LETTER IN RESPONSE

Editor:

Thank you for the opportunity to reply to Drs Bennett, Kramer, and Bosack's letter.

The aim of our article was to demonstrate efficiency in oral surgery with the use of a dentist anesthesiologist. We agree with Bennett et al that the field of oral and maxillofacial surgery has been a crucial part of outpatient surgery and has always been a leader in patient safety. Our study objective was to demonstrate and quantify our experience of the oral surgeon/dentist anesthesiologist model.

We believe that it is important as oral and maxillofacial surgeons not to dismiss or minimize the value to both the patient and the surgeon in having a dentist anesthesiologist/oral and maxillofacial surgeon (DA/OMFS) model. Bennett et al make a very important point of the need to improve our dental education and the clinical training of the surgical/anesthetic team. I strongly believe that we should view our dentist anesthesiologists, and the schools and hospitals that train dentist anesthesiologists, as being a crucial part to filling the gap that exists in both predoctoral education and improved training and clinical outcomes for dentists that provide general anesthesia to their patients.

The DA/OMFS model in our experience (as published in our article) has allowed a more fluid and efficient treatment protocol, one that reduces anesthetic exposure, reduces cost to the patient, and provides an improvement in surgical efficiency. Oral surgeons must be willing to work hand in hand with our dentist anesthesiologists and encourage training by their departments. The 2 fields, in our opinion, work in a synergistic manner to improve the field and patient care.

Thank you,

Uday Reebye, DMD, MD
Diplomate, American Board of Oral &
Maxillofacial Surgery

Anesth Prog 64:124 2017