

DOCTOR *of* DENTISTRY

A BUSINESS AND LIFESTYLE MAGAZINE FOR DENTISTS



Texas Oral &
Maxillofacial Surgery

Jim Bates, DDS, MD

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By Tina Cauller



PHOTO BY RAY BRYANT, BRYANT STUDIOS

A unique team of consultants, designers and artisans was brought together to create the Texas Oral & Maxillofacial Surgery facility. The design theme is “techno-industrial,” with stained concrete floors, exposed steel duct work and extensive use of glass block.

In response to pressure to control costs and improve patient convenience, increasingly complex and high-risk surgical procedures are now performed in doctors' offices and freestanding surgery centers more than ever before. As a result, there is a need to ensure a high level of patient safety and optimal surgical outcomes in the non-hospital setting. Of the several organizations that accredit surgical facilities, the nationally recognized Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is universally considered the gold standard. Recently, JCAHO began accrediting office-based surgery (OBS) facilities.

MEASURING UP

Jim Bates, D.D.S., M.D., and a carefully selected architectural team recently completed the design and construction of a new office-based surgical facility equipped with hospital-grade operating and recovery rooms. Specifically designed and built according to stringent JCAHO standards, the state-of-the-art OBS facility is unique in the Dallas area. According to Dr. Bates, “When this facility was conceived, we agreed to create an environment conducive to quality, safety and predictable results so that we could provide the best possible, yet affordable, patient care. As a result, we have been able to achieve and exceed our goal of providing patient care services of the highest possible quality.”

In December of 2005, Texas Oral & Maxillofacial Surgery became the first and only office-based surgery facility in Dallas, and is currently the only oral and maxillofacial surgery practice in Texas, accredited by JCAHO.

EXPERIENCED, QUALITY CARE

The specialty of oral and maxillofacial surgery requires up to six additional years



as a Clinical Associate Professor in the Department of Oral and Maxillofacial Surgery, where he has been privileged to participate in clinical research and has served on several master's thesis committees in the Department of Orthodontics. He is active in many professional and civic organizations and has received numerous professional honors. He has authored several articles published in peer-reviewed journals, and is a prolific lecturer and presenter around the United States and internationally, speaking to colleagues about new horizons in his specialty. Volunteering his services on the medical and dental mission field for years has become "a pretty routine habit" and has allowed him the opportunity to expose his son, Jesse, to foreign cultures. Dr. Bates and his staff are committed to providing the highest quality health care possible for their patients.

Left: The radius of the front glass-block wall offers a stunning entrance to the facility.

Below: Softening the central design elements of steel, glass and concrete are the organic earth-tone color selections.



of postgraduate hospital-based surgical and anesthesia training beyond dental school. In addition to the D.D.S. degree, Dr. Bates obtained an M.D. degree, as well as an additional year of training in surgery, completing a total of 10 years of post-college education and training.

Dr. Bates is a native Texan and attended Texas Tech University as an undergraduate. He graduated with honors from both the University of Texas Dental Branch at Houston, where he received the D.D.S. degree, and from Texas Tech University School of Medicine, where he received the M.D. degree. After graduating, he completed his residency training in oral and maxillofacial surgery at the University of Texas Health Science Center at Houston and received an additional year of training in surgery at Baylor University Medical Center. Dr. Bates entered private practice in 1987 and founded Texas Oral & Maxillofacial Surgery in 1995.

As a Diplomate of the American Board of Oral and Maxillofacial Surgery, Dr. Bates has been board certified in the specialty since 1989. He has held appointments on the faculty of The Texas A&M University System Health Science Center and at Baylor College of Dentistry

THE FACILITY

A unique team of consultants, designers and artisans with extensive health care experience was brought together for this project. The challenge for all parties was getting everything required into the space selected at the intersection of Knox and Central, in the heart of vibrant Uptown.

The design theme is what Dr. Bates terms “techno-industrial,” with stained concrete floors, exposed steel duct work and extensive use of glass block. The overhead concrete deck is stained and exposed as well, creating a 13-foot ceiling height. Cabinets and counters are covered with an actual metal laminate, matching the other metallic design elements.

Softening the central design elements of steel, glass and concrete are the organic earth-tone color selections. The curved reception room wall, perfectly matching the radius of the front glass-block wall, was finished in Venetian plaster, requiring specially skilled artisans. A large inset art niche, illuminated with track lights, awaits a commissioned contemporary painting.

A central focus of the facility is the conference room, specially designed for multidisciplinary treatment planning and digital presentations. “We actually enlarged the conference room during construction, when we walked the site and determined it was going to be too small. We really wanted it to be roomy and able to accommodate at least 12 comfortably.” Architect Graham Bryant designed a striking custom lighting fixture and conference table for this unique space.

