SCDS Members attend the ADA House of Delegates

Front row, from left: Dr. Maria Maranga (ADA 2nd VP Candidate 2020), Dr. Paul Leary (ADA 2nd District Trustee), Dr. Claudia Mahon-Vazquez (SCDS President-Elect), Top row, from left: Bill Panzarino (SCDS Exec Dir), Dr. Guenter Jonke (ADA Delegate), Dr. Kevin Henner (NYSDA VP), Dr. Steve Snyder (ADA Delegate), Dr. Nick Vittoria (ADA Alternate Delegate), Dr. Ivan Vazquez (SCDS Past President), Dr. Paul Markowitz (NYSDA Trustee). Missing from picture Member NYSDA Council On Governmental Affairs, Dr Sharon Pollick.

Compliance Day
November 13
- CPR - 9AM TO NOON
- RISK MANAGEMENT - 1PM TO 5PM
- OSHA ANNUAL UPDATE - 5PM TO 7PM
- INFECTION CONTROL - 7PM TO 9:30PM

See Page 25
For more detail

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website: www.suffolkdental.org

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**Photographer**  
**Bill Panzarino**  
**Executive Director & Managing Editor**  
**Carol Deerwester**  
**Executive Assistant**

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- **Claudia Mahon-Vazquez, DDS, President-Elect**  
- **Patricia Hanlon, DMD, Vice President**  
- **Craig Smith, DMD, Secretary**  
- **John Guariglia, DDS, Treasurer**

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**Date**  
**SCDS 2019-2020**  
**Time**

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<td>OSHA Annual Update</td>
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<tr>
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<td>12/2/2020</td>
<td>Seminar Series SS20#4</td>
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Are Dentists Doing Enough to Help Control the Opioid Epidemic?

In early February of 2018 the Suffolk County Dental Society (SCDS) was asked by the Town of Southampton to attend a Taskforce Town Hall Meeting at Southampton Hospital. Dr. Paul Markowitz and I attended to represent the SCDS. We didn’t know what to expect. Was this going to be a finger pointing session where dentists were going to be blamed for the ongoing Opioid Epidemic? Would we have to defend our prescribing practice? It was actually an eye-opening experience. The Town Hall Meeting consisted of the Southampton Opioid Taskforce made up of physicians, psychologists, social workers, and politicians. Many people spoke at the meeting including clergy, recovering drug addicts, and family and friends of those directly affected by this epidemic. The main theme of the meeting was to discuss the devastation caused by the opioid crisis and to ask, “what can be done to help improve this epidemic”. I left the meeting asking myself, are we doing enough to help control the opioid epidemic? It became clear to me that the SCDS needed to better educate our members on safe and effective prescribing practices that would alleviate our patient’s pain, without putting them at risk for addiction.

Last fall the SCDS allowed me to present a lecture on opioids and pain management. Reviewing the history of how we got here was remarkable. During the 1990’s and into the 2000’s there was a push by drug manufactures, patient groups and professional societies to prescribe more opioids. Pain was the “Fifth Vital Sign” that needed to be carefully monitored and controlled. Drug companies presented poor medical evidence saying that the risk of addiction was very low and controlling pain was most important. Chronic pain was now being managed using long acting opioids. Patients became tolerant to the analgesic effects of opioids and higher doses were required to obtain consistent pain management. Patients became dependent on these pills. The more prescriptions were written, the more patients became tolerant and then addicted. The pills became ubiquitous, many drug cabinets in households across America had opioids in them. People started sharing pills with friends and family members. There was an increase in recreational use. This increased the demand for opioids on the street. Drug mill clinics diverted more pills to the black market as there was great profit to be made by these unscrupulous prescribers. By 2012, according to the CDC, the total number of opioid prescriptions per 100 people was 81.3. The epidemic had spiraled out of control. But what about dentistry?

For the most part we prescribe short acting opioids for acute pain. Although we write a lot of prescriptions, they are generally for small amounts for shorter durations then other medical specialties. While this is true, we still play an important role in helping to curb this epidemic. We prescribe opioids to a very vulnerable segment of our population, the adolescents and young adults. A common procedure for this age group is removal of impacted third molars. Traditionally, when I trained in the 1990’s, we would prescribe 20 – 5mg oxycodone pills for post-operative pain. In a recent study by Resnick et al, in the July issue of the Journal of Oral and Maxillofacial surgery (1), they evaluated if an opioid was needed after removal of asymptomatic third molars. Patients were instructed to initially take Ibuprofen and acetaminophen and if necessary, oxycodone for post-operative pain. Although this study had several limitations, they found that only 6 patients out of 81 (7%) needed the oxycodone and only an average of 3.3 pills per patient was needed. Minimizing opioids taken by teenagers is very important because even with appropriate use of opioids by teenagers, with no history of drug abuse, there is a significant increased risk of narcotic abuse after high school (2).
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Are You an ADA Member?

I sat at a recent Board meeting in Suffolk County and we debated the need for a systematic advertising campaign to encourage membership, support our members, and enhance the view of patients everywhere to consider seeking treatment by a member dentist and what are some of the characteristics that make that a great choice.

Member dentists agree to a Code of Ethics. Every dental school in this country and many elsewhere are approved for curriculum that satisfies the Federal Department of Education through our Commission on Dental Accreditation, an ADA arms-length Commission. Members agree that they will follow the rules of Peer review as a method to help self-govern our actions as providers in defense of the patients we serve. Members have many benefits that include the Legal Protection service, Insurance contract review, Members insurance and retirement plans, Continuing Education registry and many others.

