



CTMAX QUARTERLY

VOLUME 2, ISSUE 1 WINTER 2011

PERIOPERATIVE RISK FOR BLEEDING AND THROMBOEMBOLISM

The peri-procedural risk of bleeding and thromboembolism is a topic that continues to receive attention as various outcomes of morbidity and mortality are measured. The risk of significant bleeding from dental procedures and dental alveolar surgery for patients taking antiplatelet agents is quite low (*JADA* 2009; 140(6): 690-95). While antiplatelet medications such as Plavix require a prescription, aspirin and ibuprofen are available over the counter. Many patients continue to use aspirin as an analgesic while a significant number of other patients take a daily aspirin because of their risk for coronary artery disease or peripheral

vascular disease. Unfortunately, not all patients who use aspirin regularly do so under the supervision of their physician.

The patient taking warfarin is a more difficult management situation. As an inhibitor of vitamin K-dependent clotting factors, the effect of warfarin can be affected by diet (i.e. leafy green vegetables), antibiotic prescriptions (i.e. ciprofloxacin) and sometimes confusing dosing schedules. And because the effect of warfarin is monitored monthly, via INR, there can be a significant change in the patient's potential to bleed since the INR was last checked. It is likely that variability in the effect of warfarin contrib-

utes to the many stories of unanticipated major bleeding and the fact that the literature reports wide ranges of peri-procedural bleeding or thromboembolism risk in warfarin patients (*Arch Intern Med.* 2008; 168 (1):63-9 and *OOOOE* 2007; 103 (suppl 1): S45.e1-S45.e11).

A recent paper with unclear implications for our management decisions deserves mention. The *Annals of Internal Medicine* published a study in October 2010 (*Ann Intern Med.* 2010; 153:499-506) that suggests a relationship between invasive dental procedures and (continued on page 3)

SPECIAL POINTS OF INTEREST:

- *Does my management change with recent literature on dental treatment and risk for stroke and MI?*
- *Implant treatment planning for the posterior maxilla*
- *A new member of the CTMAX team*
- *CTMAX and the Connecticut Mission of Mercy*

IMPLANT TREATMENT AND SINUS AUGMENTATION

The most recent *Compendium of Continuing Dental Education in Dentistry* summarized treatment planning the posterior maxilla for implant treatment (*Compendium* 2011; 32: 10-19). The article provides an outline of site development options and discusses the

use of osteotome sinus floor elevation (OFSE, or "internal sinus lift") and the standard lateral window sinus lift. The authors use a limited selection of articles to describe the success of implants to be comparable in sites augmented by the internal lift and lateral win-

dow techniques (approximately 91-92%). The internal lift has limited clinical application to sites that have greater than 7 mm of bone available while the lateral window approach can be used for sites with even 1-2 mm available. (see page 2).

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CONNECTICUT ACADEMY OF
FAMILY PHYSICIANS
CARING FOR CONNECTICUT'S FAMILIES

DR. BRETT WEYMAN LECTURES TO THE — CAFP

The Connecticut Academy of Family Physicians held its Annual Scientific Symposium once again in October 2010. Among the highlights of this very successful Annual Meeting and Scientific Symposium were two days of outstanding continuing medical education. The two day symposium featured speakers from all facets of medicine and patient care to present a very well rounded educational experience to all of those who attended. This year the symposium had record attendance as family physicians and staff from all over

Connecticut gathered for this event at the Aqua Turf in Plantsville, Connecticut. One of the featured speakers was CTMAX's very own Dr. Brett Weyman, who had a large audience for his presentation titled "Oral Lesions: Evaluation in the Office (A Guided Tour)". The presentation offered a guided tour of the anatomy of the oral cavity, and the clinical presentations of variant anatomy and pathology which may be encountered in the family practice setting. Common oral lesions were discussed from benign lesions such as

problematic recurrent aphthous ulcers to neoplasms. A framework for a systematic oral examination was developed for oral cancer screening focusing on many common suspicious findings from dysplastic lesions to invasive oral cancer. The presentation was one of many at the symposium that allowed clinicians an open forum for discussion of patient care based questions of commonly encountered office findings.

Sinus Lift Procedure



See an educational video at:
www.cmsllc.com

IMPLANT TREATMENT AND SINUS AUGMENTATION (CONT.)

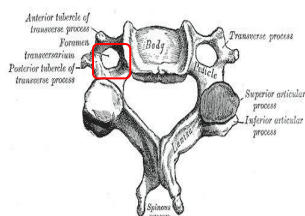
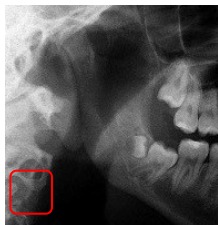
Another benefit of the lateral approach is the ability to then place standard length (10 mm and greater) implants rather than short dental implants. The article suggests that splinting and cross-arch stabilization techniques can make the placement of short implants successful. A Cochrane Database Review reports that short implants in sinus lifted sites can be loaded but their

long-term prognosis is unknown (*Eur J Oral Implantol.* 2010 Spring; 3(1): 7-26).

The lateral window sinus lift allows for standard length implants and free standing implant restorations. For this reason, this technique is recommended to patients and used in our practice. If the treatment plan calls for free-standing implant restorations,

site development should plan for 10 mm of vertical space.