The recovery room accommodates two patients and family members simultaneously, with full medical gas, vacuum and monitoring capabilities. Each site is also wired for video, allowing patients to watch TV or DVDs during recovery.

A central focus of the facility is the conference room, specifically designed for multidisciplinary treatment planning and digital presentations. Each morning, the entire team assembles together in the conference room for a staff meeting where each team member participates and a formal agenda is followed, which prevents important items from falling between the cracks.



PHOTO BY RAY BRYANT, BRYANT STUDIOS

The nurses’ station includes a built-in automatic ultrasonic instrument cleaning, ultrasonic rinsing and hot air drying unit. Three computer workstations allow the clinical staff access to all network functions, including digital photographic imaging and radiology. Wireless sensors are used to monitor the temperature and humidity of the OR and the facility’s two refrigerators (one for pharmaceuticals, one for nutritional products).

The operating room is larger than most hospital ORs, with both medical (dry) and dental (wet) vacuum systems, and dual, ceiling-mounted, high-intensity surgical lights with articulating arms and fiber-optic light source. Bacterial contamination is minimized by a laminar air-flow system, seamless flooring and an external hands-free scrub sink.

The custom-made Boyd operating tables were customized to include memory foam and ultra-leather, eliminating the need for rigging a flat, square-cornered hospital operating table designed for general surgery with extra foam pads and pillows required to prevent ulnar nerve injuries common to elbow hyperextension, as well as knee and heel pressure sores.

Diagnostic Imaging

During the design of the new facility, Dr. Bates insisted on the inclusion of a space dedicated solely to digital diagnostic imaging, including radiographs and photographs. “We migrated to digital photography many years ago because of the simplicity and ease of use, but have always had to improvise some kind of setup for backgrounds and lighting. None of the commercially available setups were large enough for our purposes. In our new imaging room, we had our construction team design a recessed lighting system that allows us to achieve optimal photography.” The practice also

switched entirely to digital radiography, including intraoral and extraoral radiography, and TMJ tomography.

Dr. Bates’ ability to review and analyze imaging studies done outside the facility is truly unique. “We routinely order TMJ MRIs or CTs of the face for fabrication of stereolithographic models, and these are nothing new. What is new is that we can now digitally review and manipulate those studies in three dimensions in our facility by loading the raw DICOM data into professional radiology imaging software on our network.”

DICOM is the internationally recognized standard format for medical and dental digital images, and only recently have doctors outside of a hospital had access to these studies other than in printed, large-format versions which presented major storage problems and provided limited clinical



The facility was designed with a space dedicated solely to digital diagnostic imaging, including radiographs and photographs. The imaging room has a recessed lighting system for digital photography that is ideal and allows optimal photography to be achieved. Digital radiography capabilities include intraoral and extraoral X-rays and TMJ tomography.

information. Dr. Bates notes, “For example, we can use CT data to three-dimensionally plan treatment for dental implants without using special implant software previously required, and we can show a patient their joint pathology in three dimensions on a TMJ MRI.”

Patient Education

For any surgical procedure, Dr. Bates and his team provide substantial patient education information at both the initial consultation and all pre-operative visits. The new facility has a dedicated consultation room, which provides a comfortable, non-clinical setting for this discussion. At an initial consultation, the patient’s first contact with Dr. Bates is in this room, where a detailed medical and dental history is obtained.

“We think it’s crucial to initiate that first contact with a very open discussion of the patient’s concerns, desires and goals. Of course, there are the straightforward cases where a patient is referred for removal of wisdom teeth, but they’re managed in the same, deliberate way. Complex cases involving reconstructive issues or temporomandibular disorders require a much more detailed, in-depth discussion with the patient and his or her family. Doing this in an environment that is warm and inviting, and in comfortable seating rather than a dental chair, allows the patient to open up and

tell us their story.”

