

## Preface

# Autogenous Bone Grafting



George M. Kushner, DMD, MD  
*Guest Editor*

Reconstructive surgery, or the ability to make a patient “whole” again, is a basic principle of any surgical specialty. This certainly holds true for the specialty of oral and maxillofacial surgery. Oral and maxillofacial surgeons have had a long history of providing hard and soft tissue reconstruction procedures in the maxillofacial regions to improve patients’ lives. I believe the contemporary practice of reconstructive oral and maxillofacial surgery gained strength and momentum when our predecessors were called upon to treat devastating injuries to the maxillofacial region that occurred during wartime, specifically the Vietnam conflict. We became quite adept at hard and soft tissue grafting and were able to perform these procedures safely and predictably for our patients’ benefit.

The modern-day oral and maxillofacial surgeon needs hard tissue grafting procedures to meet patient needs in reconstructive surgery involving trauma, pathology, cleft and craniofacial deformities, orthognathic surgery, aesthetic surgery, and dental implants. The acceptance and popularity of dental implants has created a huge need and demand for bony reconstruction in preparation for dental implants in our patient population. The gold standard for bony reconstruction in the maxillofacial region is currently the use of autogenous bone. There are certainly other biomaterials available for use in the maxillofacial region, including banked bone, ceramics and bioactive glass, and bovine bone, to give some examples. Tissue engineering such as the use of bone morphogenetic protein has promise but is currently not used on a widespread basis; furthermore, it is costly. All the adjunctive procedures have a place in maxillofacial bony reconstruction and are constantly judged against the benchmark of using the patient’s own bone for reconstruction. It is the widespread use of autogenous grafting in the maxillofacial region that sets the oral and maxillofacial field apart from other medical and dental specialties that also treat the maxillofacial region and jaws.

The intent of this issue of the *Atlas of the Oral and Maxillofacial Surgery Clinics of North America* is to provide the reader with a comprehensive review of autogenous bone grafting procedures used in the maxillofacial region. Each of the authors has extensive experience in his grafting technique and has provided a “hands-on” or “how-to” approach to that specific bone harvest technique. The goal is to expand or refine your bone harvest techniques to benefit your patient population. The field of reconstructive oral and maxillofacial surgery is constantly moving forward to provide improved techniques and options for our patients, and we as surgeons must constantly strive to deliver the best possible treatment for our patients.

I would like to acknowledge my mentors—Drs. Brian Alpert, Leon Fiedler, Harold Boyer, Martin Steiner, and Jeff Carter—for their professional support that has allowed me to grow as a surgeon. There have also been 12 years of residents at the University of Louisville who have constantly pushed me to stay energized and current. Lastly, I would like to thank my parents,

George and Norma Kushner, for their support (both emotional and financial) through many years of education. Most importantly, I would like to thank my wife, Diane Kushner, and my children, George, Tommy, and Katie Kushner, for the time I am permitted away from home to pursue my “other love”: oral and maxillofacial surgery.

George M. Kushner, DMD, MD  
*Department of Surgical and Hospital Dentistry*  
*University of Louisville School of Dentistry*  
*501 South Preston, #337*  
*Louisville, KY 40202, USA*

*E-mail address: [gmkush01@louisville.edu](mailto:gmkush01@louisville.edu)*