What is your part in our support system is a simple ask: Do you tell your patients you are a member? There is no better way to place the idea in front of your patient base than taking this simple message to them. “I’m a member dentist, please ask us why that matters!” The ADA seal on toothpastes you recommend, floss, brushes, and oral rinses. The American Dental Association is a nationally recognized brand that goes far beyond the “4 out of 5 dentists surveyed recommend sugarless gum for their patients that chew gum” made famous by Trident chewing gum in the distant past. I’m obviously showing my age with that quote, yet I feel that a multifaceted approach to our message will be a necessary step to enhancing the value of our unified membership. Taking this message into each of our practices will be enhanced by a collective action by our Local, State, and National organizations who can assist to get our message out. Those of you with media experience, we are looking for your input to enhance this message. Have you found success in strategies you have employed? Can you suggest to us that we could do collectively to enhance our Brand? Is there recognition or language you would choose to support this mission? Our membership committee has taken this task and is looking for interested members with ideas, skills, or implementation that will move this needle. Information is the leader here.

In an effort to bring patients into each of our practices we often spend a great deal of resources to attract new patients. This is done with many different tactics that cross the board of the advertising scale. What we are attempting is the broader view of recognizing why the professionals that choose to belong to a self-monitoring organization are making a choice that is beneficial to patients and members alike. We can enhance our image with positive statements about who we are and why we make that distinction. I would make no suggestion that someone else is anything less, they simply haven’t decided to join a society that still enjoys over 64% of all dentists nationwide. Those of us who have joined and supported the ADA believe that this profession, and our system of Health Care delivery; is worthy of being supported for our patients and our staffs. Our defense of this profession is an ongoing and multifaceted approach. To leave this in anyone else’s hands is abdicating our profession to the whims of industry that have a very different idea of the delivery of care that we so vocally defend against.

Please let us know about your thoughts and feel free to call us or join our Committees so we can make a unified approach at keeping our ADA as strong and vital as it was when you first entered it. For those newer to membership, your skills with social media and publishing are a much-needed skill set that many of you take for granted but
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It has been just over a year for me, and I know it’s “a year”, and not 30 or more as many in the dental profession and industry have invested. I have been privileged to attend membership and management conferences at the National and State level and participate in our SCDS Membership Committee and have access to our Board of Directors. In this edition, I’ll share with you my observations based on my business and life experiences on the above big three, Membership, Money and the Masses. As for the masses, *when was the last time a patient asked you if you are an ADA member?* From those I’ve heard from the next time will be the first so how do we change that? When we do, we will be reversing the declining ADA membership market share trend that has existed. It’s been quite some time since the masses were educated on the importance of the ADA member dentist. So how do we change the dialog? What is the game changer - the consumer, the customer, in this case the patients (a.k.a. the public).

It’s unfortunate that despite the tireless efforts of smart, well meaning people, volunteers and staff that we have not been able to reverse this declining membership market share trend that has persisted for years. These were not wasted efforts, they are simply paths that have been tried, in some case retried and they inform us of a need to attack this differently. In my view, it’s not dues discounting schemes that have been intensely debated during the 2019 ADA HOD, or those similar schemes previously debated and implemented in years past that ultimately move the membership market share needle in a significant and positive way. The revised/revoked discounting of member dues approach may slow the financial drain in the short term, but as designed it trades membership numbers in favor of some financial gain. It is not the classifications changes, such as allowing graduating students/residents to join at zero dollars that move the needle in the long term. No doubt this helps the numbers/optics on membership numbers (helps boost them), and it provides an opportunity earlier on to expose value and potentially gain a loyal long-term member, this is certainly important. But again, by no means in and of itself do these provide long term membership and by extension long term financial stability.

However, I do firmly believe that membership and long-term financial stability are directly linked. If you get membership growth, real organic growth (not achieved through classification changes, or discounting, etc.) you will have financial growth. My view is we’ve been searching for an answer in the right room, just looking in the wrong place. In the current world of consumerism, where hearts and minds are bombarded with viewpoints, facts, and near facts, and what I will politely call wanna-be facts, the battle of membership has to be waged on this field but in a more righteous way. It is not cheap, but membership is paramount, it is at the heart of associations, it is where significant and constant investment must be made. And it must be made in advertising, not directly to members or perspective members, but to consumers. When the consumer is educated and understands that there is a real and significant difference between an ADA member dentist and a non-member dentist, they will opt to see member dentists. And dentists will opt to be members. The cost to join will be insignificant, as the value is blatantly apparent. Patients will place value on

{continued on page 26}
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Our Membership and New Dentist Committees having been working diligently this year to engage our Members, New Dentists, Residents, and Students. We have had numerous educational and recreational programs throughout the year. Our society is very fortunate to have so many dedicated and hardworking members who plan and participate in these events. We are always looking for new ideas and members who are interested in getting involved. Please notify us if you are interested in joining one of our committees or our Board of Directors. If you are interested in shaping the future of our society please get involved.

The Stony Brook School of Dental Medicine is our local pride and joy. The Dean of the School, Dr. Mary Truhlar has been a great advocate for the students and residents and has collaborated with SCDS and NYSDA to provide a host of educational programs to the students and residents. We are truly grateful for her help in making the connection with our next generation of colleagues.

In addition to the Dean, we have many members who teach at the school and help out at the numerous functions we have for the students and residents. Recently, the school held a wellness week for the students. Our society worked with the Stony Brook SDM ASDA President, Joseph Manzella (‘21), to provide an evening of Mental Health and Suicide prevention. Our members: Drs. Scott Firestone, Jeff Seiver and Lauren Heisenger were all on hand to provide input and perspective to life past dental school. Dr. Michelle Pesca, a licensed psychologist and Behavior Analyst gave a presentation about stress, anxiety and management strategies. She reminded us that being happy all the time is not normal and that there is an area of “optimal stress” that we each can manage in our daily lives. Low stress can lead to boredom and depression, while high stress can lead to anxiety. To cope with stress, we must take care of ourselves, physically and mentally, talk to others, avoid unhealthy substances, and seek care if you feel you need more help. In case of an emergency she recommended contacting the National Suicide Prevention Lifeline (https://suicidepreventionlifeline.org or 1-800-273-8255). We were truly grateful to Dr. Pesca for this informative talk and she has provided the presentation for anyone who is interested.