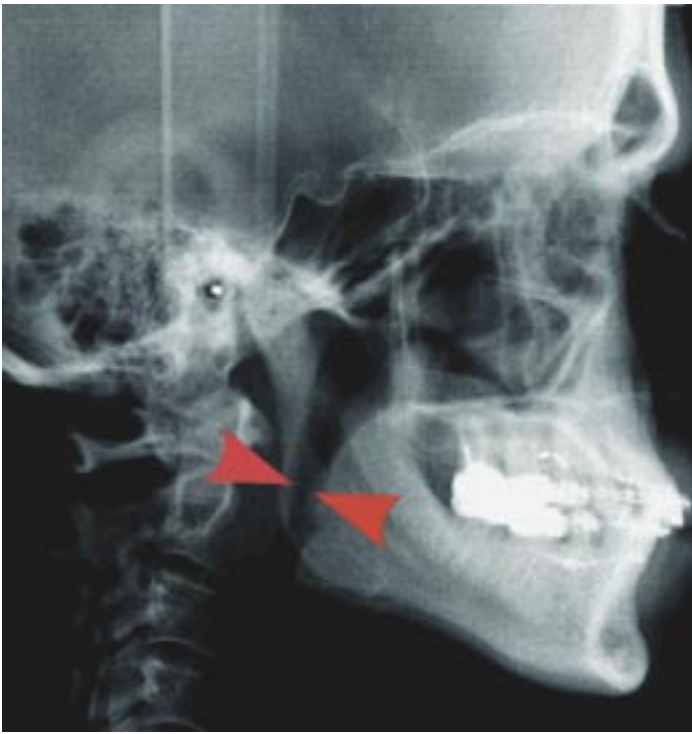
Prior to any surgical procedure, the patient returns to the consultation room for detailed pre- and postoperative counseling, including oral hygiene, wound care and dietary instructions. This room, like every room, is equipped with high-speed Internet access and audiovisual capabilities for patient education purposes. “It’s been our experience that the more information and pre-operative education the patient receives, the better and easier is their post-operative course.”

THE TEAM

The clinical staff is specially trained in assisting with intravenous anesthesia, including conscious and deep sedation, and general anesthesia. “We are very privileged to have Certified Oral and Maxillofacial Surgery Anesthesia Assistants on staff who routinely start IVs, draw blood and administer drugs under direct supervision. Without these individuals, we simply could not provide the level of care that their participation allows us to.”

As a unified entity, the front and back offices work intimately together in a seamless workflow from a patient’s first encounter with the receptionist to their final encounter with the nurse who transports them to their escort’s automobile.

Each morning, the entire team assembles together in the confer-



Pre-op lateral cephalogram of obstructive sleep apnea patient illustrating constricted airway.

ence room for a staff meeting to review the schedule for the day or the week. Each member comes prepared to participate by presenting relevant information on the patient activities for the day. A formal agenda is followed which prevents important items from falling between the cracks. This ensures that everything needed to care for a given patient, from an MRI to a sleep study to orthodontic models, is readily available. Once a week, an extended staff meeting allows for training and inservice presentations.

MEDICAL STAFF

The medical staff of Texas Oral & Maxillofacial Surgery includes only board-certified medical anesthesiologists responsible for the management of surgical cases requiring general anesthesia. “Some oral surgery procedures require several hours and demand specialized anesthesia care, including nasal endotracheal intubation, careful fluid monitoring and hypotensive anesthesia. This facility and our compliance policies were specifically designed to meet those needs.”

ANESTHESIA AND PAIN MANAGEMENT

Texas Oral & Maxillofacial Surgery is registered with the Texas State Board of Medical Examiners as a provider of Office-Based Anesthesia services. “Our anesthesiologists are really in tune with outpatient anesthesia, and as such, we avoid a lot of the problems seen in inpatient anesthesia involving prolonged recovery, nausea, pain and delayed discharge due to anesthetics. As a result, patients are usually discharged after about an hour of recovery, whether the surgery was one or six hours. Years ago we refined our analgesic



Post-op X-ray following maxillomandibular advancement with significant airway enlargement.

regimens and now, with a combination of non-steroidal anti-inflammatory agents, profound long-acting local anesthetics and judicious use of perioperative steroids and narcotics, patients are often amazed at how little pain they have postoperatively.”

A SPECTRUM OF SERVICES

Texas Oral & Maxillofacial Surgery provides a broad spectrum of oral and maxillofacial surgery services, which can basically be divided into three groups of procedures: pathology, reconstructive and cosmetic. Pathology includes the impacted teeth, facial trauma, and cysts and tumors of the jaws that have been routine to the specialty for decades. However, it also includes obstructive sleep apnea, nasal and sinus pathology, and the surgical and nonsurgical management of temporomandibular disorders, or TMDs.

SLEEP APNEA AND AIRWAY MANAGEMENT

While obstructive sleep apnea has recently received considerable publicity, and many dentists and physicians are adding treatments for OSA to their repertoire, Dr. Bates and his team have been actively involved in the nonsurgical and surgical management of obstructive sleep apnea for many years. “We’ve known for decades that jaw deformities both result from problems with, and adversely affect, the airway. In North Texas, with rampant and chronic allergic rhinitis, we daily see the results of airway compromise during development. As the jaws grow during childhood and adolescence, allergy problems can cause developmental jaw deformities. Kids who can’t breathe through their noses breathe through their mouths. When the mouth is always open for breathing, vertical growth of the

maxilla is unrestricted, creating an open bite, transverse maxillary deficiency with a high, arched palate, vertical maxillary excess with a gummy smile, a long face and a relatively short mandible. We see this so often, it's actually a syndrome.

