

repositioning the orbicularis muscle to proper position to allow normal muscle function and an esthetic appearance. In reality, there are no substitutes for observing and assisting during cleft lip and palate repairs. It is only after traveling on several trips and assisting with multiple surgeries that the surgeon begins to feel comfortable with the techniques.

An excellent opportunity for senior OMFS residents to participate in well-run and educationally sound Global Outreach Missions is the GIVE Program (Global initiative for Volunteerism) that matches a senior OMS resident to a well established surgical outreach program and provides a stipend to cover travel and other expenses. This program allows residents to learn the concept of

volunteerism and observe surgical procedures that may not be performed in their residency program. There are currently 10 approved Mission Programs that treat various problems such as clefts, jaw deformities, ankylosis, and pathology to name a few.

I have had the privilege and good fortune to participate in many Surgical Missions during the last 35 years. I have traveled with some of my closest friends and made life-long friendships with surgeons, nurses and others who have joined me on such trips. It has become one of the most important aspects of my professional life. I also have the privilege to serve as Chair of the GIVE program which sponsors resident to participate in these Global Outreach Missions.

DUES NOTICE FOR 2022: \$300.00 for those in private practice. \$150.00 for those in academic positions or retired. Please remit to Dr. Claudine Cafferata, 1101 Stewart Avenue, Suite 302, Garden City, NT 11530



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Newsletter



2020 Harrigan Award Winner DR. BILL NELSON

ON NOVEMBER 13, 2021, Dr. William Nelson was awarded the 2021 Harrigan Award at our annual meeting in NYC. Due to the COVID pandemic, the meeting was conducted via Zoom. Dr. Nelson has practiced in Green Bay, Wisconsin and is a past president of the ABOMS and the AAOMFS as well as numerous academic and civic positions. He spoke via Zoom on the topic “To Err is Human” in which he discussed a fatal Air France flight with similarities to those potential situations encountered during administration of out patient general anesthesia. Dr. Nelson was presented with the award at the Saturday night dinner held at the Scarpetta Restaurant. Dr. Tom Williams, a long time colleague and friend presented the award. Dr. Nelson was originally chosen for the award in 2020, but that year’s live meeting in NYC was canceled due to the pandemic.

Business MEETING

A MEETING WAS HELD VIA ZOOM to discuss Board positions and to address concerns about the ability of the organization to prosper during the pandemic. Among those participating in the meeting were President Scott Fauvell, Vice President Pat Nolan, Treasurer Claudine Cafferata, Cozzi Fund director Tom Williams, Editor David Dolan, education director Lee Kojanis and Hunter Martin and other members at large. Several other members participated as well. Among the topics discussed were the date of the annual meeting and its location; some were in favor of moving the date to the Spring and choosing another location than NYC; no consensus was reached. Candidates for the 2022 Award were proposed including Michael Pikos, Eddie Rodrigues, Pasquale Tolomeo, Rui Fernandez and Ashish Patel. This will be decided at the Board meeting in January. The Treasurer’s report was given by Claudine Cafferata. With the transfer of this position from Dolan, there is still some details that remain to be taken care of; this will also be resolved in January. A suggestion was made that the dues be collected through the web site. This and other web based systems will be considered. We are close to having our membership roster completely on the web. Dr. Williams said that the Cozzi Funds is in good shape and that most of the resident mission trips are being funded through AAOMS OMS Foundation, which means that the

BUSINESS MEETING CONT.

funds in the Cozzi Fund may be re-deployed for other uses.

A discussion was held about the use of social media to bring our organization up to date via Instagram, Facebook and other media vehicles. We will ask some of our more media familiar members to help us with this.

The new Board for 2022 will be headed by Pat Nolan with Scott Fauvell as Past President and Claudine Cafferata as Treasurer and David Dolan as editor. Dr. Slaughter has asked to be relieved of his position and the Board will look into his replacement.

We are looking to expand the membership in the

WFH Society to other programs in the NYC metro area. Several suggestions were made. It was also suggested that we look into changing our official name to reflect this. While we honor our founder's name, we recognize that many of the younger surgeons don't understand his relevance to the current OMFS training in the metro NYC area. Some suggestions were made and this will be discussed further.

We ended the meeting with agreement that the Zoom meeting was well arranged and we owe gratitude to Lee Kojanis, Pat Nolan, Scott Fauvell, Hunter Martin and others for making it possible.

