



**American Association of Oral
and Maxillofacial Surgeons**

9700 West Bryn Mawr Avenue • Rosemont, Illinois 60018-5701 • 847.678.6200 • 800.822.6637 • FAX 847.678.6286 • 847.678.6279

Arthur C. Jee, DMD
President

Robert C. Rinaldi, PhD, CAE
Executive Director

September 21, 2011

Mr. Ken Paulsen, Editor
Mr. Brian Gallagher, Editor, Editorial Page
USA Today
7950 Jones Branch Drive
McLean, VA 22108-0605

Dear Sirs:

While the American Association of Oral and Maxillofacial Surgeons strongly supports efforts to weed out those practitioners whose education, training and experience have not prepared them to perform cosmetic surgery procedures, we must take issue with author Jayne O'Donnell's statement that "Some dentists trained in oral surgery now do breast implants" ["Lack of training can be deadly in cosmetic surgery"] and the USA Today editorial relating to this article.

Oral and maxillofacial surgery is the dental specialty that includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. Like plastic surgeons – OMSs complete a minimum of four years in an accredited hospital-based residency program following dental school. During this residency training, OMS residents and faculty at prestigious teaching hospitals across the nation provide surgical care and services alongside medical residents in such disciplines as general surgery, trauma surgery, anesthesia and, yes, plastic surgery.

Unlike plastic surgeons, whose training must cover all areas of the body during their residency training, oral and maxillofacial surgeons spend their residencies concentrating on the head and neck region. At the end of their resident training, OMSs have the unparalleled ability to rebuild a face from the inside out – repairing first the bone structure, then the soft tissues.

Oral and maxillofacial surgeons, in accordance with their scope of practice, do not perform surgical procedures on areas below the neck unless they are permitted to do so by virtue of the training, current competency and experience. A number of OMSs obtain MD degrees during their OMS residency training, and some complete a fellowship program after their residency, which allows them to perform procedures accordingly.

For more than 65 years, many oral and maxillofacial surgeons, again like plastic surgeons, have applied for board certification through the American Board of Oral and Maxillofacial Surgery, whose rigorous examination, certification and recertification processes have set the bar for similar certifying boards.

Further, no OMS would perform facial cosmetic procedures or other such procedure unless he or she meets the AAOMS's cosmetic credentialing standards requiring 1) completion of an accredited residency training program in OMS and 2) hospital privileges. These national credentialing standards meet or exceed those of other specialties who perform these procedures, including plastic surgeons, and other physicians qualified by virtue of education and training to perform these procedures.

So adept are OMSs in the area of facial reconstructive and cosmetic surgery, they are often the first to treat severe facial injuries resulting from auto accidents and gunshot wounds. Indeed, many standard trauma techniques used today were first developed by oral and maxillofacial surgeons in combat hospitals in World War II, Korea and Viet Nam and in today's international conflicts. Today, OMSs serve as medically necessary staff on every U.S. aircraft carrier and remain in the forefront of military surgical expertise.

Further, in accordance with the American College of Surgeons' guidelines for optimal care, Level I and II hospital trauma centers, those that treat the most serious and complex facial trauma patients, are required to have OMSs on call to perform complex reconstruction of the maxillofacial and craniofacial complex, including the mouth, face and jaws.

Every five years since 1992, the AAOMS has revised and published Parameters of Care in 11 areas of the OMS specialty, including cosmetic maxillofacial surgery. Within this section the Parameters discuss general criteria, therapeutic goals, factors affecting risk, favorable therapeutic outcomes, and known risks and complications.

We respectfully request that you clarify the misrepresentation of oral and maxillofacial surgeons presented in your series of articles. Not only does the misinformation damage the reputation of oral and maxillofacial surgeons, it does a disservice to our patients and the hospital and medical colleagues who rely on OMS for critical patient care every day.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. C. Jee', with a stylized flourish at the end.

Arthur C. Jee, DMD
President, AAOMS