the New Jersey oral surgeons and general dentists who are involved with anesthesia and pain control. The NJDSA provides educational forums for its membership, provides input to the Anesthesia Advisory Committee of the New Jersey State Board of Dentistry, provides implementation and maintenance of records of Office Anesthesia Peer Review, provides a means of communication and information dissemination through its Newsletter, and so on.

I would like to make special note of communication among our membership. Our Newsletter provides all of us with a means of publishing interesting anesthesia cases we have in our offices - the problems, successful treatment, patient pre-anesthetic evaluation, untoward drug reaction, etc. Participation of our membership, as noted above, can create a vital and meaningful source of communication. If I may adapt a thought from President Kennedy - ask not what the NJDSA can do for you, but ask how we can work together, to communicate, to make our Society even better than it is today.

I look forward to speaking with all of you in our future Newsletters and seeing you at our educational forums. - BARRY I. KELNER, D.D.S.

Altracurium (Tracrium) is a new intermediate-acting neuromuscular blocking drug similar to d-tubocurarine. It is a non-depolarizing agent which blocks the action of acetylcholine by competing for cholinergic receptor sites and can be reversed by anticholinesterases such as neostigmine. This class of drugs relies predominantly on renal excretion for elimination. Other side effects may include hypotension and tachycardia.

As a reminder, succinyl choline, which acts by depolarizing the motor end-plate, has no satisfactory antagonist. Medical Letter May 25, 1984.

Nisentil (alphaprodine) has been the pivot point about which the activity of the American Academy of Pedodontics and the American Academy of Pediatrics is swirling. Guidelines for the Use of Conscious Sedation, Deep Sedation, and Ambulatory General Anesthesia in Pediatric Dentistry will be born, subject to the final approval by both academies. Hopefully, the final definition will distinguish the nature of any perceived problems and not limit those who are specially trained in the use of those modalities.

We mention this because it is noted that legislation in California limiting use of parenteral sedation has been shelved for this session. This legislation was so disruptive as to cause a split within the dental profession itself, to the extent that the pedodontic society has taken the position that oral and maxillofacial surgeons should not administer general anesthetics to children outside of the hospital setting. There is a strong movement by the California Medical Association and ASA to restrict all dentists from giving a general anesthetic outside of the hospital.

The "Ether Dome" of the Massachusetts General Hospital provided the setting for a truly fascinating and inspiring encounter with history during the annual meeting of the ADSA in Cambridge, Massachusetts this past spring. We were introduced to many of the pioneers and circumstances which led to the introduction of anesthesia. Not only were we able to share the disappointments and triumphs of Wells and Morton, but the inspired narration of Dr. Homer L. Ash made us feel part of the historical experience. The reality of the event persists, for the story of the relationship of anesthesiology and dentistry is still being written, and we are a part of it. A part that some historian of the future may relate to anesthesiologists not yet born.

With all sincerity, though, if you have an opportunity to listen to the tape of that meeting, don't let it pass you by.

FROM THE EDITOR

We are now settled into the summer intermission of organizational activities that spans the period between our spring and fall meetings. The practice of anesthesiology goes on however, specifically honed to the special needs of our individual practices.

The types of patients that present for dental treatment reflect the entire spectrum of human reaction; from the stoic to the frightened; from the brute to the infant; from the intelligent to the retarded; and, each may respond differently to intrusion on what many consider the most emotionally sensitive area of the body. One fraught with psychological overtones.

That is part of the wonder and challenge of anesthesiology. Each of us, in our own way, uses it to meld our abilities, personalities, and the needs of our patients into a successful treatment experience. It must be acknowledged that there is seldomly one right way to render treatment. Therefore, when we discuss, consider, or observe procedures performed by our peers, we should try to understand why differences in technique are demonstrated. Are they different because of the dentist's training, the type of patient being treated, or differences in perception of the problem? Generally, we will find that although techniques differ, the basic principles of anesthesiology are not violated.

This brings us to the subject of peer review. State law now requires that each office where general anesthesia is administered must be reviewed every 6 years. How does your office conform? Actually, the NJDSA as well as the NJSOMS is authorized to conduct such reviews. Contact our secretary, Lee Lichtenstein for further information or an appointment.

ITEM: Inquiry has been made by the New Jersey State Society of Anesthesiologists to form a liaison committee with the NJDSA and the NJSOMS, and preliminary arrangements for a meeting are being discussed. We shall keep you informed of further developments.

Constitutional Review - Since our constitution is over twenty years old (established when our membership numbered fifteen to twenty individuals), the Executive Council is proposing the following amendments to conform to state laws affecting anesthesiology and to our relationship with the American Dental Society of Anesthesiology.

Article 1. Eliminate the word State from the name of the organization.

Article 2. Purposes are spelled out instead of just referring to Article 2 of the ADSA.

Article 3. Composition - no changes except that in the absence of county components, members of the Executive Council, other than officers, shall be appointed.

Article 4. Sessions - section a. - unchanged. section b. eliminated - since we must give enough courses for permit credits, we cannot be tied down to the same meeting date as the state dental association.

Articles 5,6,7,8. unchanged.

Article 9. Amendments - a 3/4 affirmative vote for passage is retained, but response by a majority of the membership is eliminated.

By-Laws

Article 1. Membership - eliminate need for membership in the state dental association and recognize any licensed dentist.

Article 2. Officers - Section 1. elections to be held biannually in order to consolidate the planning of meetings and courses. Section 2. duties unchanged.

Article 3. Executive Council - unchanged.

Article 4. Committees - addition of a committee on peer review. A description of duties is eliminated since the committee names are self-explanatory.

Article 5. Elections - officers - unchanged; delegates appointed by the Executive Council.

Please signify your approval or disapproval of these constitutional changes by marking the attached ballot and returning it within 3 weeks to the Secretary.

Please complete this ballot and return promptly to:

Dr. Lee Lichtenstein,
Secretary, NJDSA
723 North Beers Street
Holmdel, New Jersey 07733

_____ I approve of the proposed constitutional changes.

_____ I do not approve of the proposed constitutional changes.

The New Jersey State Board of Dentistry requires the following types of drugs in the offices of permit holders.

<u>DRUG</u>	<u>SUCH AS</u>
Antihistamine	Benadryl
Analeptic	Dopram
Local Anesthetic (plain)	Xylocaine 1%
Narcotic Antagonist	Narcan
Antiemetic	Tigan
Cardiotonics	Adrenalin, Insuprel
Parasympatholytic	Atropine
IV Fluids	5% Dextrose in water, 50% Dextrose
Muscle relaxants	Anectine, Quelicin
Tranquilizer	Valium
Vasopressor	Wyamine
Sympathomimetic	Vasoxyl
Corticosteroids	Solu-Cortef, Decadron
	Methylprednisolone
Analgesic	Demerol
Miscellaneous	Oxygen, Sodium Bicarbonate

What do you think of this selection? Can we do better?

We hope to see this Newsletter published more frequently and will welcome scientific abstracts, personal techniques and ideas, and other information that may be of interest to our members.

Our semi-annual meetings unquestionably have been of high calibre and are satisfying some of our intellectual and practice needs. But, aren't there some other forms of continuing education that we might explore? Don't be reticent; let's hear your ideas.

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