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OPIATE CRISIS? A COMPREHENSIVE REVIEW WITH COMMON-SENSE RECOMMENDATIONS FOR THE CONTROL OF DENTAL AND SURGICAL PAIN



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ental neglect and dental procedures often create significant discomfort requiring a strategic approach to pain control while meeting patient expectations for a reasonable level of comfort. This course will review the epidemiology and history of dental prescribing habits and the use of opiates for the control of dental-origin pain. Concepts of tolerance, dependence, and preemptive analgesia will be introduced and discussed related to current treatment strategies. Finally, recommendations for the management of common dental procedural-induced pain will be provided. Goals and objectives for this course include: exposure to the epidemiology of the opiate crisis and the role of dentistry related to potential opioid abuse, An introduction to the pharmacology and psychology of tolerance and dependence, a review of pre-emptive analgesia to enhance success for post-procedural pain, Understanding abuse and misuse of narcotics and other controlled substances, understanding the requirement of the TSBDE for annual self-query through the prescription, monitoring program of the Texas State Board of Pharmacy and provide a literature-based rationale upon which to build pharmacologic strategies for dental procedural related pain.

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Biography

Michael Ellis is a Clinical Associate Professor at TAMU College of Dentistry and Baylor University Medical Center, USA with a wealth of experience in the military, the private practice of general dentistry, prosthodontics, and oral and maxillofacial surgery, along with a proven career in academics. He attended SMU and Baylor College of Dentistry prior to owning a well-established practice of general dentistry in Dallas for 6 years. Returning to Baylor College of Dentistry, he then completed consecutive residencies in prosthodontics and oral and maxillofacial surgery before entering into active duty in the US Army. He has served as the Program Director and Chief in multiple advanced education programs in Oral and Maxillofacial Surgery, and has managed the most difficult of patients to include acute combat-related injuries, critically-ill transplant and cancer patients, acute facial trauma from motor-vehicle accidents, interpersonal violence. sports injuries, severe odontogenic infections, facial deformities requiring orthognathic surgery, and challenging ablative pathology requiring multiple forms of reconstruction.

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