



Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures

Utilization of an Assistant Surgeon During Oral and Maxillofacial Surgery

Section 1: Parameters of Care as the Basis for Clinical Practice

Introduction

This statement is intended to summarize the procedures used in the management of patients presenting for care by oral and maxillofacial surgeons. The definitive guide to the management of such patients is *Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017*. Any references used in the development of this statement can be found in *AAOMS ParCare 2017*. This statement is not intended as a substitute for *AAOMS ParCare 2017*, but rather as a synopsis of the information contained in *AAOMS ParCare 2017*.

Section 2: Utilization of an Assistant Surgeon During Oral and Maxillofacial Surgery

During the performance of certain surgical procedures, oral and maxillofacial surgeons may require the assistance of another qualified individual of appropriate education and training to ensure that the utmost safety and highest quality standard of care is provided to the patient. The role of the assistant surgeon varies considerably with the complexity of the surgical procedure and the operative setting. The determination of the need for an assistant surgeon for oral and maxillofacial surgery should be at the discretion of the operating surgeon. The availability of a qualified individual will vary with the type of facility at which the surgery is being performed and the regional standards of practice. Qualified resident assistant availability will depend on whether the hospital is a teaching or non-teaching facility.

AAOMS adheres to the statement developed by the American College of Surgeons related to the qualifications for assistant surgeons: “The first assistant in a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. ... Ideally, the first assistant at the operating table should be a qualified surgeon or resident in an approved surgical training program.”

Indications for the use of Assistant Surgeon

In general, the degree of complexity of a surgical procedure determines the need for and the level of skill required of the assistant surgeon. Criteria for evaluating the need for an assistant surgeon include the following:

- Need to minimize blood loss.
- Need to minimize anesthesia time.
- Medical condition of patient effecting anesthesia/surgical risk as related to length of surgery.
- Need to limit the incidence of intraoperative complications.
- Complexity of procedures requiring significant judgment and technical skill.
- Need to diminish fatigue factors affecting the surgeon and other members of the surgical team.
- Need for sophisticated instrumentation and a first assistant with the knowledge and technical expertise to use it.

Conclusion

The primary concern of the American Association of Oral and Maxillofacial Surgeons (AAOMS) is for the optimum health and safety of the patient and for the highest quality surgical care. AAOMS endorses the concept that surgical assistants should have the qualifications and experience necessary to perform the procedures anticipated by the operating surgeon. The level of training and qualifications necessary to assist the surgeon will vary depending upon the complexity of the procedure. The purpose of this statement is to present the specialty's interpretation of the medical appropriateness of an assistant surgeon in indicated situations in light of existing parameters of care. Further, these statements are intended to clarify the issue for the benefit of third parties in determining eligibility for coverage.

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Clinical Paper

