BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SPRING, 1993 VOL. XIX, NO. 1

PRESIDENT'S MESSAGE

Philip Welkstein, DMD

After a full year of agonizing over the planning and organization of CSPD's 18th Annual Meeting at Silverado, it's time to get down to the business of running CSPD Please allow me just a couple of words of reflection regarding the meeting.

Silverado was a huge success. We had our largest membership attendance, and greatest sponsorship. Location, speakers, activities, programs and facilities were all factors contributing to the success of our meeting. The major factor, however, is the awareness among the membership that CSPD has become a very definite driving force in all aspects of Pediatric Dentistry. I believe we find it tremendously beneficial and gratifying to meet with our peers, and to take part in the shaping of Pediatric Dentistry both on the State and National levels (we are the largest AAPD component). The continued growth in membership attendance and sponsorship indicates that both pediatric dentists and the commercial dental industry recognize the impact that CSPD has had, and will continue to have, in child welfare and the promotion of our specialty.

The Board of Directors of CSPD has always taken very seriously their role in helping shape the future of Pediatric Dentistry in California. We have been active in the areas of patient access to care, child advocacy, continuing education, promotion of our specialty, professional outreach programs, and other areas too numerous to mention. During my term as President, I intend to work my hardest to continue the programs and traditions which my predecessors have established. I will deal with the new challenges arising in the health care industry. Amongst these endeavors will be managed care, insurance and governmental programs, and developing health care constraints.

I encourage the membership to participate as much as possible, in any way they can. Contact me with any comments, questions, or suggestions you may have. I will do my best to act upon your thoughts as quickly as possible.

TDIC

A CHANGE FOR THE BETTER

Starting July 1, 1993 Class 10 pediatric dentists insured with TDIC will be placed in Class 09. The newly created classification means that pediatric dentists will have the lowest premium rates offered by TDIC. The current Class 10 pediatric dentist will have a premium decrease of 2.4%.

At the same time, the current Class 11 pediatric dentist who performs procedures on patients under general anesthesia or parenteral sedation in an accredited surgi-center or hospital; or in an office where the anesthesia is administered by an oral surgeon, dentist anesthesiologist, or MD anesthesiologist will also be moved to Class 09. This will result in a premium decrease of 28.6% from the current rates.

The current Class 30 pediatric dentist who administers parenteral sedation (IV, IM or any other route of administration other than oral) will be moved to Class 30, and enjoy a premium reduction of 40.9%.

TDIC now has over 110,000 dentist-years of experience and can respond to relativity changes in group classifications as they are warranted. This means fairness in premiums. The Company continues to vary classifications only by specialty, anesthetic and sedation modalities, and territories (component of practice).

For the pediatric dentist, orthodontics and child management still provide the areas of greatest potential claims!!!

—Mel Rowan

ED: Mel will be retiring from the TDIC Board this summer after 6 years of service.

CSPD Annual Meetings

1994

Westin Mission Hills Resort
Rancho Mirage (Palm Springs)
April 6-10, 1994

1995

Ojai Valley Inn & Country Club

1996

Ritz Carlton Pasadena (L.A.)

HEALTH CARE REFORM

Date: April 16, 1993
To: Board of Trustees
AAPD Spokespersons
Component Presidents and Representatives
From: John A. Bogert, DDS, Executive Director
Subj: Legislative Alert

I met yesterday with Dr. Sheila McGuire who has now been appointed to the White House Health Professional's Review Group. This group of 40 health professionals will act as the final review panel for President Clinton's health care reform package before it is released to the public and sent to Congress. Dr. McGuire is the only dentist on this group.

Since our last correspondence on this issue the American Dental Association, in conjunction with AAPD, has presented to the Health Care Task Force a dental program for children for inclusion in the health care reform package using the new improved Champus/Delta Dental Military Dependents Program as a model of a benefit package that should be available to all children. Dr. McGuire assures me that the proposal is presently a part of Mrs. Clinton's proposal. However, she also revealed that the Health Care Task Force has had almost no correspondence from the grass roots about dentistry in any manner.

The Health Care Task Force is nearing the completion of their work. If dentistry is to be included in any form it would appear that it will be a children's program. It is the present intention of the administration to propose the replacement of Medicaid with their program.

It is extremely important that you and your colleagues urge the Task Force to include dental care for children in their final health care reform proposal.

Hillary Rodham Clinton
Health Care Task Force
The White House
Washington, DC 20500
FAX 202-456-2461

CSPD Membership: You are the "grass roots" referred to in the copy of the memorandum from Dr. John Bogert. Your letters can help to make a difference. Please make the time and effort to respond to this issue. Thanks, P.W.

THE MOUTHGUARD

WHATEVER SPORT YOU PLAY, IT FITS

Hopefully, the above headline is as familiar to you as the theme of CDA's Mouthguard Project. In conjunction with CDA, CSPD is promoting active participation by member dentists in planning and implementing mouthguard programs within communities for children. It is logical that pediatric dentists would want to be involved in this program. To do so, contact the executive secretary of your local Component Dental Society.