Claudia Mahon-Vazquez, DDS,
TAX TIPS FOR DENTISTS
by Stuart A. Sinclair, CPA

The new tax law, with its higher standard deductions, will make it beneficial to hire your children or grandchildren. Kids under 18 are not subject to FICA tax or unemployment tax. You can do a Roth IRA for them up to $6,000 for 2019 but not more than their salary. Be cognizant of state child labor laws and ages specified and get any working papers needed.

Stuart A. Sinclair
Certified Public Accountant

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- **October 16, 2019**—Bites and Brews— Fall Brewery Event
- **Watch for our November Event**

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HOLIDAY INN PLAINVIEW
215 Sunnyside Boulevard, Plainview, NY 11803 -- (516) 349-7400

FRIDAY, NOVEMBER 1st, 2019
Cost: ADA members $90 Non-ADA $150 Dental students/residents $50
Time: 8:00-9:00a.m. breakfast and introductions 9:00 a.m.-12:30pm: Keynote Address & Round Tables

Dear Fellow Women Dentists,
Please join us on Friday November 1st for the Nassau and Suffolk County Dental Societies’ tenth annual “Scrubs & Stilettos” conference for women dentists. Enjoy a full morning of camaraderie, interactive discussion and conversation around topics that affect women dentists, after a full (and healthy) breakfast.
You will be able to attend three Round Tables during the morning from our exciting list of topics and speakers. We are honored to have Maureen Perry DDS attending as our Keynote Speaker. And... we will be honoring Fabiola Milord DDS in recognition of her leadership and commitment to the field of dentistry. Registration and table selections are available now online here - Pick 3 tables.
The registration link can also be found on the calendar at www.suffolkdental.org

3 C.E. Hours, numerous raffles, prizes and giveaways!

Scheduled Round Tables (additional details on page 2)

| TABLE #1:   | Interceptive Orthodontic treatment: When to refer and Why? | Shany Park – DMD |
| TABLE #2:   | Practice Management Pearls: Restorative                 | Hemali Ajmera – DDS |
| TABLE #3:   | Orthognathic Surgery Demystified: Who needs it and Why? | Elisheva Rosenfeld – DDS |
| TABLE #4:   | Endodontic Diagnosis                                    | Dawn Weldon – DDS |
| TABLE #5:   | Financial Literacy for Women                            | Sara Faiteelson     |
| TABLE #6:   | New Technology in Endodontics                           | Rebecca Gottlieb – DDS |
| TABLE #7:   | Health Coaching 101: Health and Wellness Everyday       | Victoria Miller, Elizabeth Miller |
| TABLE #8:   | Transitioning from Private Practice to Large Group Practice | Jolanta Holzmann – DDS |
| TABLE #9:   | Office Based General Anesthesia (Abra Dilisio – DDS)    | Raquel Rozdolski – DMD |
| TABLE #10:  | An update on HPV                                         | Gwen Cohen Brown - DDS |
| TABLE #11:  | Beauty, Business and Botox                              | Nikki Bell – DDS   |

REGISTRATION IS ONLY AVAILABLE ONLINE - CLICK TO REGISTER
Questions call – 631-232-1400 or email Contact@suffolkdental.org
ALSO – Please bring slightly used clothes to donate, Dress for Success.
Keynote address: Special Care Dentistry: a social & historical perspective
Presenter: Maureen Perry, DDS, MPA, MAEd
Traditionally, dental education has not devoted much clinical and/or didactic time to training students in the treatment of patients with developmental and/or physical disabilities. As a result, many practitioners do not feel prepared to treat this challenging (and growing) population. A brief social and historical context of developmental disabilities in America is presented along with an overview of the current barriers to care.

TABLE #1: Interceptive Orthodontic treatment: When to refer and Why?
Presenter: Shari Park, DMD
I often encounter patients and wish they had come a little earlier. There are times when treatments modality changes dramatically due to their start time. I want to share how the treatment would change depending on when the patients start the orthodontic treatment.

TABLE #2: Practice Management Pearls: Restorative
Presenter: Hemali Ajmera, DDS, FACS
A hands-on workshop style discussion that touches on cosmetic dentistry and minimally invasive techniques highlighting major brands and showcasing their best in class products. Generous gift bags provided so that participants may go to work the very next day to implement new innovative strategies.

TABLE #3: Orthognathic Surgery Demystified: Who needs it and Why?
Presenter: Elisha Rosenfeld, DDS, MD, FACS
An overview of the anatomy of dentofacial deformities and the indications for treatment. This lecture will explain when to refer your patients for a consultation, and what the process of orthognathic surgery is really like for patients. It will also review the goals of surgery, using before and after cases to illustrate.

TABLE #4: Endodontic Diagnosis
Presenter: Dawn Weldon, DDS, MS
A three-part lecture featuring diagnosis, case studies and questions and answers. Pulpal diagnosis, periapical diagnosis, decision trees, palpation and or percussion

TABLE #5: Financial Literacy for Women
Presenter: Sara Falteis, CEO and Founder Stiletto Financial
This presentation covers the importance of financial flexibility, the three must haves to protect the quality of life, ways to protect your paycheck and how to evaluate your financial health.

TABLE #6: New Technologies in Endodontics
Presenter: Rebecca Gottlieb, DDS
Microscopes and rotary instruments have changed the ability to access and shape canals. Recently with the advancement of technology we have been able to more effectively clean root canal systems 3-dimensionally. This lecture will discuss the current literature and use of the Gentlewave technology in endodontic treatment.

