University of Cincinnati Oral & Maxillofacial Surgery has a legacy of military service. Many have or are currently serving our great nation through their dedication to the armed forces. Below are some of our faculty, alumni and residents engaged in various arms of the US military sharing their experiences with us. We salute them for their service and are very proud of calling them our friends.

Robert D. Marciani, DMD
Section Chair
Oral & Maxillofacial Surgery
Branch of military: US Air Force
Years served: 1966-1968
Rank at discharge: Captain
Location: Tripoli, Libya
Memorable experience on service: Exposure to the Middle East

Jimmie Harper, DDS
Voluntary Faculty Surgeon
Oral & Maxillofacial Surgery
Branch of military: US Air Force
Years served: I served two active duty tours. First tour was out of dental school, 1979-1982. I served as a general dental officer at Kirtland Air Force Base in Albuquerque, NM. I had the good fortune to serve with an OMS, Jim Crine, who "walked the walk and talked the talk." He was passionate about the specialty and took me under his wing. Time with him inspired me to get into Oral & Maxillofacial Surgery. My second tour was Carswell Air Force Base in Fort Worth, Texas for 3-years active duty as an OMS. I le active duty in August of 1989 to return to civilian life. I did receive a note from the Department of Defense at the start of the first Gulf War, stating that I should have my duffle bag packed, that I would be recalled if there was an extended ground war. I was honorably discharged having seven years on active duty.
Rank at discharge: Major
Location: Albuquerque, NM & Carswell, Fort Worth, TX.
Memorable experience on service: This tour and deployments aboard the Nimitz class nuclear powered aircraft carrier USS George Washington CVN 73.
Brad Russell, DMD
UC OMS Graduate 2014
Branch of military: US Air Force
Years of service: Current; will be 2 years active duty next month, plus 3.5 years in inactive reserves.
Rank: Major
Title & location: Chief, Oral & Maxillofacial Surgery Element at the 18th Med Group (MDG) Kadena Air Base, Okinawa, Japan
Other titles: Director, Dentofacial Deformities Board for all services (Air Force, Navy/Marine, Army) on Okinawa. Also on the 18th MDG Pharmacy and Therapeutics Board.
Memorable experience on service: Hmm, it hasn’t happened yet, but my neighbor is an F-15 fighter pilot and he’s taking me up in his jet for an “incentive flight.” He promised to pull 8 G’s. I’ll probably puke all over myself, then pass out, but how many people can say they’ve been up in an F-15? If we go to war with North Korea, that could be memorable!

Ryan Wallis, DDS
UC OMS Graduate 2016
Branch of military: US Air Force
Years Served: 4 years
Rank at discharge: Captain
Location: Wright-Patterson AFB, Ohio, 88th Medical Group (AEGD-1), 1 year; Fairchild AFB, Washington, 92nd Medical Group, 3 years
Memorable experience on service: In my AEGD, we had two oral surgeons that taught us IV sedation. For some reason they had us give Decadron as our first medication. Not knowing any different, I continued this practice at my next base after I finished my AEGD. I took out a lot of 3rd molars for the new airmen on the base. Once I told an airman he may feel an itch in his scalp or groin as I administered the Decadron. He said, “Oh, I heard about ‘the itch!’” I guess word travels fast on a small base!

Amanda Steen, DMD
UC OMS Current Resident
Branch of military: US Air Force
Years served: Amanda is going into her fourth and final year of residency in Oral and Maxillofacial Surgery sponsored by the United States Air Force. During her first year of dental school, she applied for and was awarded a three-year Health Professions Scholarship through the USAF.
Rank: Captain
Reason to join military service: “There are count- less opportunities that have and will be afforded to me by my time in the US Air Force, but more than that, it’s in my blood – my grandfather, my father, several uncles, a brother, and several cousins have all served. Being a US airman is something that I am very proud of – being part of a whole and contributing to something much greater than just myself as an individual.”
The future is now. UC OMS has contributed to the health and safety of thousands of patients and the training of scores of residents for more than 100 years. The past is prologue and the future of the next 100 years to be determined. We are poised to make substantial academic and clinical changes to better fulfill our mission to teach, to investigate and to treat. Our program is blessed with the continued flow of bright residents who work hard, share in the difficult tasks of the day and serve with an uncommon spirit of “others before self.” We are who we are, and do what we do, largely because of the character and talents of our residents.