Any questions concerning the specifics of mouthguard construction, injury statistics, etc. can be found in a workbook distributed by CDA. Questions on the logistics of the mouthguard project implementation at a local level may be addressed to Dr. Dave Perry (415) 521-5016 or the chairperson of the CSPD Public and Professional Relations Committee, Dr. Ray Stewart (408) 424-0641.

As part of CSPD mouthguard use promotion, the following article, authored by CSPD member David Perry, will appear in the next issue of the California Pediatrician.

The panicked phone call comes from the Little League coach. An eight year old misjudged a fly ball and got hit in the face about thirty minutes ago. The front tooth was knocked out, but was later found in the outfield. Otherwise, the player seems to be O.K. The dentist's first thought is, "Drat, that tooth has been out a long time. Not the best long term prognosis."

After instructing the coach how to replant the tooth in the socket, the dentist heads back to the office to meet the patient and stabilize the injury. A sigh of dismay escapes with the rhetorical question, "Poor kid, why wasn't a mouthguard being worn?"

For dentist and physician alike, this is a disheartening and familiar scenario. It is especially so when we, the practitioners, empirically know that the severity of this injury would have been minimized had only this athlete been wearing a mouthguard or a face mask with the required helmet. Painfully and retrospectively, our patient's parents are also now aware of the benefits of oral/facial protectors. Sure, they knew about them, but never thought their child

—Continued on page 2

CONTENTS

CLINICIAN'S CORNER

PUTTING THAT TOOTH TO SLEEP

Old habits die hard. We do something one way or another because that's the way we were taught. No one ever discussed this with me before. It's means buying another piece of equipment.

There's lots of reasons why we, as clinicians, do a given procedure. Giving local anesthetic is something we do daily. Most of us give lots of thought to the type of "chemical" we use. It is interesting to note that few of us seem to have re-evaluated how we provide this service to our little patients.

Intraligamentary syringes have been around for some time. N-Tralig-syringe, Micro-ject, Perio-syringe and Madajet-XL are available, and range in price from $120.00 to $400.00.

The technique requires that you use a short or extra-short needle. The anesthetic is delivered through the periodontal ligament toward the root apex. Topical may, or may not, be used prior to the injection.

Why try to build a better mousetrap?

Numb cheeks and puffy lips are as good a place to start as any. A mother's phone call describing her child's bleeding and swollen lip is not uncommon.

The amount of anesthetic given during an infiltration or block is often disproportionate to the time necessary for the given procedure(s) to be completed.

Fear of the shot! A shot is a shot unless it can do the job efficiently, that is to say numb the tooth (teeth) in question, it puts the job we do at risk of being successful. That is to say, there are certain times that the intraligamentary syringe should not be used.

Recently, twenty CSPD members were polled regarding their use, or lack of use, of ligamentary syringes. Fourteen members do not use this method for anesthesia.

Of the remaining six doctors, one used the Micro-ject, the others use Ligma-jet. Lidocaine with epinephrine seems to be the anesthetic of choice, but not universally. For three doctors, age and behavior are not a factor in deciding usage. One doctor uses it for "unhappy" kids, while another, just on older patients where the behavior is good. No one uses it exclusively.

Is intra-ligamentary anesthesia for you? Perhaps. Is it a technique you should investigate? Each of us has our respective techniques.

ED: The Editor wishes to thank Ms. Beatriz Lavadenz for her effort in polling the membership.

OTC MOUTHWASH SAFETY CAMPAIGN

Over-the-counter mouthwashes enjoy popular acceptance in American culture. In 1990, total sales of mouthwashes in the United States was reported to be $346,320,000.00.

Many of the preparations are easily accessible to children. Commercials and print ads portray mouthwashes as good tasting, good for you, and certainly, not a poison. Mouthwashes contain sufficient concentrations of alcohol and are packaged in sufficient quantity to constitute a "lethal dose," if consumed by a child. Mouthwashes are not packaged in child-resistant containers. A safety cap is estimated to cost only 2 cents more than a non-safety cap.

There have been increasing reports in the medical, dental, and pharmaceutical literature; from governmental agencies such as Poison Control and the FDA; and from the media, of accidental ingestion of alcohol containing mouthwashes by children. In the last five years, there were 12,403 cases of ingestion of ethanol containing mouthwashes by children under the age of 6 reported to the Poison Control Centers nationwide.

The high ethanol content of the mouthwashes accounts for their toxicity. The concentration in popular mouthwashes range from 14% to 26.9%. This significantly exceeds many popular alcoholic beverages (beer—5%; wine—12%). Toxic consumption of ethanol can lead to seizures, brain damage, coma or death in children.

CSPD and AAP are sponsors of a resolution before the CDA House of Delegates. There are two factors which are being addressed. Firstly, the safety of children. Secondarily, the safe packaging and labeling of mouthwashes.