Residents' CASE REPORTS

DR. ALEXANDER MARGOLIS from NYU/Langone presented "A Rapidly Growing Transfacial Mass". This involved a 32 y/o Sengalese male who presented with complaints of a painful rapidly growing transfacial lesion. Imaging showed a radiolucency centered on the right mandible with extension through the chin and masseter. Microscopic examination revealed it as an ameloblastoma. Surgery performed was a resection with reconstruction via a microvascular free flap. Subsequently, multiple procedures for dental rehabilitation and cosmesis were performed including condylar repositioning and orthognathic surgery, dental implants, and autologous fat grafting. Final results showed excellent cosmetic and functional results.

Dr. Alexander Zega from Montefiore presented a case of a 41 y/o female who first presented in Sept 2018 with a facial swelling of the left mandible. Biopsy reported as ameloblastoma of the mandible. The patient underwent resection and a pre-bent reconstruction plate with a condyle were placed. The defect was secondarily reconstructed with a posterior iliac crest bone graft and costochondral graft.

In October 2021 the patient presented with left sided facial swelling and was found to have a mass in the left temporal space encased in the temporalis muscle. The mass was resected with the anterior portion of the

temporalis muscle via a hemi-coronal approach. The defect was reconstructed with a stock Medpor temporalis implant and abdominal fat grafting.

The patient presented again two weeks later with an infection of the temporal and infratemporal spaces. The patient was taken back to the OR for washout, debridement, and hardware removal. On reviewing the case for causes of recurrence, there was evidence of remnant bone and tumor as early as four months after resection. Due to improper review of imaging, reconstruction was performed without local disease being identified. After healing, a medical grade CT scan will be obtained and a transoral procedure done for excision of remnant disease. After confirmation of eradication of local disease, a cranial implant will be used to reconstruct the defect.

Dr. Cody Mumma from Nassau University Medical Center presented a case of orbital trauma. A 27 year old male with orbital trauma including an open globe injury sustained from a MVA. An ophthalmology team cooperated in assessment and care.

The case started with an assessment of the extra-ocular muscles, visual acuity, pupillary function and orbital fractures and globe injuries. All these factors are necessary for formulation of a treatment plan to restore form and function and decrease morbidity. This case required multiple fracture reductions, re-suspension of the medial canthal tendon, as well as globe repairs undertaken by the ophthalmology team. Even if prognosis of vision is poor, restoring orbital form and volume is needed to prepare for cosmetic prosthesis if enucleation is necessary.

Global Outreach MISSIONS

Submitted by Thomas Williams, MD, DDS

SISTER THERESA STATED that you have not lived until you have done something for someone who can never repay you. I have been privileged to participate on Global Mission trips since my first trip 35 years ago to Villavicencio, Columbia at the invitation of Dr. Larry Herman. Since then, I have traveled to much of Latin America, Philippines and other places in the world, often with Harrigan Society members such as Larry Herman, Bruce MacIntosh and Jim Bertz (*see photo to the right*). Most of these missions have involved treating children and adults with cleft lip, palate and facial deformities. There are many rewards for participating in such missions, including helping those less fortunate, visiting different parts of the world, learning new surgical procedures and developing lifelong friendships.

Preparation is an important and integral aspect of participation in a Global Outreach program. Having a valid passport is necessary and some countries also require a visa. Application for a visa should be made well in advance of the mission. The sponsoring organization normally assists with obtaining visas. Many countries also require a temporary license or health permit granted by the host country's Ministry of Health which necessitates providing copies of current licenses, diplomas and board certifications. This process may take several months. Familiarity with the climate of the area to be visited is beneficial in order to choose types of clothing to bring. Often the visiting team members are guests of the hosts at official events that require appropriate dress but usually business casual is sufficient. It is helpful to bring a small carry bag to transport scrubs, magnifying glasses, snacks and reference texts back and forth from the hospital. Inquire with the

sponsoring organization regarding the diet of the host country and provide a list of any allergies you might have. Also it is advisable to make copies of your passport and credit cards in the event they are lost or stolen and to keep one copy of these with you. Bringing a camera is essential in my mind when traveling, but this may require no more than one's mobile phone. You must be aware of cultural sensitivities when taking photographs and you should obtain permission before photographing patients or sensitive sites. Guide books offer much information regarding the country to be visited as well as the type of currency used. Carrying a small amount of money is beneficial and exchange of currency can be accomplished at the airport or local bank. Most credit cards are usually accepted and it is



not necessary to bring more than 200 US dollars. Prior to travel, you should consult your physician about the need for immunizations and what medications you should bring with you.

Treatment of cleft deformities is the primary focus of many missions. The surgeon should become familiar with the altered anatomy and the surgical techniques used to reconstruct the various cleft deformities. There are numerous textbooks available that are great resources and videos are also available to visualize reconstruction techniques. It is helpful to assist or observe such cleft repair procedures prior to going on such a mission. Most reconstructive procedures for cleft lip repair utilize the Millard technique which has the objective of