TABLE #7: Health Coaching 101: Health and Wellness Everyday
Presenter: Elizabeth and Victoria Miller
What is health coaching? Why is it important? How does it fit in our current healthcare system? This presentation will explain why health coaching is on the rise and how it can be used for your patients or yourselves! Join Health Coaches Elizabeth and Victoria Miller as they discuss health and wellness and the role of health coaching in today’s world!

TABLE #8: A Dentist’s Career in Transition - From Solo Practice to Associate in a large Group Practice
Presenter: Jolanta Holzmann, DDS
Dr. Holzmann will share the considerations that affected changes in her practice over a 30-year career in the profession. This includes her transition from solo practitioner in private practice to now working for Prohealth Dental.

TABLE #9: Office Based General Anesthesia
Presenter: Rachel Rozdolski, DMD and Abra Diluso DDS
Understanding the sequence and the safety of office-based anesthesia in the dental office.

TABLE #10: An update on HPV
Presenter: Gwen Cohen Brown, DDS
An update on HPV including latest changes on administering and related protocols.

TABLE #11: Beauty, Business and Botox
Presenter: Nikki Bell, DDS
How Beauty, Business and Botox are factoring into dentistry.
SEEKING INTERN - Suffolk County Dental Society is seeking an intern to work on Membership and Social Media. Please send resume and/or your cover letter to contact@suffolkdental.org.

DENTAL OFFICE FOR RENT—Smithtown, off of Main Street and Rte 111. 1800 sq ft in a beautiful professional building, 4 ops, reception, staff lounge and separate entrance, vacuum pump, compressor, one xray unit, two ceiling lights, finished front desk, fully networked, wired and plumbed with central nitrous. Operators not equipped. Big windows in reception area and all operatories with ample natural light. PAN/CBCT room. Huge parking lot. Original dentist moved to another location. Contact dk@esidental.com.

OFFICE COVERAGE AVAILABLE - Richard J. Stabile, DDS, PC and Associates will cover your office. Need time off for vacations, dental meetings or injury? You name it, we will accommodate you. Call Dr. Stabile at (631)988-9312 or e-mail rjsdds@aol.com.

HOME w/PROFESSIONAL or MEDICAL OFFICE FOR SALE - Hi-Ranch Built w/2,184 Sf with Professional or Medical Office on Lower Level with Reception, Waiting Rm, Office, 4 Exam Rms, Full Bath & Laundry Rm. Top Floor has LR, FDR, Eik, 3 Brs & FBath. Great Visibility & Access from Sunrise Hwy Service Road. Jamie Winkler, Broker Winkler Real Estate, (631) 321-8400.

DENTAL PRACTICE FOR SALE - Hamptons—Excellent opportunity—Highly desirable location! Many fulltime, year-round residents! FFS with much potential! For details contact Henry Schein Professional Practice Transition Sales Consultant Linda Zalkin, 631-357-1003 linda.zalkin@henryschein.com. #NY270

DENTAL PRACTICE FOR SALE - *Suffolk County - FFS 1350 sf, 2 Ops, plumbed 3rd room. Digital w/laser and Dentrix. For details contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci, 718-213-9386 michael.apalucci@henryschein.com. #NY248

SEEKING DENTIST - Seeking dentist for busy Port Jefferson dental practice. Part time. Great opportunity for motivated practitioner proficient in all phases of general dentistry. Dra1236@aol.com or call (631) 241-4957.

DENTISTS WANTED - Large established pediatric and orthodontic practice with multiple locations in Suffolk County is seeking a long term full-time/part-time pediatric dentist and a part-time orthodontist to join our dynamic team. Candidates must be proficient in their field of expertise as well as energetic and team oriented. Please contact Lori at 631-928-8585.

Dr. Phil Oxera finished an initial examination on Ms. Lemberger. Ms Lemberger had just started a new position in sales for a large national company and would like to receive laminates to straighten and brighten her teeth. She currently smokes half a pack of cigarettes per day and her remaining medical history is unremarkable. She is with clients all day and believes that her new smile will help her be more successful in her new career. Dr. Oxera’s findings include mild to moderate periodontal disease in the anterior maxilla and posterior mandible as well as two restorations that need to be replaced. Dr. Oxera continues to mention that there is time in the schedule this morning to restore the broken restorations today and that he will recommend an appropriate specialist to address the periodontal disease before it gets too severe.

Ms. Lemberger responds by stating that the reason "she came in today was to receive veneers. I read online that it is pretty straightforward to do and can really improve my smile very quickly. I have no emergency or any pain. I need to look my best for my new job."

Dr. Oxera mentions that he understands how Ms Lemberger feels about her future new smile but goes on to say that her periodontal disease condition is very important and should be addressed in a timely manner before any veneers can be applied. Additionally, veneers placed on a compromised dental condition is detrimental in the long term. Ms Lemberger appreciates the genuine concern for her overall oral health but goes on to say she "can’t afford all that other treatment stuff. All I want are my veneers right now. Patients have priorities too!"

How would you handle this situation now?

1. ______ Attempt to convince Ms. Lemberger that veneers would not address her significant oral health needs at this time.
2. ______ Suggest a cleaning and restore broken restorations today.
3. ______ Explain that patient needs take precedence over patient wants in this office, perhaps another dentist might feel differently.
4. ______ Begin treatment for veneers while continuing to educate Ms. Lemberger during treatment.
5. ______ Other, and please explain ________________________________

Rate the following considerations: Decisive, Important, Little Importance, Not Clear, Irrelevant

A. Patient’s Autonomy (right to choose for what they feel is best for themselves) ____________________________
B. Patient’s comprehensive oral needs ____________________________
C. Dentist’s Autonomy (right to choose what they feel is best for patient) ____________________________
D. Legal Considerations ____________________________
E. Verbal Considerations and Confidence of Dentist and Hygienist ____________________________
F. Prospect that such a patient will become a management problem ____________________________

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IN MEMORIUM
We have been notified of the passing of the following members:

William A. Savino, DDS (General Dentist)
Dr. Savino of Center Moriches, NY, passed away on July 30, 2019 at the age of 80.