As pediatric dentists—be aware.

PUBLIC AND PROFESSIONAL RELATIONS COMMITTEE

The thrust of this committees activities for the first quarter of 1993 has been the implementation of an outreach project to California Pediatricians. The CSPD Board of Directors made the decision to utilize the Athletic Oral Protector promotion materials being produced and distributed by CDA to enlist the support and cooperation of our Pediatrician Colleagues in the implementation of CDA's goal of greatly increasing the use of mouth guards in all contact and other sports where there is a possibility of oral injuries to participants.

The materials mailed to the Pediatricians will include a Joe Montana Poster, a mouth guard fact sheet and a letter from CSPD encouraging their cooperation in promoting the use of mouth guards by young athletes.

CSPD has established a Speakers Bureau which will allow the Executive Director to answer inquiries to his office concerning a person or persons who might be available to speak to a group of professionals or lay persons on a particular subject related to Pediatric Dentistry. It will also allow us to offer to provide speakers on a variety of subjects to address pediatricians or other health care provider groups as a means of disseminating information on dental health for children in the State of California.

—Ray Stewart

THE MOUTHGUARD

Continued from page one

actually needed one. "Besides, none of the other kids. . ."

According to a seven-year study released by the Consumer Products Safety Commission, about 359,000 baseball-related injuries occur every year among children ages 5 to 14. About 170,000 of these were to the head or face. Little League baseball's 2.5 million players must wear helmets to prevent head injuries. If face masks were added to this requirement, noses, eyes and teeth would also have protection.

The U.S. Public Health Service as well as the American Dental Association, American Academy of Pediatric Dentists, and the California Dental Association are recommending mouthguard use for participants in the following sports where significant risk or injury has been identified:

Baseball	Wrestling	Basketball
Boxing	Skateboarding	Football
Ice Hockey	Martial Arts	Soccer
LaCrosse	Water Polo	Bicycling

Many studies have documented that mouthguards reduce injuries to the teeth and jaws. Even more impressive are the statistics that show that the mouthguard reduces the amount of concussions suffered in contact sports. Football has long led the way in requiring mouthguards. Today, all high school and collegiate football participants in California must wear some form of mouth protector. In addition, ice hockey, lacrosse, boxing and field hockey require mouth protectors.

Three types of mouth protectors are available: ready-made, mouth-formed and custom fitted. The most effective mouthguards combine several features: resiliency, lightness for easy breathing and speaking, proper fit, durability, and are easy to clean.

Ready-made mouthguards, found in most sporting goods stores, are the least effective. Usually made of rubber, little can be done to adjust the fit. The jaw must be closed to hold it in place. They can fee bulky and uncomfortable, and can interfere with breathing and speaking.

The mouth-formed mouthguard is a preformed thermoplastic copolymer which can be adapted to the teeth after immersion in boiling water. It can be trimmed with scissors. This is the most frequently used mouthguard because it can be fitted to the athlete with relative ease; the comfort is adequate, and the cost is reasonable when purchased by the coach or from athletic stores. With a dentist assisting in its adaptation, it appears that this may be the most practical protector for large numbers of children.

The most comfortable, best fitting and effective mouthguard is the custom-made mouth protector designed and constructed by a dentist over a cast of the teeth and jaw. It is also the most expensive, and can become costly when fitting all the members of a team.

In order to provide large numbers of athletes protection at little cost, "Adopt-A-Team" has been developed by the California Dental Association to match volunteer dentists with local teams wanting mouthguards. This service is to be made available through the local dental societies.

In addition, (and in conjunction with the American Academy of Pediatrics' promotion of helmet use) the California Dental Association and the California Society of Pediatric Dentists are currently promoting public awareness of the effectiveness of mind, the CDA developed Joe Montana poster, "A Mouthguard — No Matter What Sport You Play, It Fits," and accompanying brochure, is being distributed to approximately 100,000 California coaches and Pediatricians. Hopefully, the use of sports' protectors can become a habit for our children. It certainly would have been beneficial to the youngster in our introduction.

PEER REVIEW COMMITTEE REPORT

March 25, 1993

Peer Review Activity

Three cases were referred to CSPD Peer Review in the 1st quarter of 1993.

One case involved informed consent for subsequent extractions. The second case concerned the quality of restorative care. The final case dealt with an insurance company's decision to deny prosthodontics benefits, services normally covered by the policy contract. In this instance, a dentist in general practice with a background in crown and bridge was consulted during the exam of the review. Decisions have been rendered by CSPD Peer Review for all three cases, with final disposition pending review by CDA.

Acknowledgements

I would like to thank the panel members who have participated in recent cases, specifically, Ed Matsuishi, Keith Ryan, Paul Wolkstein, David Rothman, Len Traubman, Rich Therrell, and Paul Reggiardo.