“Often, allergies will lead to enlargement of the inferior turbinates, further worsening the problem. It's very common for us to remove the inferior turbinates (turbinectomy) and correct the nasal septum (septoplasty) in conjunction with maxillary orthognathic surgery to improve nasal airflow after surgery. In fact, often this is the very first thing patients notice after surgery, even in the recovery room, telling us, ‘Hey, I can breathe through my nose for the first time!’”

Dr. Bates works closely with board-certified sleep medicine physicians in managing adults with OSA. “Most of these patients present for treatment because their sleeping partner is concerned when the snoring progresses to apnea.” Many are unable to tolerate nasal CPAP (continuous positive airway pressure), usually the first line of treatment offered by physicians for OSA. But CPAP requires a bulky, noisy machine and a mask strapped to the face — not very conducive to sleep for the patient or the partner.

It's known that snoring is caused by vibration of the soft palate (suspended from the back of the upper jaw), and that apnea is caused

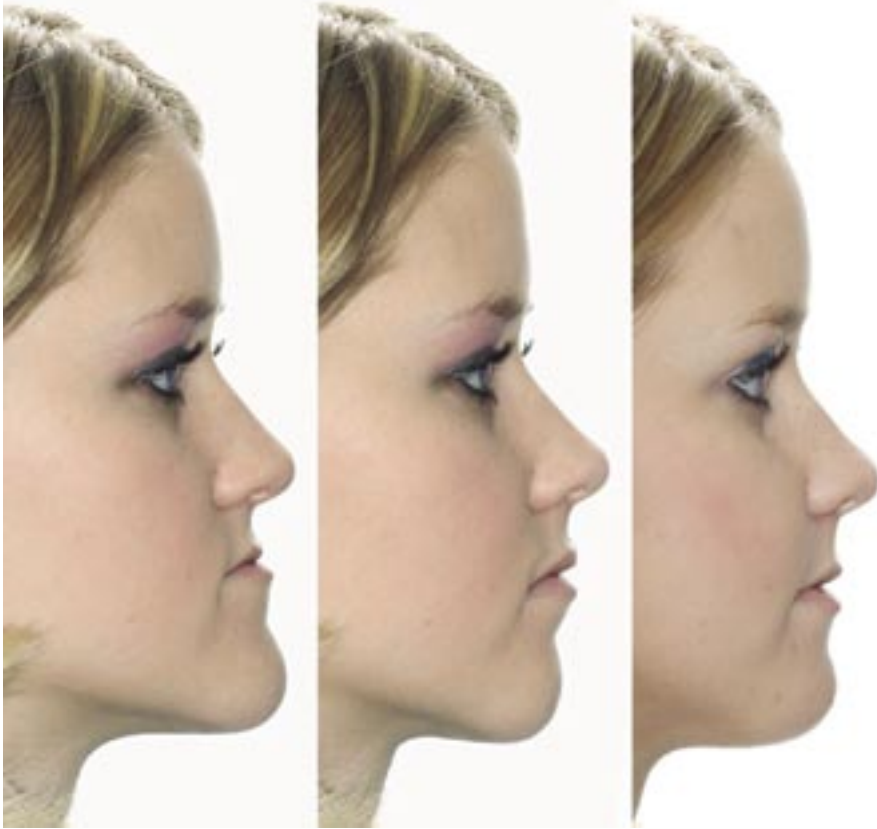
by the tongue (attached to the mandibular genial tubercles at the chin, as well as the hyoid bone) compressing the soft palate against the back wall of the throat and obstructing the airway. Snoring is annoying, but apnea is dangerous, causing oxygen concentrations to drop and potentially leading to hypertension and heart failure.

Many younger, healthy sleep apnea patients are looking for a treatment alternative that doesn't require an external apparatus. These patients are often successfully managed with minor office procedures, such as the Repose procedure (a variation of the genioglossus advancement and hyoid suspension) or the Pillar procedure (a simple alloplastic palatoplasty), which have eliminated the need for ablative procedures such as the UPPP or laser-assisted uvuloplasty. “In sleep apnea the point of obstruction is the tongue, and treating the soft palate alone will not address apnea, only snoring.”

