

Oral Facial Jaw Mouth Cosmetic Implant Surgeons—What's in a Name?

The American Association of Oral and Maxillofacial Surgeons (AAOMS) is placing increasing emphasis on marketing our specialty to help the general public better understand our training and clinical capabilities. An aspect of this process involves using focus groups. When asked what *oral surgeons* do, focus groups have a good understanding. However, they have limited understanding of what *maxillofacial surgeons* provide for patients. This finding prompted me to resurrect an editorial previously appearing in another publication. That editorial is reprinted here, with permission from *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology* (Oral Surg Oral Med Oral Pathol Oral Radiol Endod 107:1, 2009).

I was just a few months into my oral-maxillofacial surgery (OMS) residency program in 1977 when it was announced that the American Society of Oral Surgeons was becoming the American Association of Oral and Maxillofacial Surgeons (AAOMS). This followed a determination by the American Dental Association in 1973 that the word "maxillofacial" was ethical to use by dentists. An explanation of the reason to adopt the new term was: "This change enabled members of newly designated organization to reflect more accurately the nature of services they provide the public, and to be in conformity with the character and scope of training experiences required to complete successfully an ADA Accredited residency for the specialty." (sic)¹ I recall at the time telling my wife and parents about the new title of the discipline for which I was preparing.

I also remember the quizzical look in their eyes, and their struggle to tell others what I did. They proudly referred to me as an oral and maxillofacial surgeon in training, even though it wasn't clear to them or to whomever they were speaking to what the word "maxillofacial" meant or even how to pronounce the word.

I was pleased to see the name change as a resident since telling my college friends I was training to be an oral surgeon only conjured up pictures of putting people asleep to remove wisdom teeth. Yet, I was learning to do osteotomies, repair injuries to the orbits and forehead, and harvesting bone and skin from the rib cage and hips to replace missing facial parts. No one outside a small cadre of health care workers (mainly operating room nurses, anesthesiologists, and trauma physicians in academic centers) had a clue of what oral surgeons did in addition to surgery on the teeth and lower jaws. (We

are actually reverting back to that nowadays, but more on that later.)

After my OMS residency, in 1982 the *Journal of Oral Surgery* became the *Journal of Oral and Maxillofacial Surgery*. I am sure there was a reason for this delay of 4-plus years, but I do not know what it is. Maybe it was a reflection of some of the resistance I saw among my part-time attendings and others to adding the term "maxillofacial" to their titles or other aspects of their practices. I am sure there was resistance among fulltime oral-maxillofacial surgeons as well, although not overtly at my program. It took several years before one began hearing practice receptionists answer using the terms oral and maxillofacial, or seeing signage, brochures, or yellow pages listings include "maxillofacial."

However, time passed and members of our specialty became more and more comfortable with the use of "maxillofacial" in our title and secretaries and receptionists became better able to correctly pronounce the word. (I did find it odd that many tried and continue to abbreviate oral and maxillofacial surgery as OMFS, even though maxillofacial is one word in English.)

Yet, in spite of becoming more accepting of the word "maxillofacial" over the past several decades, there still appears to be considerable angst. What recently brought this to mind was a program accompanying the recent opening ceremony of the AAOMS annual meeting in Seattle. One group receiving awards during the ceremony (for reasons unclear to me) were those who had made purchases from the Association's for-profit subsidiary. I found it interesting that several of these individuals listed their practices not as oral and maxillofacial surgery offices or groups, but using terms such as "oral and facial surgery"; "oral and cosmetic surgeons"; "oral, facial, dental implant surgery center"; and a "center for jaw surgery." Most of the others used either "oral and maxillofacial surgery" (OMS) or at least, "oral surgery" (OS). From this small sampling it was clear that the word "oral" was favored. But "maxillofacial" seemed to be a term requiring some form of substituting words or dropping it for no word at all. I wondered if this group of ASI member "Awardees" was perhaps an outlier. So I tried to develop a better sampling. In my case, I used the 2008 AAOMS membership directory. Granted, not all members list the name of their practices in the directory, but most do. I noticed that when a practice name was used in the listing the most common terms were "oral surgery" or "oral and maxillofacial surgery" (some directory listings used the abbreviations OMS or OMFS). Actually "oral surgery" was used in about

half of the entries in which either OS or OMS (OMFS) was used, in my rough calculation.

It was very interesting, though, to see how many listings in the directory used terms other than OS or OMS. It was striking to see how often the word “maxillofacial” was replaced. The usual terms instead added individually or in various groupings were “facial,” “jaw,” “cosmetic,” and “implant.” I made a non-exhaustive list of the terms used in directory listings, which appears in [Table 1](#).