—David Taylor

Continuing Education

European Academy of Paediatric Dentistry

June 18-21, 1994

Athens Hilton Hotel, Athens, Greece

An Update in Paediatric Dentistry and Future Trends

Aesthetic Dentistry; Occlusal Guidence; Special Patients; Children at Risk for Dental Disease

Contact: Constantine J. Oulis, DDS
University of Athens; TEL: 30 1 6856420 1

BOARD BRIEFS

APRIL 1, 1993

The 73rd meeting of the Board of Directors of CSPD was called to order April 1, 1993, at Silverado, California, at its annual business meeting. Dr. Reggiardo requested approval of the previous minutes and immediately established a quorum with agenda modifications. Dr. Reggiardo introduced the officer's reports:

President: Dr. Reggiardo presented information concerning the correspondence that he has dealt with over the last three months, including Dr. Simmons campaign contribution, the State Board General Anesthesia and Sedation Committee, and specialty licensure.

President-Elect: Dr. Wolkstein gave a brief report concerning the Silverado meeting which has the highest number of attendees and sponsors of any meeting in CSPD's history.

Vice-President: Dr. Berger gave a preliminary program report for the 1994 Rancho Mirage meeting and gave further information concerning liability insurance for Board Members of CSPD.

Secretary: Dr. Pedersen gave a brief report of the 1995 meeting at Ojai.

Treasurer: Dr. Lisagor presented the second quarter financial report and the preliminary budget proposal for 1993-94. There was extensive discussion and debate concerning cost containment and cost factors in the proposed budget. It should be noted at this time that the Executive Board spent an extraordinary amount of time discussing the preliminary budget proposal in order to financially maintain the Society.

Editor: Dr. Steven Howard presented the format for the next two Bulletins.

Executive Director: Dr. Barber presented information concerning the membership roster, Kids Care Fair, and the California Pediatrician mailing cost.

Immediate Past President: Dr. Sobel gave a discussion of non-dues income and was directed to formalize an agreement with IMG glove manufacturer, as well as to look into the continued support by Space Maintainers Laborator of our annual meeting.

Dr. Reggiardo then introduced the standing committee reports which are as follows:

Nominating Committee: The 1993-94 nominating slate was presented.

Public and Professional Relations Committee: Dr. Stewart gave an extensive report. Of special interest is the Professional Outreach program, and especially the athletic mouth guard mailing to all the pediatricians, as well as to develop the Outreach program at a component level involving all 32 CDA components in the state.

Dr. Perry gave a MICRA cap report and Dr. Rowan gave a TDIC report.

Constitution and By-Laws Committee: Dr. Sobel submitted by-law changes which will be discussed at the business meeting.

Dental Care Committee: Drs. Grossman and Blain gave information concerning the Denti-Cal lawsuit update, as well as Managed Care proposals and Delta Dental sealant inclusion benefits.

Credential and Membership Committee: Dr. Pedersen introduced Dr. Barber who gave a membership report and Dr. Azama who reviewed the Graduate Student Liaison Mentor program.

1996 Site Selection Committee: Dr. Lisagor again presented information concerning the Ritz Carlton as the site in Pasadena for the 1996 annual meeting.

Dr. Reggiardo then presented information concerning the ad hoc Committees were which as follows:

The Auxiliary Continuing Education Programs have been set for pediatric dental assistants. One course will be held in San Francisco and another course will be held in Los Angeles. The patient information material was distributed to all members in English and Spanish and Dr. Grabowsky related that other members not attending the annual meeting will be mailed this information.

Committee on the AAPD 1998 Annual Meeting: Dr. Reggiardo presented information that San Diego and Las Vegas will be the sites recommended by CSPD for the AAPD 1998 annual meeting.

The meeting was adjourned by President, Dr. Reggiardo at 4:01. The following motions were presented, discussed, debated, and passed:

MOTION: 04.01.93.01 LISAGOR/DUPERON: That all Board Member related air transportation must be arranged through the agency designated by the Executive Director. PASSED.

MOTION: 04.01.93.02 SOBEL/PEDERSEN: That the research award budget be raised to $2,000.00 per year, the additional $1,000.00 per year will be designated for active and/or retired members only. PASSED.

MOTION: 04.01.93.04 SOBEL/PEDERSEN: That Motion 04.01.93.03 be amended to active and retired members of CSPD (the portion of the research fund allocated to active and/or retired members of CSPD be cumulative up to $5,000.00 and that portion allocated to the Graduate Student Member Research projects also be cumulative to the maximum of $5,000.00). PASSED.

MOTION: 04.01.93.05 BLAIN/LISAGOR: That the unused portion of the $2,000.00 annual allocation for research awarded be carried forward for possible distribution in future years to a maximum of $5,000.00. PASSED.

MOTION: 04.01.93.06 STEWARD/SOBEL: The CSPD accept Dr. Lisagor's proposal to stage the annual CSPD meeting at the Ritz Carlton Hotel in Pasadena on March 28-31, 1996. PASSED.