Jerome Eisenstein, DDS (General Dentist)
Dr. Eisenstein of Stony Brook, NY, passed away on August 14, 2019 at the age of 82.

Robert J. Genco, DDS
Dr. Genco had worked at the University at Buffalo for 51 years, and was a Distinguished Professor of Oral Biology and Microbiology. He was once described by the Journal of Dental Research as “the father of oral science.” Life member of 8th District Dental Society, he passed on March 6, 2019. You can go online and Read what the ADA News had to say about his extensive achievements.

OBITUARY

It is difficult to predict which patient will require post-operative opioids, so what do we do? My approach is to educate the patients and parents about the risks and benefits of opioids. If possible, we should always start with an NSAID on a regular schedule, not just as needed, if we expect significant pain, then add in acetaminophen if needed. The third option for pain relief would be oxycodone. My personal experience using this protocol has been, most patients don’t take the oxycodone. Some patients don’t even want the prescription for oxycodone, for those who do, I only write for 6-5 mg pills which is significantly less than the 20 pills given years ago. If a patient calls, asking for more pills, then we instruct them to return to the office for re-evaluation prior to prescribing more opioids. A post-operative complication, such as localized osteitis would be better treated with a sedative dressing anyway. Wherever possible I try to minimize opioids in this population.

My take home message would be; opioids still play a role in post-operative pain management but we have to be very careful to avoid putting patients at risk for addiction.


Martin Dominger, DDS, MD

REMINDER
The electronic version of this publication (Suffolk Dental Bulletin) is an “enabled” PDF, all the links are actionable and you can click on them for more information, registration, and to email directly. The electronic version of this bulletin is always available via www.suffolkdental.org for you to take advantage of these features.
SCDS IN ACTION

Our inaugural CE at Sea!

General Membership Meetings
In 2018 the New York State Dental Association celebrated its 150th Anniversary. This year we would like to recognize the Anniversaries of our members who have had continuous ADA membership. The Suffolk County Board of Directors are grateful for your continued participation and hope you will join us to be recognized at our November General Membership Meeting. Please RSVP to let us know if you would like to join us.

70 Years
Dr. Davis Pollack

65 Years
Dr. Jerome Adelman
Dr. Joseph Gruber
Dr. Leonard Middleman

60 Years
Dr. Lawrence Bergmann
Dr. Mark Cherches
Dr. Gerald Fine
Dr. Francis Hugelmeyer
Dr. Alan Kramer
Dr. David Levine
Dr. Joseph Luongo
Dr. Saul Moskowitz
Dr. Donald Olivie
Dr. Irving Schultz
Dr. Mitchell Soloway
Dr. Gerald Traub
Dr. Laurence Wynn

55 Years
Dr. Howell Archard
Dr. Howard Burger
Dr. Harvey Caplin
Dr. David Engelson
Dr. Sanford Flansbaum
Dr. Thomas Gould
Dr. Alvin Heller
Dr. Anthony Maresca
Dr. John O’Connor
Dr. Stephen Paley
Dr. John Parry
Dr. Ralph Raphaelson
Dr. Martin Richmond
Dr. Allan Rothstein
Dr. Richard Stabile
Dr. Joan Staker
Dr. George Tiernan
Dr. Thomas Walsh
Dr. Jules Weissman

50 Years
Dr. Robert Renner
Dr. Peter Rosenthal
Dr. Allen Seeley
Dr. John Sylar
Dr. Terry Shapiro
Dr. Mitchell Shaw
Dr. Jules Shieieimer
Dr. Michael Tucker

45 Years
Dr. Lawrence Caronia
Dr. Alan Farber
Dr. H T Gioscia
Dr. Frank Granati
Dr. Holly Gross
Dr. Harry Hoffer
Dr. Edward Isaac
Dr. Ira Koeppel
Dr. Richard Lesnoy
Dr. Michele Lester
Dr. Bonnie Lipow
Dr. Vincent Mazurek
Dr. Lillian Nawrocki
Dr. Lynn Pierri
Dr. Steven Reichman
Dr. Mark Salerno
Dr. Terry Sanders
Dr. Eric Studley
Dr. Kenneth Tannenbaum
Dr. Nick Vittoria

40 Years
Dr. Paul Alborn
Dr. Thomas Arcati
Dr. Steven Chase
Dr. Gregory Doroski
Dr. Carl Drokein
Dr. Richard Kahn
Dr. Richaln Klein
Dr. Fredric Kneller
Dr. Jeff Leon
Dr. Steven Levy
Dr. Albert Liotta
Dr. Don Pantino

35 Years
Dr. Lawrence O'Shaunnessy
Dr. Melvin Portnoy
Dr. John Primavera
Dr. Gerald Sandler
Dr. Ronald Wender
Dr. Phyllis Zwarey

30 Years
Dr. Beth Buono
Dr. Pamela Combs
Dr. Michael D'Amico
Dr. Kevin Henner
Dr. Meredith Jaffee
Dr. Kerry Lane
Dr. Inayat Mamoer
Dr. William Pomerantz
Dr. Robert Sachs
Dr. William Walker

25 Years
Dr. Holly Burns
Dr. Anthony Casino
Dr. Debra Dobbs
Dr. Maria Eliades
Dr. Scott Goldstein
Dr. Bonnie Helfner
Dr. Walter Homayoon
Dr. Keri Logan
Dr. Alex Montazer
Dr. Kanak Narain
Dr. Todd Raphaelson
Dr. Michael Reale
Dr. Gary Rosenfeld
Dr. Jeffrey Seiver
Dr. John Shamul
Dr. Nancy Wilkens