Why is it that so many of us seem to avoid the use of a major term in the official title of our specialty? This is occurring in the same era when other dental disciplines are adding the term maxillofacial, namely the oral and maxillofacial pathologists and radiologists.

It may be useful to remind ourselves what the term “maxillofacial” actually means. Few have problems with the “facial” aspect of the word. Face comes from the Latin “facies” referring to form or appearance. It is the “maxillo-” portion that causes discomfort. The term “maxilla” is derived from the Latin for jaw bone. Not specifically the upper jaw, even though it has evolved to now mean that, but rather both jaws. This is why the terms “intermaxillary fixation” are appropriate for the wiring together of the jaws. (By the way, mandible derives from the Latin “mandere” meaning to chew.) Thus, maxillofacial refers to the jaws and the face. Therefore, it seems to be an appropriate addition to the word “oral” in describing the scope of our training and practice. But, as appropriate as it may be, why do surgeons in our specialty and others have trouble using it? Maybe it is because most of us had no training in Latin (and even though I had some Latin in school, I don’t recall learning the term “maxilla”). In any event, it has failed to gain wide enough traction to give many of us the comfort to include it in our practice titles (our major way of identifying what we do to the public) or even when answering the phone.

There are two interesting aspects of organizations representing our plastic surgeon colleagues. One was a concern in the mid 1990s that the name of their society, “Plastic and Reconstructive Surgeons” misled the public into thinking that there were plastic surgeons and reconstructive surgeons, rather than understanding that they were one in the same. (This is why for several decades now I hyphenate OMS when I use the term; ie, oral-maxillofacial surgery, so it is clear we are one unified discipline.) The proposal to drop the words “and reconstructive” by the plastic surgeons had received enough support by 1999 that the name change was made to the American Society of Plastic Surgeons. This seems to have been a simple acknowledgement that the society’s name should reflect to the general public what services were rendered by society members, namely plastic surgery. Fortunately for them, plastic surgery had enough publicity via the popular culture to not require definition, and was even hindered by the addition of the term “reconstructive.” The presence of the group entitled the “American Society of Facial Plastic and Reconstructive Surgeons” may also have played some role.

The second group of plastic surgeons of interest in our discussion are members of the American Society of Maxillofacial Surgeons (ASMS). This group originally began to reflect the special interest and capabilities of their members in surgery of the maxillofacial region.

The society includes many oral-maxillofacial surgeons, but only those who have both dental and medical degrees. (On their website, only the medical degrees are listed of all members.) And to be board-certified in maxillofacial surgery, one must be a North American board-certified plastic surgeon. It is apropos to the editorial that on the portion of the ASMS website designed to explain what “maxillofacial” means, one only sees “Coming Soon,” even though the site has a copyright date of 2004.

The international community has picked up on the use of the term “maxillofacial,” adding it to their own names of societies and publications. In the case of Germany, the well-respected publication previously titled *Mund-, Kiefer- und Gesichtschirurgie* is now called *Oral and Maxillofacial Surgery*. The German words mean mouth (Mund), jaw (Kiefer), and face surgery (Gesichtschirurgie). The original German title might better fit with common understanding of what we do both with the public and with health professionals.

[Table 1](#) brings two questions to mind. The first is, with some amazement and curiosity, why are certain names chosen instead of “oral and maxillofacial surgery”? The second is, can or should any conclusions be drawn from the list?

Some entries represent a simple rearrangement of words, such as “maxillofacial and oral surgery.” In other cases, some version of “oral surgery” is used, along with a qualifier of some sort like “oral surgery care.” Some practices begin with “oral-maxillofacial,” but then add things like “implant” or “facial cosmetic.” Another group of practices abandon using “oral,” but use “maxillofacial,” along with extra words such as jaw or cosmetic (or aesthetic). Using the terms “facial” or “jaw” along with “maxillofacial” seems redundant if you understand the meaning of the term “maxillofacial”; yet, I assume those practices who do this have a legitimate rationale. This is likely to be that most lay people, and many referring doctors, still don’t fully grasp the term “maxillofacial.”

It is fully understandable why the terms “implant” and/or “cosmetic” (or aesthetics) have gained common usage in practice names. This is because since the concept of oral and maxillofacial surgery was first adopted in the 1970s, the areas of dental implants and facial aesthetic surgery have been added to our scope of practice. Plus, in the case of implants, for many in our specialty, surgery related to dental implants has become a major focus of their practice. Few surgeons do extensive facial cosmetic surgery in their OMS practice, but those who do often feel the need to make that clear to those they seek to serve.

A significant number of surgeons refer to their practice as a “center” or “institute.” To me, using the word “center” (such as the “Center for Facial Oral Surgery”) is probably okay with respect to my sensibilities. Center just means a

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