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THE MAG INTERVIEW

The Mag Interview | Surgeon Brett Ferguson helps patients face the world

BY CINDY HOEDEL
The Kansas City Star

Brett Ferguson of Kansas City is chairman of the Department of Oral and Maxillofacial Surgery and the University of Missouri-Kansas City School of Dentistry. In October 2010, Ferguson, who attended the former St. Joseph Catholic School and De La Salle High School in Kansas City, became the first African-American to be elected to the board of trustees of the American Association of Oral and Maxillofacial Surgeons. This conversation took place in Ferguson's office on Hospital Hill.



John Mutrux

Surgeon Brett Ferguson

QWhere did you go to college?

ALane College in Jackson, Tenn. It was a small, historically black college. After my first year at Lane I was selected to go to a pre-med institute at Vanderbilt-Meharry in Nashville. And then I went to Harvard.

QThe Tennessee accent is the one that stuck.

AOh, yeah. Before I went to Lane, I had never had an all-black educational experience — our neighborhood near the Paseo was mixed — and my dad told me, "Son, you need some color. You need to go down south." When I came back for Christmas break, he said, "My God — what happened to you? You sound like you're from the South!" So it backfired on him.

QWhat did you do after Harvard?

AI was accepted to medical school, but I enrolled in dental school, here at UMKC. When I graduated I stayed on as faculty for five years and eventually went into the oral and maxillofacial surgery program.

QWhat is maxillofacial surgery?

AIt is a specialty of dentistry that is an amalgamation of medicine and dentistry that deals with the hard and soft tissues of the head and neck. A lot falls under our purview: pathology, birth defects, cleft palette, cancer, gunshot wounds, baseball bat beatings.

QWhy did you pick a field where you would be confronted with such emotionally wrenching cases?

AIt's funny you would ask that. My brother has cerebral palsy, so he had to go to Children's Mercy Hospital from birth. The cerebral palsy clinic was right next to the cleft palette clinic. From the time I was a little bitty boy I always wanted to fix the people whose faces look different.

QThere must be a tremendous amount of pressure operating on someone's face as opposed to their arm or leg.

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AThere is. The cosmetics of the face have such a tremendous psychological implication. Especially for young children who have been traumatized or women who have been gang-raped or victims of drive-by shootings.

We are taught early on not to have a really personal relationship with a patient, but you can't help but have it with somebody who has had significant facial trauma. You become their friend and their psychologist as well as their doctor.

I believe the face is the window to the soul, so when you are putting somebody's face back together, your perfectionism really comes into play. My longest surgery was 18 hours. You can maintain concentration for that long if you have to.

QDo you take any breaks in long surgeries like that?

AAs a rule, one bathroom break every 6 or 10 hours.

QAny breaks for coffee or to clear your head?

ANo.

QWhat kind of surgery was the 18-hour one?

AThat patient was in a pickup truck, and he hit another truck that had a piece of lumber hanging off the back that went through the windshield and hit him at cheek level. It completely exposed his brain, nose and sinuses and broke his jaw.

The long surgeries are the most fatiguing, but the ones that really get you emotionally are operations on children. You have to be very cognizant of blood loss in these little kids. And then the psychological trauma that goes along with it — they may have seen their grandparent get killed in that motor vehicle accident, or they may have been sitting in their living room when the bullets that destroyed their face came in. Those cases affect you personally.

QHow do you deal with those effects?

AYou would think that as a professional you could just deal with it, but sometimes you have to go get some counseling or try to talk it out with your colleagues. If you're not affected by cases like that, I think it says something about you. You can't let your heart get hard.

QWhat is it like with trauma cases, when you are seeing the patient for the first time on the operating table?

AIt is quite intimidating. You have to get your head right before you get in there, never having seen this person in an office visit. I take to heart the concept of being on call. When you are on call, there is no drinking, no smoking, nothing. You have to be ready to go. We have a response period of 30 minutes. Everybody in our unit takes 10 days of call a month.

QIncluding you?

AYes. We cover three hospitals: Children's Mercy, Truman and St. Luke's.

QAt this point in your career as a department chair, could you choose to do less on-call trauma?

AWithout a doubt. Nationally we have a problem getting enough doctors to teach, because private practice is so lucrative; it pays double or triple what I make. So I could easily just teach, but I prefer to operate on the big cases.

It's important that people like me stand here so patients, irrespective of their ability to pay, can see that everybody doesn't leave and that they can get good care.

QDid you ever have a private practice?

AYes, for about three years. The surgeries were very lucrative but monotonous. I was very unhappy. I realized the only time I was happy was when I got to take on-call cases on the weekends at the county hospital. That's when I realized I needed to go back. I like figuring out how to put the jigsaw puzzle back together.

QWhat is the greatest joy for you in your work?

AWorking on people who have not been traumatized. When you are working with people with developmental defects and you are able to cut the upper jaw and the lower jaw into multiple pieces and put it back together and in 12 weeks these people have a new face and can eat without pain, it is absolutely cool.

QDo you look at faces when you are in public?

AConstantly. And I have read so many studies — I know why a particular face is considered pretty and why another one is not. And I'm fascinated by twins.

QDid you ever see the Morris twins, Marcus and Markieff, who played for the Kansas Jayhawks? Could you tell them apart?

AOh yes. I see features and asymmetries in millimeters. That's why there is no "close" for me in surgery. Because 1 millimeter off over here becomes 6 millimeters off over there and 6 millimeters is visible to everyone.

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