All too often, the patients seen by Dr. Bates and his staff have already unsuccessfully undergone several treatments for OSA and are seeking a once-and-for-all solution. Many of these patients are referred for telegnathic surgery, the term used for orthognathic surgery to treat sleep apnea. In this scenario, the upper and lower jaws are moved down and forward together as a unit, taking the soft palate and tongue with them, and opening the airway definitively. The success rate in eliminating apnea with MMA, or maxil-

The nurses' station includes a built-in automatic ultrasonic instrument cleaning, ultrasonic rinsing and hot air drying unit. Three computer workstations allow the clinical staff access to all network functions, including digital photographic imaging and radiology.





Preoperative (left), unretouched computer-generated prediction (center), and actual postoperative (right) lateral photographs of patient with mandibular prognathism and midfacial deficiency, who underwent maxillary and mandibular orthognathic surgery and cheek implant augmentation.

lomandibular advancement, is the highest of any treatment for sleep apnea short of tracheostomy. Dr. Bates explains, “When we correct the jaw deformity, the obstructed airway is corrected as well.”

TMJ ARTHROSCOPY

Dr. Bates was among the first in the area to adopt TMJ arthroscopy as a primary means of minimally invasive surgical intervention for articular disc disorders and osteoarthritis of the TMJ. Studies demonstrated the safety and efficacy of joint lavage combined with lysis of adhesions, more than can be accomplished with simple arthrocentesis. “In our series, 67 percent of patients undergoing arthroscopy experienced pain relief and restoration of function to the degree that no additional intervention was required.”

RECONSTRUCTIVE SURGERY

Reconstructive procedures are the primary focus of the practice and the area of greatest interest for Dr. Bates. “Orthognathic surgery is what first drew me to oral surgery. During dental school I determined to become an oral and maxillofacial surgeon, so that I could fix faces as well as smiles. I can’t imagine doing anything else with the skills and talents God’s gifted me with. I absolutely love doing what we do every day, and I’m thankful to our patients

for allowing me to achieve a tremendous sense of fulfillment.”

ORTHOGNATHIC SURGERY

Jaw growth is a gradual process and, in some instances, the upper and lower jaws may grow at different rates. Injury to the jaw and birth defects can also affect jaw alignment and the dental-facial relationship. Misalignment of the upper and lower jaws can affect chewing, speech, breathing, appearance, and long-term oral and facial health. In these cases, orthognathic surgery may be needed to reposition the jaws.

When patients are considering orthognathic surgery, the team uses sophisticated computer imaging technology and three-dimensional models to illustrate exactly how the jaws will be repositioned. They use comprehensive digital facial and oral photographs, digital X-rays and computer imaging to simulate the anticipated improvement in occlusion and appearance. This helps patients more fully understand the surgical process, and to visualize the benefits they can expect. Patients receive a portfolio of these images and a prediction tracing of their profile after surgery. Once treatment is complete, patients also receive

a series of digital photographs comparing their preoperative, prediction and postoperative appearance. Virtually without exception, patients prefer their actual post-treatment appearance over the computer-generated prediction.

Dr. Bates has participated in and provided the patient data for several studies performed by residents in the Department of Orthodontics at Baylor College of Dentistry, evaluating dozens of patients undergoing orthognathic surgery, comparing computer-generated treatment plans with actual outcomes, and looking at both hard tissue landmarks (bone and teeth) and soft tissue (lips, chin and nose). These studies support the predictability and reliability of the techniques developed by Dr. Bates for orthognathic treatment planning.

At an extended preoperative appointment, patients undergo full facial and intraoral digital imaging, frontal and lateral digital cephalograms and TMJ tomograms, a centric-relation bite registration and facebow transfer, as well as extensive pre- and postoperative counseling, nutritional consultation and informed consent. In the facility’s dental laboratory, specifically designed for the purpose, models are mounted on a SAM-3 articulator particularly suited to orthognathic model surgery. Measurements from the computer-generated treatment plan are transferred to the articulator-mounted models and merged in a spreadsheet developed by Dr. Bates with digitally acquired



PHOTO BY RAY BRYANT, BRYANT STUDIOS

The operating room is larger than most hospital ORs, with both medical (dry) and dental (wet) vacuum systems, and dual, ceiling-mounted, high-intensity surgical lights with articulating arms and fiber-optic light source. Bacterial contamination is minimized by a laminar air-flow system, seamless flooring and an external, hands-free scrub sink. The custom-made Boyd operating tables were customized to include memory foam and ultra-leather to provide comfort to patients during long procedures.

model measurements taken to hundredths of a millimeter from the Erickson model-surgery platform. Models are segmented as necessary and occlusal adjustments are made.