Our number of full time faculty will soon increase to five and the upcoming resident year marks the expansion of three residents a year at every level. Clinical and laboratory research is expanding and diversified from “Predictive Genomics to the Response Variability of Opioids,” to the effects of sphingomyelin coating on implants.

Off-campus clinical activity involving faculty and residents will be an important part of our future. We must continue to diversify our activities and have the wisdom and foresight to navigate the vagaries of an uncertain health care system. We will be successful moving forward if we duplicate the achievements of the past and adapt to the challenges of the future. Our strength is and has always been the talents of our residents. Their growth and development within our program, and their successes as practitioners, are a source of much satisfaction to the UC faculty.

Thank you, Alumni, for your support of the UC OMS Program. Your continued support is much appreciated.
Our Current Residents

Jordan Diamond, DMD
University of Nevada, Las Vegas
School of Dental Medicine

Albert Kang, DDS
University of Iowa
College of Dentistry

Amanda Steen, DMD
University of Nevada, Las Vegas
School of Dental Medicine

Tony Kang, DMD
University of Alabama
School of Dentistry

Wallace McLaurin, DMD
University of Mississippi Medical Center School of Dentistry

Alissa Pullos, DDS
University of Michigan
School of Dentistry

Brandyn Herman, DMD
University of Nevada, Las Vegas
School of Dental Medicine

Lon Hinckley, DDS
University of Nebraska Medical Center
College of Dentistry

Benjamin Noblitt, DMD
University of Connecticut
School of Dental Medicine
The Division of Oral & Maxillofacial surgery currently has 6 active research studies with a wide range of study including collaboration with other departments across the campus.

Our first study is titled Predicting Perioperative Opioid Adverse Effects and Personalizing Analgesia in Third Molar Patients. The purpose of this study is to identify predictive factors that contribute to opioid related adverse effects, excessive postoperative pain and inadequate pain control in patients undergoing surgery in an effort to develop personalized effective, safe and tailored therapies. This study is currently enrolling in its third arm, which includes patients who are randomized into taking hydrocodone or oxycodone. We have successfully completed enrollment in a pilot study using hydrocodone and the second arm, only including oxycodone patients.

The craniofacial staple and staple: Biomedical engineering students are currently working on designing a bone staple and bone stapler that can be an alternative to using plates to secure the maxilla after a fracture has occurred. The scope of this project only entails the fixation necessary for a Le Fort I osteotomy.

The Third Molar Autotransplantation in the Pediatric Patient: Pilot Study is a multidisciplinary approach including a pediatric dentist, endodontist, and an Oral & Maxillofacial surgeon. Third molar autotransplantation is a successful method for replacing a first molar as well as maintaining occlusal space and alveolar bone, but the literature is lacking in studies specifically addressing immature third molar to first molar autotransplantation. This study is currently receiving funding from the Osteo Science Foundation.

Another multidisciplinary approach study we are conducting includes a mechanical engineer and an Oral & Maxillofacial surgeon, titled Toward Patient-Specific Computational Modeling of Mandibular Fracture Treatment: A Pilot Finite Element Study on the Role of Miniplates and Screws in Angle Fracture Outcomes. The goal of this study is to use computer modeling to develop patient-specific surgical solutions for angular fractures in the mandible in order to optimize clinical care. In essence, this in turn will allow us, in the long term, to relate mechanical outcomes to clinical outcomes and develop patient- and fracture-specific treatment strategies.

In collaboration with General Surgery, we are conducting Antimicrobial Properties of Oral Mucosa Sphingolipids. The main objective of this study was to investigate if a coating of sphingosine would prevent reduction of bacterial contamination of osteosynthesis hardware used in repair of facial fractures and osteotomies. It was found that sphingosine-coated titanium plates did indeed reduce adherent bacteria. A student’s t test was used and statistical significance was determined with a p value < 0.05. We are now looking into coating dental implants with sphingolipids.

Our randomized control trial of the use of mini-plates for class III correction of children with cleft lip and palate is evaluating an interventional group of cleft lip/palate patients treated with mini-plates and orthodontic therapy versus standard of care treatment of cleft lip/palate patients. We will assess the movement of the maxilla and mandible after surgical placement of mini-plates to determine if they have decreased the child’s under-bite, in hopes of eliminating the need for orthognathic surgery or making it a simpler surgery on the patient.