Jac W. Pedersen II, D.D.S.
Secretary, CSPD

MEMBERSHIP NEWS AND TRIVIA

CSPD Membership experiences an annual cycle losing a few members in the springtime and regaining them in the summer and fall. Some do not remit dues, students graduate and leave for other states, a retiree or two not continue, and we may lose member(s) to a supreme being. However, there usually follows an upward swing in membership each year to a higher level. In the Winter Bulletin it was reported that we numbered 402. We lost 15 members (9 for dues) and gained those that follow. We now number 393. When the new Postdoctoral students arrive this summer and fall our membership will probably exceed the 402 previously reported. Suffice it to say CSPD nets a continual growth.

Do you enjoy trivia? Of the 393 current members, 118 or 30% are Charter Members joining in 1975. Members joining in ten years from 1975 to 1984 number 125 or 32% while 150 or 38% have joined since 1985. The latter will be higher in a few months.

Dr. Mi-Jin Cho is a Postdoctoral Pedo student at USC. She is a Brazilian dental graduate who went on to earn a DDS at USC in '91 and then joined the Pedo program.

Dr. Patrick Falco has been a recent attendee at CSPD Annual Meetings and joined as an Associate Member. He received a DDS at SUNY Buffalo in '78, and followed with Pedo training at Children's Hospital in Buffalo and practices in Centerville, MA.

Dr. Maria Fu graduated from USC in '84 and began her Pedo Residency at UCSF but it was interrupted. She is now finishing the program and is practicing in Mountain View, CA.

Dr. Michael Leong received his DDS at Loma Linda in '88, completed Pedo training at UCLA in '91 where he was a student member of CSPD. He then taught Pedo at Loma Linda for a short period and has recently purchased the practice of retiree Dr. Irving Green in Sunnyvale, CA.

Dr. Francisco Ramos-Gomez earned his dental degree in Mexico and his Pedo certificate from Tufts in '82. He served as a resident the New England Medical Center for several years and concurrently earned a Master Degree in Public Health from Harvard. Currently Dr. Ramos-Gomez is teaching and doing research at UCSF and the San Francisco General Hospital.

Dr. Laurence C. Reichel is a Charter Member of CSPD and practiced for many years in Torrance, CA. Larry is a USC Grad "all the way" finishing in '59. He moved to Hawaii and currently practices in Lihue and has rejoined as an Associate Member.

Welcome to CSPD and be assured, we want you to be active in the Society.

—Tom Barber

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CSPD SPEAKERS BUREAU

The Board of Directors for CSPD has determined that it would be advantageous for our organization to develop a "speakers bureau" consisting of individuals who could address various topics concerning oral health in children and adolescents. A list of topics has been compiled, however, we are in need of several individuals who would be prepared to deliver presentations to physcians or other health care providers on these topics.

1. Fluoride/Current Concepts and Applications.
2. Amalgam vs. Alternative Restorative Materials.
3. Nutrition & Dental Health.
4. Baby Bottle Tooth Decay Prevalence & Prevention.
5. Oral Pathology in Infants and Children.
6. Child Abuse Detection and Prevention.
7. Growth and Development of the Primary Dentition. Detection and Intervention of Developing Malocclusions.
8. Teething and Associated Problems: A Program for California's Children.
9. Oral/Facial Athletic Protectors: A Program for California's Children.
10. Sedation of the Pediatric Dental Patient.
11. Preventing Dental Disease in Underserved Pediatric Populations. (Sealants) (Fluoride)
12. Dental Health Considerations in Immune Compromised Pediatric Patients.
13. Infant Dental Health.
14. Diagnosis and Treatment of Trauma to Dental and Facial Structure in Infants, Children and Adolescents.

If you would be interested in being listed as a speaker for any of these topics or have ideas on additional topics not listed please return the attached form to the CSPD office at your earliest convenience.