20 Years
Dr. John Breuer
Dr. Greg Cinski
Dr. Thomas Douglas
Dr. Robert Eickelberg
Dr. Alexs Gersent
Dr. Glenn Goldfarb
Dr. Jeffrey Kopman
Dr. George Korollogos
Dr. John Lagnar
Dr. Kevin Martin
Dr. Todd Mayer
Dr. Joseph Sciotto
Dr. Michael Segni
Dr. Robert Shea
Dr. Scott Siegel
Dr. Christine Valestrand
Dr. Heather Van Winkle
Dr. Ivan Vazquez

15 Years
Dr. Lauren Argentia
Dr. Yen-Chiu Chen
Dr. Elena Friedman
Dr. Peter Kois
Dr. Claudia Mahon-Vazquez

10 Years
Dr. Lynnette Acevedo
Dr. Nick Augenbaum
Dr. Julie Boerger
Dr. Richard Bonati
Dr. Elizabeth Doroski
Dr. Jennifer Englebright
Dr. Laura Frangella
Dr. Steven Klein
Dr. Elliot Koschitzki
Dr. Jessica Krausz
Dr. Scott Mateer
Dr. Betty Samuel
Dr. Asya Shor
Dr. Tim Yin

5 Years
Dr. Jacqueline Abraham
Dr. Danielle M Cooper
Dr. Michael J Desivo
Dr. Andrew C Everett
Dr. Adam Felline
Dr. Phillip Glassberg
Dr. Jae M Grymes
Dr. Dawn Herber
Dr. Luz House
Dr. Misun M Lee
Dr. Ivan Lukachynets
Dr. Joseph Mazzola
Dr. Matthew Miller
Dr. Kathryn D Mirras
Dr. Nicole A Napolitano
Dr. Justin M Ohnigian
Dr. Bridget Petersen
Dr. Olivia C Quinn
Dr. Sepideh Radparvar
Dr. Steven Xerri
NEW MEMBERS

We welcome the following new members to Suffolk County Dental Society, elected between May and September 2019

New Members
Andrew Hoffer, DMD
Julia McKay, DDS

Residents/Grad Students
Gabrielle Bekov, DDS
Christine Bergey, DDS
Amber Bruckner, DDS

Reinstated Members
Anamaria Castillo, DMD
ByongSoo Chae, DMD
Jerry Choi, DMD

Reinstated Members
Colleen Catera, DMD
ByongSoo Chae, DMD

Transferred Members
Lindsay Alimena, DMD
Nickolas Giannuzzi, DDS

Transferred Members
Marc Fenster, DMD
Nicholas Giannuzzi, DDS

Transferred Members
Joshua Weiler, DMD
John Wrann, DDS

Residents/Grad Students
Robert Klink, DDS
Dzung Le, DDS
Mabel Mai, DDS

Reinstated Members
Tejas Patel, DDS
Grant Ross, DMD

Reinstated Members
Joseph Sacco, DDS
Michael Simon, DDS

Transferred Members
Joshua Sok, DDS
Victor Tu, DMD

Reinstated Members
Ted Uotani, DMD
Lu Zhao, DDS

CE HONOREES

2018 NYSDA CONTINUING EDUCATION AWARDS

The following members received NYSDA certificates recognizing continuing education hours completed from the date of membership through the end of 2018. Awards are given only at the benchmark levels of 100, 300, 500, 1000, and every 500 credit hours thereafter. For example, members who completed 450 total hours in 2018 will not receive an award until they complete 500 hours. The 100- and 300-hour certificates have been mailed out and the remaining certificates were presented at our September 25, 2019 General Membership Meeting. Congratulations to all!

2500 Hours
Dr. Carla Schlissel

2000 Hours
Dr. Martin Boorin
Dr. June O’Reilly

1500 Hours
Dr. Zackary Faber
Dr. Ronald Haas

1000 Hours
Dr. Stephen Sokoloff

2500 Hours
Dr. Lauren Argentina

2000 Hours
Dr. Raymond Bangs
Dr. Charles Billera

1500 Hours
Dr. Anthony Fragola

1000 Hours
Dr. Ernest Larios

500 Hours
Dr. Joseph Ayoub

300 Hours
Dr. Julie Boerger
Dr. Robert Doht

100 Hours
Dr. Johnasina Cummings
Dr. Peter Felpo

500 Hours
Dr. Raymond Bangs

300 Hours
Dr. Robert Doht
Dr. Kerri Lopez

100 Hours
Dr. Johnasina Cummings
Dr. Peter Felpo

300 Hours
Dr. Philip Mazzola

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Elisa Nelson

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Jeannine Pistilli

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Richard Rongo

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Snehal Sheth

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Sawsan Shukri

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Barbara Slonecki

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Tim Yin

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

300 Hours
Dr. Aimee Zopf

100 Hours
Dr. Nicholas Giannuzzi
Dr. Joshua Gish

100 Hours
Dr. Ralph Raphaelson
Dr. Kevin Scherer
Dr. Sandhya Udeshi
Dr. Heather Van Winkle

100 Hours
Dr. Ralph Raphaelson
Dr. Kevin Scherer
Dr. Sandhya Udeshi
Dr. Heather Van Winkle
I think all of us have heard about a friend or colleague that has traveled afar to donate their services. For me, it triggered the idea in my head that maybe I could volunteer abroad too.

As a dentist heading toward the backstretch of my clinical career and after talking with my past school mates about their experiences, I decided to make the jump last year and make a real difference by changing lives for the better. This would be one of the best decisions I have ever made and joined these school mates and an international team of dedicated, selfless volunteers on a mission to educate and treat children in Cambodia. For five days, we provided desperately needed dental care via KIDS (Kids International Dental Services). The journey was life changing and one I will always fondly remember. I vowed to partake in another mission as soon as I could.