The sinus lift is often concerning and unfamiliar to most patients. When referring them for consultation, reassure patients that with application of the right technique, despite limited vertical space, implant treatment planning with sinus lift is predictable and successful.



RADIOLOGY AND PATHOLOGY CORNER

The technique for acquiring a panoramic radiograph (also called an orthopantomograph) introduces a great deal of superimposition of structures and radiographic artifact. This is because the radiation source and film rotate around the object of interest.

Here is an often unrecognized radiographic artifact that may

help in your clinical practice.

The foramen transversarium is the hole in the cervical vertebrae through which the vertebral artery and vein and the cervical sympathetic nerves pass. This structure is reported to be seen on panorex film approximately 29% of the time (*DMFR* 1999; 28: 162-66).

As a known entity, this radiographic finding requires no further workup. If you are considering a Cone Beam scanner or possess a panorex machine in your office, remember to study the entire field imaged and be sure to look to see if this shows up!

PERIOPERATIVE RISK FOR BLEEDING AND THROMBOEMBOLISM (CONT.)

(from page 1) vascular events such as thromboembolic stroke and myocardial infarction. The most common procedures listed were tooth extraction, alveoloplasty, incision and drainage of abscess and periodontal scaling and root planing. The authors reported an increased incidence ratio of 1.5 (incidence ratio is the quotient of the observed and the expected number of cases) within the first 4 months with

a return to baseline in 6 months. The data were calculated from an insurance database claims analysis. Again, the implications for management decisions in our dental patients are unclear.

What to do? Thorough history taking by the treating doctor is a crucial first step. Inquire into the medications, both prescribed and over the counter, and their indications. Assess the expected level of bleeding and weigh

the risk of that bleeding against the risk of a vascular event that could result from holding an anticoagulant medication. Consider your level of comfort with the management of bleeding via local measures (topical agents, suture, administration of medications). Seek medical consultation when the patient is unsure about indications for prescribed medications and whether they can be held for procedures.



CTMAX AT THE CONNECTICUT MISSION OF MERCY

Since it was started in 2008, the doctors and staff of Connecticut Maxillofacial Surgeons have been active in the Mission of Mercy. At last year's event in Middletown the doctors, staff and family members of our practice represented 16 of the volunteers. The event was a successful and rewarding one.

This year the Mission of Mer-

cy will take place at the Wilby High School in Waterbury on April 15-16.

If you are also interested in serving this great cause, please see the CSDA website at: <http://www.csdacom/ctmom/ctmom.html> and maybe we will see you there!



Dr. Ian Tingey and Mrs. Vicki Pandiscio

OUR NEWEST TEAM MEMBER

Drs. Craig and Jessie Stasulis are the proud parents of Henry Irving Stasulis, the newest member of the CTMAX family. Henry was born at Hartford Hospital on January 6, 2011 just before midnight. He was 8 pounds and 15 ounces and 20 inches at birth.

Henry has had a healthy first two months and his parents

feel very lucky to have received this wonderful little gift.





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Our Mission Statement

All of us at **Connecticut Maxillofacial Surgeons, LLC**, are dedicated to the highest quality of care in the specialty of Oral and Maxillofacial Surgery. We take pride in providing contemporary clinical care in a full scope of the specialty as well as serving in a leadership capacity for the future of our specialty on both a local and national level. CMS, LLC can truly be described as a unique group of service-oriented professionals whose aim is to provide the highest level of patient care in combination with a maximum of comfort, sensitivity, and compassion for each and every individual.

Through our presence on the Internet we hope to move beyond the realm of merely providing clinical care in the classic sense. First and foremost, we would like to further close the information gap between us and our patients. A more ambitious intent would be to not only fulfill a regional endeavor but also provide a broader understanding of our specialty on a global level. Through a depth of experience and resources that we possess as a group, we hope to provide an ever increasing knowledge base accessible by all of those with any interest.

Definition of Oral & Maxillofacial Surgery:

Oral and Maxillofacial Surgery is a medical and dental specialty of surgery which involves the diagnosis, surgery and adjunctive treatment of diseases and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (American Dental Association) More simply put in layman's terms, the oral and maxillofacial surgeon is the orthopedic surgeon of the facial region. He or she is an individual who addresses problems ranging from the removal of impacted teeth to the repair of facial trauma. He or she may be a doctor you would visit to:

- Have a [tooth extraction](#).
- Have teeth replaced by having [dental implants](#) inserted.
- Have oral surgical procedures performed in the office under outpatient [ambulatory anesthesia](#).
- Have a [jaw cyst or tumor](#) diagnosed, removed and reconstructed.
- Have your jaw aligned with [orthognathic surgery](#).
- Have you jaw joint repaired with [TMJ surgery](#).
- Have [jaw reconstruction](#) following cancer surgery.
- Have your facial bones realigned after [facial trauma](#).

WWW.CMSLLC.COM



MEET THE STAFF: THE WINDSOR OFFICE

The Windsor office is conveniently located on Day Hill Road. Only a few minutes from Route I-91 the office is easily accessed from points north and south. And with routes 187 and 189 around the corner, the office is a quick ride from Hartford, West Hartford, Bloomfield, Granby and Tariffville. The address for this location is 1080 Day Hill Road, Windsor, CT and our doctors and staff can be reached at telephone number (860) 285-0889.



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Secretary



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