Name _____

Address _____

Phone _____

1. _____

2. _____

3. _____

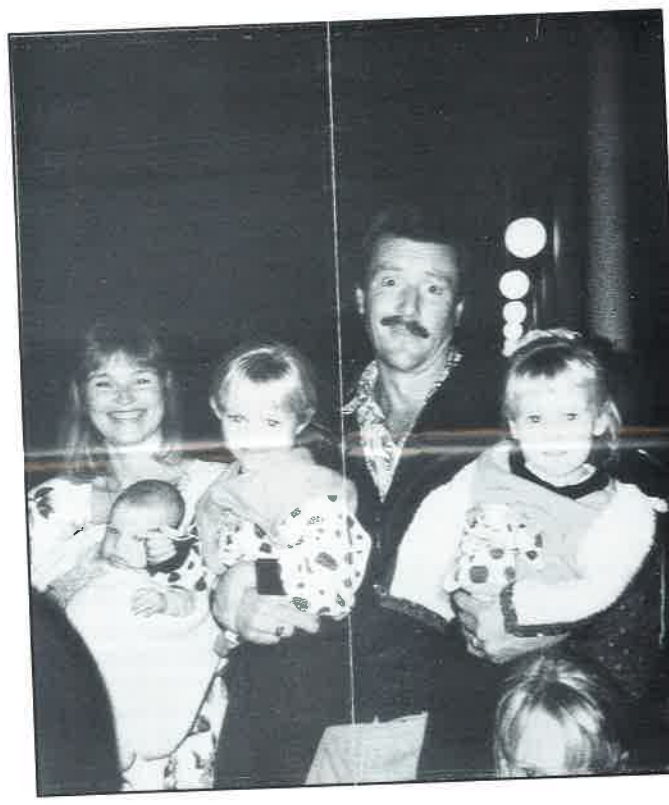
Additional Topics: _____

_____

Eighteenth Annual Meeting

April 1-4, 1993

Silverado Country Club



concerning the CSPD research award protocol.
do then presented information concerning the
ittees which were as follows:
on Membership Services: Dr. Lisagor gave a
Reggiardo concerning the Auxiliary Continuing
ogram protocol. This is specifically designed
iliary and the continuing education course will
in Los Angeles on May 22nd and in San
April 24.
sky presented information concerning the
ation material and Dr. Reggiardo commented
APD annual meeting selection site.
do then discussed new business which
ncerned the inclusion of sealant coverage by
nsurance.
ents: Dr. Barber announced his retirement
faculty position as of the first of January.
was adjourned by President Reggiardo at 3:45

g motions were debated and passed:
IT NUMBER TWO TO MOTION 01.23.93.01
IXON: That Motion 01 be amended to offer
of airfare up to the amount of $1,000.00 to the
is campaign in order to bring him to the
se of Delegates meeting and that CSPD will
tributions of its General Membership to the
s campaign. PASSED.
3.93.02 WOLKSTEIN/REGGIARDO: That the
Chairman be allowed at his discretion to
lodging on the day of the AAPD President's
D.
3.93.03 CHAN/SOBEL: That the costs of
Montana Oral Facial Mouth Guard posters
and CSPD members be provided. This cost
$5,000.00. PASSED.
23.93.04 SOBEL/DUPERON: That the
d By-laws proposal Number 18 (Page 8,
on 1) be recommended to the Members of
al. PASSED.
93.05 SOBEL/STEWART: That Constitution
osal Number 3, (Page 2, Chapter 1, Section
led to the Members of CSPD for approval.
O OPPOSITION.
93.06 CHAN/SOBEL: That CSPD endorses
mandatory child safety caps on over the
nses and mouth washes. PASSED.
3.93.07 PEDERSEN/DIXON: That the
ers be granted retirement status: Plett,
n. PASSED.
93.08 CHAN/BLAIN: That CSPD create an
on in the Credentials and Membership
f young pediatric dentists subcommittee
position is to serve as an expansion of the
liaison. The duties and mission statement
d by the Membership Chairperson to the
al at the next quarterly Board Meeting.

3.93.09 CHAN/BLAIN: That CSPD
e trustee that CSPD's young pediatric
n be recommended for appointment to the
dentists subcommittee of the AAPD.

3.10 SOBEL/STEWART: That CSPD Board
ch award protocol, guidelines, terms, and
D.
3.11 CHAN/BLAIN: That CSPD adopt the
s our organizational mascot. (Smilodon).

Jac W. Pedersen II, D.D.S.
Secretary CSPD

respiratory depression
demerol, fentanyl
analgesia, sedation, respiratory depression
pentobarbital, methohexital, thiopental, thiamylal sedation, respiratory depression, long (pentobarbital) or very short acting anesthesia (methohexital, thiamylal)
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very short acting anesthesia, respiratory depression
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—Tom Barber

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Editor's Note: Somewhere along the way, minutes from our Board meeting did not get published in a timely manner. This issue of the Bulletin therefore contains minutes from the January 23rd and April 1st meetings.

BOARD BRIEFS

JANUARY 23, 1993

The 72nd meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by President, Paul Reggiardo, at 9:01 on January 23, 1993, at the Sheraton Los Angeles Airport Hotel. Dr. Reggiardo requested approval of the previous minutes and immediately established a quorum with agenda modifications. Dr. Reggiardo introduced the Officer's reports.

President: Dr. Reggiardo reported on several items including the CDA Intra-disciplinary Affairs Meeting, specialty licensure, and MICRA. It should be noted that the MICRA issue is the highest CDA priority presently.

President-Elect: Dr. Wolkstein presented and described the 1993 annual meeting at Silverado, as well as the final budget agenda and schedule.

Vice President: Dr. Berger reports that the 1994 meeting at Rancho Mirage will have pediatric medicine as its topic for the continuing education material. She also presented the strategic planning report for CSPD.