At this point, Dr. Bates meets with the multidisciplinary team treating the patient, always an orthodontist and restorative dentist, and often also including other dental specialists such as a periodontist or endodontist. Once the treatment plan is approved at the team conference, surgical splints are custom-

fabricated in the laboratory. This process eliminates all guesswork in the operating room and provides a level of predictability previously unattainable in orthognathic surgery.

DISTRACTION OSTEOGENESIS

Reconstructive surgery also includes other procedures to correct occlusion, augment bone and soft tissue, and replace diseased functional components such as the temporomandibular joint. Dr. Bates has extensive experience with distraction osteogenesis, a method of gradually extending bone using distraction forces. Dr. Bates was among the earliest adopters of the techniques of distraction osteogenesis to grow new alveolar bone and lengthen deficient bones such as the mandible. “We developed an intraoral procedure totally avoiding the developing teeth, based on a nerve-sparing ramus osteotomy which became highly successful for lengthening the mandible in growing kids.”

STEREOLITHOGRAPHIC MODELS

Many cases involving complex reconstructive needs benefit from fabrication of a stereolithographic model for design and fabrication of custom implants, such as TMJ implants or distraction appliances. A CT scan of the patient is performed and sent to a lab for fabrication of the model. “These 3-D models are invaluable in treatment planning and implant design, and we use them routinely. There has been a sense in the dental community that the cost of the CT plus the implant is prohibitive, but that’s not been our experience. With

very few exceptions, all the CTs and models — in fact, all the custom implants, imaging and diagnostic studies we order — are covered by medical insurance.”

TMJ RECONSTRUCTION

Total joint reconstruction has, in the past, been somewhat controversial due to alloplastic materials failures from decades past. Today we are able to reconstruct the joint using

FDA-approved metallic-alloy and ultra-high molecular weight (UHMW) polyethylene implants, successfully used in other load-bearing joints for years. While the indications are infrequent, total joint replacement has been shown far superior to autogenous tissues in terms of pain and restoration of function. With appropriate patient selection, even total joint replacement is also now an outpatient, office-based procedure.

BONE GRAFT AUGMENTATION, GUIDED BONE REGENERATION AND PLATELET-RICH PLASMA

Dr. Bates works closely with prosthodontists and periodontists in providing their patients with adequate bone and soft tissue for optimal dental implant procedures. The facility's capabilities allow for harvesting of autogenous bone from the iliac crest or the tibial plateau, in addition to common intraoral sites, providing a virtually unlimited volume of bone for alveolar ridge or sinus floor augmentation. "We now routinely use platelet-rich plasma and guided bone regeneration to optimize the predictability of our grafts. We know that blood plasma rich in platelets contains a high concentration of bioactive proteins and growth-inducing hormones that improve bone quantity and quality, and speed wound healing."

During graft site preparation, a nurse draws the patient's blood and separates the platelet-rich plasma through centrifugation, which is then delivered to the operative field and mixed with harvested bone to form a composite graft, as well as sprayed onto the wound surface before and after membrane placement for its adhesive properties. "Autogenous tissues are the gold standard, and in bone grafts, predictability is what it's all about."

FACIAL COSMETIC SURGERY

Rhinoplasty

Often performed in conjunction with orthognathic surgery, reshaping of the nose is the most commonly requested cosmetic procedure in this group of patients. Dorsal humps, asymmetries or crooked noses, and large, bulbous, amorphous nasal tips are routinely corrected in Dr. Bates' office OR without requiring hospitalization.

Blepharoplasty

Although most commonly requested for cosmetic reasons, redundant, excessive eyelid tissue can affect vision. Removing excess tissue and trimming herniated orbital fat results in a more alert and youthful appearance. Routinely performed under IV sedation, blepharoplasty is increasingly requested by men.

Facial Implants

For patients whose underlying skeletal features give them a flattened face or a small, retruded chin, Dr. Bates may recommend facial implants to augment the facial bones and accentuate specific areas of the cheekbones, chin, nose and lower jaw. For mature patients, these implants can also help fill out and tighten the skin of the face, providing a more healthy and youthful appearance without the need for a full face-lift. Facial implants are placed from inside the mouth so the procedure leaves no visible scars.

Facial Liposuction

Some individuals naturally have unwanted deposits of facial fat that are not significantly reduced by exercise or weight loss. Facial liposuction is performed in the office under IV sedation. This procedure, along with a modified neck lift or chin implant, can restore a healthy, youthful appearance without extensive face-lift surgery. All patients are extensively evaluated prior to surgery and computer-assisted digital imaging is used to simulate post-surgical results.

