

## Message from President Eric T. Geist, DDS



Dear Colleagues:

At their March 2012 meeting, the AAOMS Board of Trustees approved the following revised guidelines requiring capnography equipment in the OMS office beginning in January 2014:

During moderate or deep sedation and general anesthesia the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure or equipment; and

Improvements in monitoring exhaled CO<sub>2</sub> during anesthesia continue to evolve. Beginning in January 2014, AAOMS Office Anesthesia Evaluations will require capnography for moderate sedation, deep sedation and general anesthesia unless precluded or invalidated by the nature of the patient, procedure or equipment.

Both statements appear in the *Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 12)*, version 5.0, which is also a component of the revised *Office Anesthesia Evaluation Manual, 8th edition*.

As 2013 draws to a close, I encourage those of you who have not yet complied with the capnography requirement to do so before the end of the year. Remember, you are in compliance with the revised guidelines once you have placed an order for the capnography equipment; even if that equipment is on backorder.

## November 20, 2013

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ASI partner Southern Anesthesia & Surgery, Inc. reports that Criticare units are still on back order; however, the company is hoping to start shipping units this month. SAS is offering customers an opportunity to convert to the Edan monitor, and for those practices looking to add only a capnography unit, SAS has Respsense and Lifesense units from NONIN, as well as Capnocheck from BCI, available.

While the decision to revise the guidelines to require capnography grew out of the revised ASA policy and its implications for OMS offices; the level, effectiveness and improvement of current capnography technology in office-based surgery; and the ability of AAOMS fellows and members to comply with a revised guideline recommending capnography in the OMS operator for moderate sedation, deep sedation and general anesthesia, the true impetus for the board's decision was our association's uncompromising commitment to the highest quality of patient care.