Secretary: Dr. Pedersen gave a brief statement concerning the 1995 annual meeting at Ojai Valley Inn and Country Club, as well as a discussion concerning the Secretary's calendar.

Treasurer: Dr. Lisagor was not present, however, the second quarter financial report was reviewed.

Editor: Dr. Howard reports that the Bulletin format is continuing to be developed and that the Bulletin is becoming an exceptional program.

Executive Director: Dr. Barber presented his annual working calendar and information concerning the non-paid membership status.

District VI AAP Trustee Report: Dr. Lum presented a written report concerning District VI and AAPD. Especially noteworthy is the Heber Simmons candidacy for President-Elect of the ADA. Dr. Lum requested all CSPD members to contribute to Dr. Simmons candidacy.

Dr. Reggiardo then introduced the Standing Committee reports which are as follows:

Nominating Committee: Dr. Reggiardo presented the 1993-94 nomination slate which was given to Dr. Pedersen for distribution to the general membership.

Public and Professional Relations: Dr. Stewart presented information concerning multiple entities including the Baby Bottle Tooth Decay public service announcement, the speaker bureau for AAP, Section Eight Code of Ethics, and the Oral Facial Mouth Guard Protector Program. The Mouth Guard Protector Program is developing into a major public program throughout the state.

Constitution and By-Laws: Dr. Sobel presented by-laws changes concerning the clarification of our current by-laws. This information will be discussed and debated at the annual meeting and voted upon therein.

Dental Care Committee: Dr. Grossman reported on multiple items concerning dental care, including the Oral Health 2000 Program and the Denti-Cal lawsuit.

Dr. Blain discussed information concerning California Children's Service fees and Denti-Cal rates.

Professional Activities: Dr. Luke gave a written report for Board review concerning the CSPD research award protocol.

Dr. Reggiardo then presented information concerning the ad hoc committees which were as follows:

Committee on Membership Services: Dr. Lisagor gave a report via Dr. Reggiardo concerning the Auxiliary Continuing Education Program protocol. This is specifically designed for dental auxiliary and the continuing education course will be presented in Los Angeles on May 22nd and in San Francisco on April 24.

Dr. Grabowsky presented information concerning the patient information material and Dr. Reggiardo commented on the 1998 AAPD annual meeting selection site.

Dr. Reggiardo then discussed new business which specifically concerned the inclusion of sealant coverage by Delta Dental Insurance.

Announcements: Dr. Barber announced his retirement from full-time faculty position as of the first of January.

The meeting was adjourned by President Reggiardo at 3:45 p.m.

The following motions were debated and passed:

AMENDMENT NUMBER TWO TO MOTION 01.23.93.01 GROSSMAN/DIXON: That Motion 01 be amended to offer reimbursement of airfare up to the amount of $1,000.00 to the Heber Simmons campaign in order to bring him to the California House of Delegates meeting and that CSPD will encourage contributions of its General Membership to the Heber Simmons campaign. PASSED.

MOTION 01.23.93.02 WOLKSTEIN/REGGIARDO: That the annual meeting Chairman be allowed at his discretion to offer one night's lodging on the day of the AAPD President's speech. PASSED.

MOTION 01.23.93.03 CHAN/SOBEL: That the costs of printing the Joe Montana Oral Facial Mouth Guard posters to pediatricians and CSPD members be provided. This cost is not to exceed $5,000.00. PASSED.

MOTION 01.23.93.04 SOBEL/DUPERON: That the Constitution and By-laws proposal Number 18 (Page 8, Chapter 8, Section 1) be recommended to the Members of CSPD for approval. PASSED.

MOTION 01.23.93.05 SOBEL/STEWART: That Constitution and By-laws proposal Number 3, (Page 2, Chapter 1, Section 2) be recommended to the Members of CSPD for approval. PASSED WITH NO OPPOSITION.

MOTION 01.23.93.06 CHAN/SOBEL: That CSPD endorses the placement of mandatory child safety caps on over the counter mouth rinses and mouth washes. PASSED.

MOTION 01.23.93.07 PEDERSEN/DIXON: That the following members be granted retirement status: Plett, Green, and Barkin. PASSED.

MOTION 01.23.93.08 CHAN/BLAIN: That CSPD create an additional position in the Credentials and Membership Committee, that of young pediatric dentists subcommittee chairperson. This position is to serve as an expansion of the graduate student liaison. The duties and mission statement are to be submitted by the Membership Chairperson to the Board for approval at the next quarterly Board Meeting. PASSED.

MOTION 01.23.93.09 CHAN/BLAIN: That CSPD recommend to the trustee that CSPD's young pediatric dentist chairperson be recommended for appointment to the young pediatric dentists subcommittee of the AAPD. PASSED.

MOTION 01.23.93.10 SOBEL/STEWART: That CSPD Board approves the research award protocol, guidelines, terms, and conditions. PASSED.

