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Clinical Paper

American Association of Oral and Maxillofacial Surgeons

Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures

The Control of Pain and Anxiety Intraoperatively

Section 1: Parameters of Care as the Basis for Clinical Practice

Introduction

This statement is intended to summarize the procedures used in the management of patients presenting for care by oral and maxillofacial surgeons. The definitive guide to the management of such patients is *Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017*. Any references used in the development of this statement can be found in *AAOMS ParCare 2017*. This statement is not intended as a substitute for *AAOMS ParCare 2017*, but rather as a synopsis of the information contained in *AAOMS ParCare 2017*.

Section 2: The Control of Pain and Anxiety

Preface

Pain and anxiety resulting from disease or fear of impending surgery affect all surgical disciplines. The control of pain and anxiety using the techniques of regional (local) anesthesia, all forms of sedation and general anesthesia have been an integral part of the practice of oral and maxillofacial surgery since inception of the specialty. Working with knowledge and skills developed during years of required training and expanded through daily experience, oral and maxillofacial surgeons are usually able to identify, diagnose and assess the source of pain and anxiety within the scope of their discipline. The oral and maxillofacial surgeon utilizes a series of pain-control modalities that interrupt or moderate the perception of pain and anxiety. The practitioner's selection of a particular technique for controlling pain and anxiety is individually determined for each patient.

General anesthesia was pioneered by two dentists, Horace Wells and William T.G. Morton. Expanding on the foundation established by these dentists, oral and maxillofacial surgeons have refined the techniques to deliver safe and economical pain control during surgical services. The 1985 National Institutes of Health Consensus Development Conference on Anesthesia and Sedation in the Dental Office confirmed that the unique training of oral and maxillofacial surgeons qualifies them, in concert with their surgical-anesthesia team, to administer various forms of anesthesia and sedation for pain and anxiety control while concurrently performing the surgical procedure.

Education and Standards

The American Dental Association's Commission on Dental Accreditation has rigorous anesthesia training requirements delineated in the Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery. These requirements include a mandatory rotation on the anesthesiology service of the hospital(s) at which the training is conducted. The oral and maxillofacial surgery (OMS) resident is educated in the theory and practice of general anesthesia when functioning as an anesthesia resident under the direct supervision of an attending anesthesiologist. The resident becomes competent to evaluate patients for anesthesia, deliver the anesthetic and monitor the post-anesthetic recovery of the patient. The OMS resident must demonstrate proficiency in the mechanical and technical skills of anesthesia, which include airway management, endotracheal intubation and the establishment and maintenance of intravenous and arterial lines and invasive monitors. OMS residents must be credentialed in physical diagnosis and must have completed a course in Advanced Cardiac Life Support. After the anesthesia rotation, the OMS resident must have longitudinal and progressive experience in the administration of ambulatory sedation and general anesthesia throughout the remainder of the training.

AAOMS requires all its members to undergo an office anesthesia evaluation every five years. This evaluation includes a review of the office facilities, equipment

and personnel to ensure the safe delivery of outpatient anesthesia and the effective management of anesthesia in medical emergencies. The OMS is required to maintain current ACLS certification. The other members of the surgical-anesthesia team must minimally be certified in basic life support and are trained to assist the oral and maxillofacial surgeon in the safe delivery of all levels of anesthesia and the performance of the surgical procedure. They are specifically trained in monitoring the patient's cardiopulmonary status – including evaluation of physiologic parameters such as blood pressure, heart rate, rhythm (EKG), oxygen saturation (pulse oximetry) and end tital CO2 monitoring – and in evaluation and management of the patient's airway.

Practicing oral and maxillofacial surgeons also must comply with individual state regulations regarding the administration of anesthesia. All 50 states and the District of Columbia regulate the administration of sedation/ anesthesia in dental offices.

Indications and Rationale for Administration of Anesthesia

Indications include a practitioner's need to sufficiently depress the patient's level of consciousness, anxiety, pain and recall during a planned surgical procedure.

Rationale for the use of moderate sedation, deep sedation or general anesthesia in conjunction with local anesthesia include:

1. The mental status, age or level of maturity of the patient that precludes cooperation or prevents the oral and maxillofacial surgeon from performing the planned procedure in an optimal fashion.
2. Reduction of pain and anxiety is required or recommended due to an underlying medical condition (e.g., Angina pectoris).
3. The type, complexity and expected duration of the surgical procedures.
4. Conditions (e.g., inflammation and infection) in which regional (local) anesthesia may not achieve adequate pain control.
5. Due to anxiety, fear or the understanding that pain may accompany the surgical procedure, the patient requests sedation or general anesthesia services to be provided during the surgical procedure.

The option of providing control of pain and anxiety for these types of procedures in alternative locations (e.g. surgicenters, hospitals) is often cost-prohibitive. Oral and maxillofacial surgeons have the ability to provide safe, economic in-office anesthetic care for their patients. It is the position of AAOMS that those providing compensation for patient care should recognize the safety and cost-effectiveness of outpatient anesthetic management, and should reimburse the oral and maxillofacial surgeon for these anesthetic procedures.

The techniques of anesthesia management for patients undergoing oral and maxillofacial surgery in an outpatient facility are included in the current edition of *AAOMS ParCare 2017*.

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