This past July of 2019 was my chance as I joined the other individuals through KIDS on a voyage to the Mayan highlands of Guatemala. We set up base in Nebaj, a village in the valley of a very mountainous and beautiful country landscape. Aside from working side by side with three amazing Stony Brook dental students who were about to enter their senior year, and a great group of people from all over the USA, I was accompanied by my sixteen-year-old son, Justin. As I planned this trip a while back, I thought how great it would be for my son to not only be included in this wonderful team, but about how he would get to see with his own eyes how many people in this world really live.

We arrived two days early to acclimate ourselves and to experience the culture, food and sites that are not really popular with American tourists. Once we settled into the beautiful, antiquated and cobble stone street lined city of Antigua, never did we feel unsafe. We slept a few nights in a quaint hotel used in recent dental missions which was right near the center of town and surrounded by majestic mountains including Volcano Fuego, an active volcano. We learned that Guatemala actually has thirty volcanoes of which three are active.

The next day, we decided to travel ninety minutes by van to one of them, Volcano Pacaya, where we hiked four kilometers on a tour until we reached the lava fields at about 9000 feet elevation. How great it was to spend this time with my son knowing that evening we would start meeting the group of twenty other great individuals as they began to check into our hotel.

Orientation began the next day and was presented by our group leader, Dr. Justin Newberry, a youthful, calm surfing dentist from Napa, California who was 110% devoted to the cause of helping the impoverished children of Guatemala. This would be his seventh year in a row, and his interactions during the week clearly showed his love of the culture and the people there. We spent a few hours getting to know each other and reviewing basics for the week to come. I really enjoyed meeting every single volunteer, getting to know them, as we worked (and played) together morning, day and night for the next week and truly bonded with them.

Our journey to Nebaj began the next morning as we all checked out of our hotel with our luggage and dental supplies and boarded the Chicken bus which is really a “pimped out” old American Bluebird Guatemala Dental Mission 2019 school bus detailed with chrome and elaborately painted. So began our ten-hour drive deep into the Mayan highlands with a two hour stop to eat and tour the Temples of Iximche, a sacred site to the Mayans. Along the way, I observed a world unpeneutered by western influences. Dogs roamed freely, ladies in traditional Mayan garb went about their chores, and playful kids smiled at us as we drove by. Some six hours later, we arrived at our hotel in Nebaj where all of us after briefly settling in, sat down to a great dinner served to us by the hotel owner and her staff. The next day, we would wake up to an early breakfast and off in our chicken bus to the first of many schools to treat the kids.

We began the day with a Mayan fire ceremony to bless us, which was led by a very spiritual woman. And then our work began. As if we have done this together before, all twenty-two of us set up all the designated work areas. Most were in the school classrooms. In minutes we would rearrange desks, set up instruments and the sterilization and post-op areas as kids began to gather in long lines to be examined outside. Some of our group entertained them with bubbles, balloons and coloring books after they were each given a toothbrush and taught proper brushing. Fluoride varnishes were applied. More than half of the kids needed treatment which usually was extraction of infected and painful carious teeth. Some children did receive fillings done using ART (Atraumatic Restorative Technique), but mostly we were operating a makeshift emergency clinic in each school we visited. There were no dental chairs, lighting (we had headlamps), suction, electricity or running water. We did have continuous, upbeat music blaring on a Bluetooth speaker which seemed to help create a more comfortable clinic each day. Even though most of us never worked together before, we knew what had to be done and how to achieve it under these conditions. In total for the week, we would examine and

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The Dr. Stephen B. Gold Memorial Seminar Series 2019

Seminar Series 2019

Course #2019-04, Wednesday, November 20, 2019: 7 m.c.e. credits

Mario E. Abdennour, DMD ,MMSc

Safety and Simplicity in Root Canal Instrumentation: myths, metal and motion

COURSE CONTENT: Nearly 25 years after the introduction of Nickel Titanium Rotary Files to endodontics, we’ve learned much about the clinical strengths and limitations of these great instruments. We must take advantage of these improvements to create an instrumentation protocol that combines Safety with Simplicity. As a result of recent advances in metallurgy, we now have both heat treated and non-heat treated rotary files. We have developed a blended technique that combines the advantages of both into one awesome Endodontic Technique!!! You will learn how to improve your instrumentation predictability while dramatically reducing instrument separation. Furthermore, a simple yet effective obturation method will be introduced that combines the latest in material science with endodontic synchronicity for passive, bonded root canal obturation.

At the conclusion of this lecture, participants will:
1. Learn how rotary file design influences instrumentation safety and efficiency.
2. Comprehend the advantages of heat-treated files and how best to use them.
3. Discover the most effective instrument motions available for shaping root canals and their advantages and limitations.
4. Fully understand the need to combine current technology with long established, evidence-based endodontic principles.
5. Fully appreciate the benefits of bioceramic obturation and the incorporation of matching posts.

About Dr Abdennour - Dr. Abdennour received his Doctor of Dental Medicine degree in 1989 from the Washington University School of Dental Medicine where he as well received the “outstanding clinical ability” award. Following his dental degree, he attended a postgraduate general practice residency at a U.S.C. affiliated hospital in California. In 2000 he received his specialty certificate in endodontics, as well as a Master in Medical Sciences in Oral Biology from the Advanced Graduate Endodontic Program at Harvard University School of Dental Medicine. Dr. Abdennour currently holds a faculty appointment as a clinical instructor at the Advanced Graduate Endodontic Program at the Harvard School of Dental Medicine where he teaches on a part-time basis micro-surgical and non-surgical endodontics.