MOTION 01.23.93.11 CHAN/BLAIN: That CSPD adopt the Saber Tooth Tiger as our organizational mascot. (Smilodon). PASSED.

Jac W. Pedersen II, D.D.S.
Secretary CSPD

MONITORED INTRAVENOUS ANESTHESIA FOR THE PEDIATRIC PATIENT

Monitored intravenous anesthesia (MIVA) is an increasingly utilized outpatient anesthetic technique through which the necessary dental care is provided to the uncooperative or phobic patient in the dental office by a team comprised of the pediatric dentist and his/her dentist anesthesiologist.

The typical scenario involves a young patient (usually 1.5 to 4 years old) in need of dental treatment (from simple restorations to nursing bottle or extensive treatment needs) who in otherwise healthy but uncooperative. Patients with physical or mental disabilities and dental phobics are also good candidates for MIVA. The patient/parents are contacted prior to the operative appointment by the anesthesiologist who performs a pre-anesthesia interview. At this time health history is reviewed, pre- and postanesthetic instructions are given, the procedure, risks, and benefits are described and informed consent is obtained. A medical consultation and/or preoperative laboratory tests are also obtained if needed.

On the day of treatment the patient is evaluated again for any change in health and, once it has been decided to proceed, he/she usually receives a pre-anesthetic sedation (typically by the oral or intramuscular routes). The patient is then taken to the treatment area, attached to monitors, and oxygen and intravenous access is obtained. Medications are then administered IV to render the patient relaxed, sleeping and cooperative for the course of the dental treatment. The anesthesiologist decides what medications to use based on the patient's physical restrictions and needs, and on the type and extent of the procedure. Some of the common medications and their more pertinent pharmacologic effects include:

- anticholinergics: atropine, glycopyrrolate
  decreased oral secretions, increased heart rate
- benzodiazepines: diazepam, midazolam
  anxiolysis, sedation, amnesia, respiratory depression
- narcotics: demerol, fentanyl
  analgesia, sedation, respiratory depression
- barbiturates: pentobarbital, methohexital, thiopental, thiamylal sedation, respiratory depression, long (pentobarbital) or very short acting anesthesia (methohexital, thiamylal)
- ketamine: dissociative anesthesia, analgesia, bronchodilation, increased oral secretions
- propofol: very short acting anesthesia, respiratory depression
- droperidol: antiematic

If an IV *sedation* is being administered (as opposed to general anethesia) the patient does require intraoral local anesthesia, but usually in lower dosages than for an awake patient. Moreover, meticulous attention must be given to maintaining an airway which is patent and free of any potential irritants (water, blood, debris, etc.).

Postoperatively, the patient remains under the supervision of the dental team until he/she is released. You may expect that the patient will be drowsy at this time, and should be monitored carefully until fully awake.

As with any anesthetic technique, the dental team is continually involved in a decision-making process to secure patient safety. This includes:

- patient selection: typically ASA class I or II patients in optimum current state of health (i.e., well controlled preexisting states such as asthma, and free of acute disease processes such as URIs).
- proper patient/family preparation (NPO instructions, explanation of the sedation procedure and postoperative course, informed consent).
- adequate preparation for the anesthesia as well as for all potential emergency situations (including backup oxygen

—See "MONITORED. . ." continued on page eight

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS
P.O. BOX 2328
PALOS VERDES PENINSULA, CA 90274

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MONITORED . . .

Continued from page seven

and positive pressure capability, backup lighting and suction, emergency equipment and all necesssary emergency medications).
- vigilance, training, and expertise of the dental team (continuous monitoring of vital signs, attention to airway, patient positioning, IV site, etc.).

Due to the fact that studies quantifying adverse anesthetic effects in the pediatric dental office are lacking, we are forced to look at what is probably the closest model for this type of anesthesia, i.e., the oral surgery in-office general anesthesia model. Here the incidence of mortality is reported to be between 1 per 300,000 to 1 per 600,000 cases, which is less than that reported for anesthetics administered in a hospital. Although not risk free, the magnitued of risk associated with in-office intravenous anesthesia appears to be small, and MIVA in the pediatric dental office has become a viable treatment option for the uncooperative or phobic pediatric patient.

—Andreia Minasian

Dr. Minasian has received her dental degree from UCLA, has trained in dental anesthesiology at Loma Linda University, and is a fellow of the American Dental Society of Anesthesiology. She currently practices anesthesia for dentistry in the Los Angeles and Ventura county areas.

Continuing Education
USC
Basic Intravenous Sedation
July 8-10, 1993
July 23-24, 1993
Stanley F. Malamed, DDS
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RECENT GRADUATE seeks position in California; speaks Spanish, Farsi & French; please contact Dr. Safoura Massoumi, (818) 507-8518.

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OF PEDIATRIC DENTISTS
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Stephen J. Howard, D.D.S.

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. The next deadline for submission is July 21, 1993. Items for publication must be double spaced, typewritten and of reproducible quality for Xerox or Fax.

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