Preface
Achieving and Maintaining Excellence in Dentoalveolar Surgery

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Editor

Oral and maxillofacial surgery (OMS) is a specialty that has significantly expanded in scope far beyond the limits of the oral cavity. However, dentoalveolar surgery is where it began as a specialty and where it began for many individuals as practitioners. As a general topic, dentoalveolar surgery is not the most glamorous or impressive of the things we do. In fact, it may not even be listed by some of our surgical residents when they are asked to explain what the specialty of OMS is. Despite that, it is the thing that most oral and maxillofacial surgeons do the most of and what many, if not most of us, have a passion for.

Jim Collins, in his book *Good to Great*, teaches that an organization should determine where to direct its energy by examining the intersection of three circles. They are:

1. What you have a passion for
2. What drives your economic engine
3. What you can be the best in the world at

Clearly, for the specialty of Oral and Maxillofacial Surgery, the area of dentoalveolar surgery falls solidly within the intersection of these three circles.

As basic as it is in some respects, dentoalveolar surgery has evolved and changed significantly. The advent of modern dental implants and readily available 3-dimensional imaging techniques have altered our objectives and changed the ways that we sometimes measure “excellence.” In addition, we have seen other specialties expand their scopes. They are trying to become expert in areas that were once solely the province of the specialty of Oral and Maxillofacial Surgery.

To keep dentoalveolar surgery within the intersection of our specialty’s “three circles,” we as practitioners must be sure to continue to be the “best in the world” at what we do. The “mission” of this issue of *Oral and Maxillofacial Surgery Clinics of North America* is to help us as oral and maxillofacial surgeons achieve and maintain that goal. We as oral and maxillofacial surgeons cannot take our ability in dentoalveolar surgery for granted. It must be approached in the same way as all of the other “sexy” things that we do!

At the outset, I tried not to cross the line into other topics that may be covered in other issues of *Oral and Maxillofacial Surgery Clinics of North America*. However, it soon became clear that this is not possible or appropriate. One cannot talk about extraction techniques, hard and soft tissue grafting, or preprosthetic surgery without also considering the world of dental implants. Nor can one expose an impacted canine with a high level of “excellence” without appreciating what the orthodontist’s perspective is in the treatment of the patient. As an overall umbrella, we must operate within a “Culture of Safety,” to protect our patients, coworkers, and ourselves.

I greatly appreciate the tremendous contributions of each and every one of our authors. I am sure that any oral and maxillofacial surgeon looking at the table of contents will be struck...
by the collection of experts and leaders in their fields who have worked hard to contribute to this effort. I am grateful to Dr. Richard Haug for asking me to edit this issue and recognizing the importance of the topic. I would also like to recognize the excellence of the publishing staff at Elsevier.

Last, I must recognize and thank my wife, Frayda, for convincing me to take on this project. I initially told Rich Haug that I didn’t think I would have the time to take on this additional work, but she said, “You have to do this!” She was right, and I guess I did!

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