Current Funding

Osteo Science Foundation – “Third Molar Autotransplantation in the Pediatric Patient: Pilot Study” $20,000
University Research Council (URC) Interdisciplinary Faculty Research Support Grant program for study “Toward Patient-Specific Computational Modeling of Mandibular Fracture” $25,000
Anesthesia Research Foundation (ARF) grant for study "Predicting Perioperative Opioid Adverse Effects and Personalizing Analgesia in Third Molar Extraction" $25,000

Incoming Residents

We are pleased to welcome our new OMS residents, who will begin their training July 2017.

Nicholas Broccoli, DDS
Virginia Commonwealth University School of Dentistry

Daniel Kirkpatrick, DDS
University of Missouri-Kansas City School of Dentistry

Michael Rechtin, DMD
University of Kentucky College of Dentistry

Payal Verma, DMD
Perelman School of Medicine at University of Pennsylvania

Yasmine Abdallah, Clinical Research Coordinator
Residency training standards, as mandated by the Commission on Dental Accreditation (CODA) of the ADA, often seem to be a moving target, responding to the ever-changing threats to our specialty. These standards reflect and mandate how we must train our residents to a minimum acceptable norm – to suggest to the public that they are specialists, safe and competent when rendering care. Our specialty seems to be in a constant flux, on one hand pushing the envelope of the scope of practice and on the other limiting the range of what we actually treat. To take an individual fresh out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty. The standards reflect and mandate how we must train our residents to a minimum acceptable norm – to suggest to the public that they are specialists, safe and competent when rendering care. Our specialty seems to be in a constant flux, on one hand pushing the envelope of the scope of practice and on the other limiting the range of what we actually treat. To take an individual fresh out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different out of dental college and make them “competent” in all aspects of the specialty is not an easy task and often impossible. Each individual is different with different.
Abstracts and Publications

Dr. Robert Marciani

Publications

Dr. Deepak Krishnan

Abstracts
Optimizing pathways to reliance on academic health center IRB review for private practice group research sites. Advancing Ethical Research (AER) Conference, Boston, MA, November 2015.
Predictive genomics for response variability to opioids in management of postoperative pain. IADR General Session and Exhibition Boston, MA, March 2015
The use of a patient education program to enhance third molar surgery expectations. Is this the necessary tool to decrease preoperative and postoperative surgical extractions related anxiety to improve health quality of life and recovery? American Association of Oral Maxillofacial Surgeons 96th Annual Meeting, Honolulu, HI, September 2014.
Assessment of direct laryngoscopy versus video laryngoscopy in the normal airway amongst oral surgical residents - a manikin study. 35th American College of Oral and Maxillofacial Surgeons, Annual Scientific conference and exhibition, Las Vegas, NV, April 2014.

Publications

Dr. Erik Evans

Publications

Dr. Ryan Mirchel

Abstracts
Noblitt B, Mirchel R. A case of delayed symptoms in TMJ synovial chondromatosis. Case presentation to the ACOMS Resident Meeting, Cincinnati, OH.
Hinckley L, Mirchel R. Surgical management of a post-traumatic total auricular avulsion using a modified Mladick pocket method: A case report. Presentation to the ACOMS Resident Meeting, Cincinnati, OH.

Publications
Our Clinical Staff

Holmes Hospital Staff (l-r): Delana Wilkins, Roseann Stallworth, Louise Herman, Patricia Kryznnowek, Sharon Cooke, Amy Mueller, Robin Whatley, Brandie Moon, Laurie Pomeraning, Terry Hall

MAB Staff (l-r): Gena Ditomaso, Amy Aubry, Billie Jo Sword, Taume Tillman, Mylissa Allen, Robyn Kelley, Sandra Idabor
Our New Faculty

Ryan J. Mirchel, DDS, MD – Clinical Instructor who completed his OMS residency at University of Texas Southwestern. His specialties include TMJ/dental pain, cosmetic surgery, oral and maxillofacial surgery, and craniofacial surgery. Dr. Mirchel was selected to receive the American Association of Oral and Maxillofacial Surgeons (AAOMS)/Oral and Maxillofacial Surgery Foundation Faculty Educator Development Award, which he will accept at the Annual Meeting on October 11, 2017, in San Francisco. The award is designed to encourage promising young oral and maxillofacial surgeons. Dr. Mirchel will receive $40,000/year for three years, and an additional $10,000 is provided to the division to support Dr. Mirchel’s mentorship.

Our Administrative Staff

Ashley Waller (Bonner) – Residency Program Coordinator, Administrative Coordinator, UC Division of Oral and Maxillofacial Surgery

Staff (l-r): Marie Adams, Allison Mason, Tad Peeples, Jennifer Caceres, and Christie Donaldson