Lip Augmentation, Restylane® and Botox® Cosmetic

Not all of Dr. Bates' procedures are major. Responding to patient demand, and after extensive research and hands-on training, Dr. Bates began offering cosmetic facial injections several years ago. "Often, a patient's family member who'd been receiving these services elsewhere would ask why we didn't provide them." Restylane® is used to augment the upper and lower lips and to fill facial creases such as the nasolabial and mentolabial folds. "Our dental training gives us the enormous advantage of proper local

The recovery room accommodates two patients and family members simultaneously, with full medical gas, vacuum and monitoring capabilities. Each site is also wired for video, allowing patients to watch TV or DVDs during recovery.



anesthetic techniques unknown to other medical disciplines.” Botox® Cosmetic is most commonly used for elimination of furrowed brows, glabellar wrinkles and crow’s feet around the eyes. “Our most frequent Botox® patients are other colleagues and their loved ones!”

MULTIDISCIPLINARY TEAM APPROACH

Dr. Bates knows that optimal patient outcomes are achieved when a team of caregivers participates together in managing the treatment of any given patient. “The days of the Lone Ranger are long gone. We routinely refer patients to other doctors much better suited than we are to treat a given problem. Patients appreciate this open approach, and they always get better results than if we try to manage a complex problem alone. Dentistry is just now catching on to this concept, while physicians adopted it decades ago. I think dental school trains us to try to manage every problem ourselves, although that is often not in the patients’ best interests.

“We also know that, while many specialists may participate in a patient’s management, the general restorative dentist is always the captain of the team. We keep the entire team in the loop through frequent, open communication. In fact, in today’s environment, e-mail is often the preferred means of communication. We can quickly and easily convey ideas, opinions, images and x-rays among many providers, with appropriate HIPAA compliance, of course.”

Many patients require referrals for additional diagnostic studies or consultations, and these are freely and regularly requested. Commonly a patient referred for orthognathic surgery may present with temporomandibular disorders or sleep-disordered breathing, and Dr. Bates will order a polysomnogram, or sleep study, to evaluate the patient’s level of obstructive sleep apnea, and a TMJ MRI to evaluate joint health or pathology. Similarly, a patient presenting with sleep apnea may have nasal polyps and environmental allergies requiring referral to an otolaryngologist or allergist for management of these concerns prior to surgical treatment of sleep apnea. TMJ patients are frequently referred to a neurologist (for headache evaluation) or to a rheumatologist for evaluation of systemic joint disorders.

“Frequently, patients with jaw deformities have tongue thrust and are referred to a speech pathologist for perioperative speech therapy to reduce the risk of relapse following orthognathic surgery. Another common occurrence is the patient presenting for dental implant reconstruction, perhaps following trauma, who has no restorative dentist and is referred for prosthodontic management prior to implant surgery. So, we make a lot of referrals. The team



At Texas Oral & Maxillofacial Surgery, patients are greeted and dealt with by people whom they know and who know and care for them, having developed relationships over months of presurgical treatment.

PHOTO BY RAY BRYANT, BRYANT STUDIOS

approach can get complicated, both for the patient and for the doctors on the team, so our staff is particularly focused on making referral appointments for the patient while they are in our office, then ensuring they are kept, and that the team is kept informed.”

The new facility’s large conference room, specifically designed for multidisciplinary discussions of patients and their treatment, includes digital audio-video presentation, projection and teleconferencing capabilities via high-speed internet access. “We can confer and collaborate with colleagues in person and virtually, across the room or across the metroplex.”

WHY OFFICE-BASED SURGERY

According to Dr. Bates, “Hospitals are expensive places to be, even for a few hours. That’s why we built our own operating and recovery facilities. Most of what we do is covered by medical insurance, and our staff is particularly adept at obtaining favorable predetermination of benefits for many of our patients. Some of these patients are still treated in the hospital. Still, there are those patients who either have no insurance benefits, or their insurance has denied medically necessary treatment, and these patients still want to have the recommended surgery, but they can’t afford the tens of thousands of dollars required for even a brief hospital stay.” A few years ago those patients had no options. Now, Texas Oral & Maxillofacial Surgery is able to provide affordable services for those patients in a safe, comfortable, accredited environment that has been nationally recognized for its policies and procedures.

The practice has been successful in negotiating fees for anesthesia and nursing services for patients, so that there is full disclosure well in advance regarding costs. This eliminates the stressful overhang-

ing cloud of simply not knowing the costs of treatment, and allows patients to plan months in advance of incurring any charges, with no surprises.

