

Preface
Complications in oral and maxillofacial surgery



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Guest Editor

This issue of the *Oral and Maxillofacial Surgery Clinics of North America* is the second to deal with the topics of complications, poor outcomes, and treatment failures.

The earlier issue (volume 2, number 3, 1990), edited by Leonard Kaban, my academic chairman and mentor, was followed in 1997 by a textbook (*Complications in Oral and Maxillofacial Surgery*, W.B. Saunders, 1997) expanding on these themes and covering the full scope of oral and maxillofacial surgery (OMFS). These publications were among the first to deal with the somewhat uncomfortable but important subject of unfavorable outcomes in OMFS. The response to these issues and the discussion they have generated has been most favorable.

This issue addresses complications related to some newer procedures and revisits previous topics from a different perspective. The discipline of evidence-based medicine has figured prominently in decision-making at Massachusetts General Hospital; the articles in this issue on implants and temporomandibular joint surgery review relevant literature from this vantage point. The article on anesthesia complications details both human and systems errors and provides a novel framework for both recognition and management of these contributing factors. The issue also contains articles on complications associated with the surgical correction of obstructive sleep

apnea as well as distraction osteogenesis (further long-term outcome studies in these areas are anticipated). The issue concludes with articles detailing complications associated with facial cosmetic surgery and cleft lip and palate repair, two active areas of fellowship training and clinical activity in many OMFS centers.

While preparing for this issue, I was humbled to note that guest editors appear to be chosen based on their expertise in the subject matter at hand. After more than 20 years of clinical practice, the task of overseeing an issue that documents and addresses complications and poor outcomes seems well deserved. It is often said that the only way not to have complications is not to operate; despite the best of intentions, this does indeed seem to be the case. Living an “examined” surgical life can be most difficult. It is an essential exercise to clearly understand the reasons why cases go awry. Errors in diagnosis and judgment, surgical misadventures, patient comorbidity, inadequate follow-up, and plain bad luck may all be contributory. Not all of which are avoidable.

I hope that this issue will identify the more common pitfalls and problems that we have collectively experienced in the practice of full scope oral and maxillofacial surgery. Although George Bernard Shaw cautions that one cannot learn about life by

reading, I believe that historical case studies sharpen both our ability to conceptualize as well as our decision-making capabilities. Perhaps the most avoidable of failures are those that arise in the spirit of unbridled confidence. Therefore, the exercise of reading about the complications of others may modulate this behavior and help us all to improve the quality of our care.

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