Location: 150 Motor Parkway; Media Center – Lower Level; Hauppauge, NY 11788
Time: 9:00 a.m. – 4:00 p.m. Continental breakfast and check-in at 8:30 a.m. Buffet lunch 12 noon – 1:00 p.m.
Tuition: ADA members $275 Non-ADA $475 Aux: $100

Seminar Series #2019-04
Mario E. Abdennour, DMD, MMSc - November 20, 2019

Registration form: Complete and Scan/Email your registration to contact@SuffolkDental.Org include your credit card information and we’ll email you your receipt. Alternatively, complete, and send with check or credit card information to SCDS, 150 Motor Parkway, Suite 105, Hauppauge, NY 11788. For phone registration with credit card number, call 631-232-1400, or fax with credit card number to 631-232-1402.

Name:............................................................................................................................................. ADA # .................................................................................................................................
Address:................................................................................................................................................City: ....................... State:............ Zip:.................

Register me for: [ ] Course #2019-04 ($275-ADA; $475-non-ADA; $100-Auxiliary)

[ ] Enclosed is a check payable to SCDS for $...............

[ ] Charge my Visa/MC/AE #..........................................................CVV..............Exp..................Zip Code.............

Signature:................................................................. Amount: $..................................................
Continued

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Many dentists face ethical dilemmas similar to this one each and every day. Anticipating how you might deliberate to find a suitable resolution is good preparation for each of us to the challenging questions we face daily. Please send us your comments. Thank you

Please email us at Contact@SuffolkDental.Org we want to hear from you!

{Dr. Jonke is the Past Chair of the NYSDA Council on Ethics and is currently serving on the ADA Council on Ethics, Bylaws and Judicial Affairs.}

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treat over 2500 children. It was so satisfying to help these kids who really were like any other kid - happy and energetic... and brave! At one school, some of us got to kick around a soccer ball with some of the children as our work concluded. It was also satisfying to observe an improvement in oral health of kids that were seen by past mission teams. They have learned to make better dietary choices and to brush their teeth. Nonetheless, dental caries is rampant due to a diet of soda and candy in many poor areas of the world.

My son, Justin was only a little bit older than most of the children we examined and treated. His experience was priceless, and he was so happy to be part of a team where everyone tirelessly did more than their share of work. And he was left with a new appreciation for the basic things back home that he takes for granted and ecstatic that he shared this amazing journey with me. All of our team truly bonded by the time the mission was coming to a close. As it was last year in Cambodia, we all vowed to volunteer again and will forever cherish our common memories.

As a dental professional, I have learned that I can, along with a team of other dentists and other dedicated, selfless people, put my unique skill set to use by making a difference in many people’s lives. It leaves me with an indescribable and enduring feeling of accomplishment. I encourage anyone to get involved. You don’t have to be a dentist. I feel fortunate for belonging to our great profession and consider it a privilege to be able to give back. Once you become involved, aside from creating life-long bonds with amazing people from all over, you will want to do more. You will return to your daily routine feeling refreshed and energized. And you won’t “sweat the small stuff”. To quote Gandhi: “The best way to find yourself is to lose yourself in the service of others.” I continue to find myself as each mission is accomplished, and this time, it was as good as it gets to be able to do it with my son.

{Dr. Absatz is SCDS Board Member}

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membership; by extension, the dentist will place value on membership and non-members will be compelled to join or risk being outside looking in. There needs to be ads that demonstrate the difference, they need to be aired across all media platforms, old world platforms like TV, Terrestrial and Satellite Radio, certainly social media platforms including Google, Facebook, Instagram, but also streaming internet radio, podcasts, on-demand platforms, stadiums, subways, buses, billboards, theaters and more. This is not a one year initiative, this is ongoing and continuous. It is also something that the whole Tripartite/Power of 3 must all be bought into. All need to provide their share of investment, as all 3 will be benefitting. Budgets need to be adjusted so that some percentage of revenue is channeled in this way, perhaps to 6-10 percent as a starting point.

Public perception of member dentists needs to be improved; the ads can be augmented by promoting/marketing of all the goodwill efforts of ADA member dentists. We must more visibly promote Give Kids a Smile, and Missions of Mercy, etc. again across all media platforms, showing care, community conscience, expertise and charity of ADA members. The ADA “seal” must not be the only exposure a consumer has to the ADA brand (though as a vehicle it too should be expanded). We can’t stop consumers from seeking dentists using google and online ratings, but we can ensure that the search criteria include “ADA Member”, i.e. I am looking for an ADA Member dentist, that accepts my insurance, and has a good online rating.

Our reserves (ADA, District/state, local) are more analogous to a corporate “war chest” then they are to a 401k/retirement money. We need to change the dialog on membership, reverse the trend and start to gain market share. There can be no better place to apply a portion of reserves than to fuel membership growth till that growth funds continued investment in public awareness.

The membership experience is critically important, but it is secondary to that of public perception. There’s been recent talk about the membership experience, and we do need to understand and map out all the touch points, but a great membership experience doesn’t put patients in your chair. Yes, we want members who join to have a positive experience from the moment they seek to join, to the day they retire and beyond. Efforts in this space are important, but NOT as important as public perception of a member.

It will not be one thing, but many that contribute to reversing the membership trend. A sustained multiyear/multipronged advertising campaign as discussed here, is in my view the game changer, but credit can be shared with those efforts in earlier years that informed us of a different need.

Everyone wants to be associated with something good. It doesn’t matter if you’re a specialist, faculty, federal, general, DSO, new or experienced dentist. When an ADA member dentist is held in higher regard in the hearts and minds of the public, all dentists will want to be members.

Please don’t hesitate to ring me or any of our officers. Call us in the office at 631-232-1400 or email me at SCDSEXEC@SuffolkDental.Org.

Bill Panzarino, Executive Director

have great methods to enhance our “social-presence”. All your additions assist us in assisting you to strengthen our currency for members everywhere. We are much stronger when we unify our approach and make membership value a goal we all share in. I implore you to join us in this endeavor and be part of creating the best ADA we can.

Paul R. Leary, DMD / ADA Trustee
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