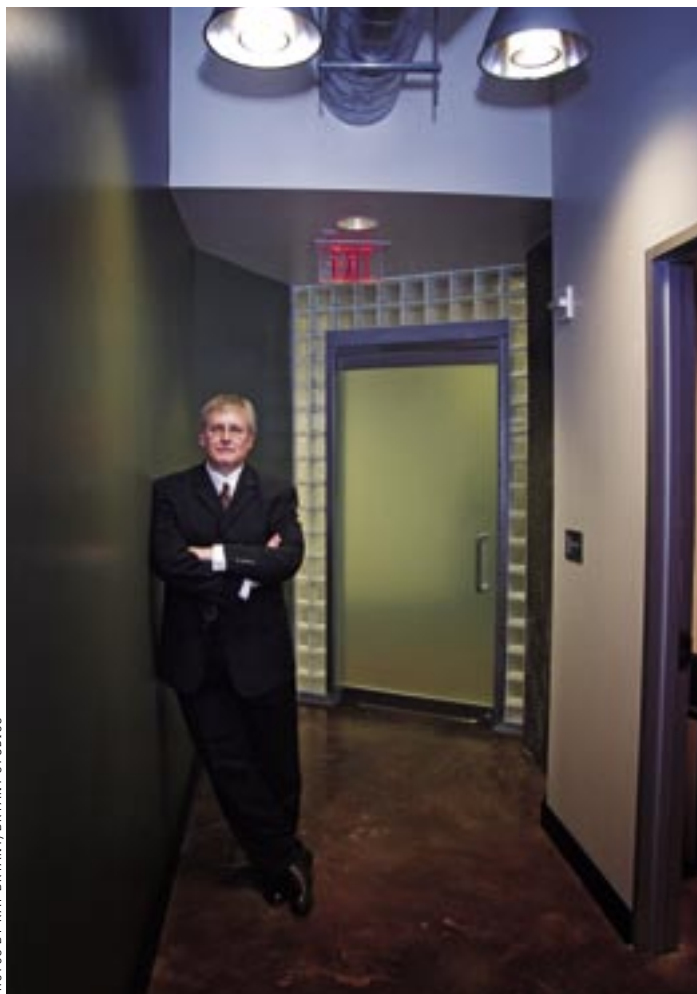
“We find that patients undergoing even major surgery in our office-based surgery facility do better than those treated in the hospital, and we’re continuing to study this. It seems they recover faster, have fewer complications and generally receive better care than hospitalized patients. Of course, patients treated in the office are carefully selected, and medically compromised patients are managed differently than the routine healthy patient.” Surgery requiring extended care is scheduled at one of Dallas’ premier specialty surgical hospitals.

“Nevertheless, in our own facility, patients are greeted and dealt with by



Dr. Bates and his highly trained and experienced team are committed to providing the highest quality health care possible for their patients. Back row from left: Andrea, Fiona, Dr. Bates and Rick. Front row from left: Jaissie, Trey, Amber, Barbara and Kelly.

The Texas Oral & Maxillofacial Surgery OBS facility was conceived with the intent to create an environment conducive to quality, safety, and predictable results and to provide the best possible, yet affordable, patient care. Dr. Jim Bates and his team believe they have been able to achieve and exceed the goal of providing patient care services of the highest possible quality.



PHOTOS BY RAY BRYANT, BRYANT STUDIOS

people whom they know and who know and care for them, having developed relationships over months of presurgical treatment. This makes a huge difference to the family.”

After recovery, patients are discharged from the facility in the care of a registered nurse, who stays with them in their home or hotel overnight, providing one-on-one care not possible in a hospital setting. For patients from out of town, out of state or even out of the country, the practice has an arrangement with a nearby luxury boutique hotel in Uptown, where patients can recover overnight or for a week in a “hospitel” environment exquisitely suited for many patients. “We don’t have shift changes, temporary workers, dietary mix-ups, over-worked nurses or any number of other surprises. As we eliminate surprises, our results become increasingly predictable, allowing us to maintain that very high degree of quality patient care for which we strive.”

RAISING THE BAR

“From the beginning, we set out to provide oral and maxillofacial surgery services that emphasize quality and safety over volume or revenue,” Dr. Bates explains. “Our facility has been designed with that focus in mind. Our staff are highly trained and experienced to support that goal. Accreditation by JCAHO confirms that our efforts to set and maintain a high standard of care and safety have been successful and ensures that we will continue to meet and exceed our goals to provide excellent patient care.”

Texas Oral & Maxillofacial Surgery is located at 3001 Knox Street (at Knox and Central Expressway), Suite 301 in Dallas. For more information or to make a referral, call (214) 824-8960 or visit www.texasoms.com. ■