



# DentalSURGEON

Newsletter of The Singapore Dental Association

MICA (P) 258 / 07 / 2006

MARCH 2007

## National Dental Centre Celebrates its 10th Anniversary

General hospital (Norris Block) at Sepoy Lines in 1930



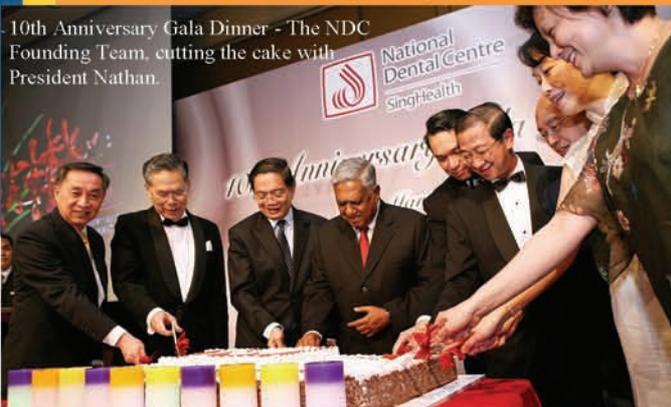
### Early Roots of Public Dentistry

Public dentistry in Singapore was established by the early 1930s, when the first public dental clinic was established in Norris Block of the General Hospital at Sepoy Lines. In the earlier years, other more pressing public health priorities such as malnutrition, poor sanitation and unhealthy environment meant that dentistry took a backseat. The growing need for treatment facilities and qualified dental attention prompted the development of new premises in 1938.

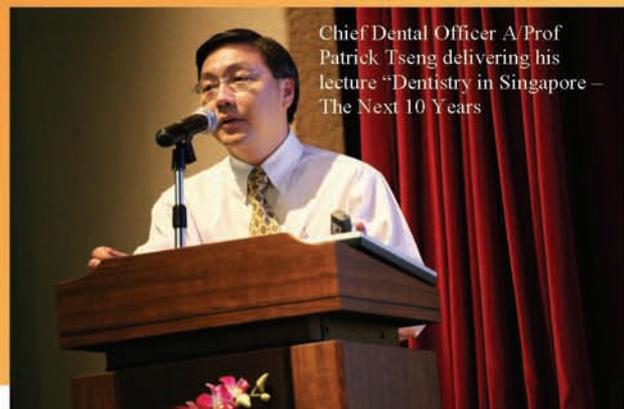
The Ministry of Health's dental services were managed by the Dental Division which provided preventive and curative services to schools, the community and hospitals. To achieve its objectives, the Dental Division adopted the strategy of decentralizing basic dental treatment to ensure easy accessibility by all, centralizing specialist treatment services to maximize specialist manpower and supporting the development of a private sector.

As the dental service evolved over the years, the Dental Clinic at the Singapore General Hospital campus was renamed Government Dental Clinic (GDC) in 1990 and served as the main referral centre for peripheral hospital dental clinics, the school dental clinics, the community dental clinics and private practitioners. Complex dental cases were referred to the Government Dental Clinic. Dental services were grouped into four disciplines: oral & maxillofacial surgery, orthodontics, restorative dentistry and general dentistry.

10th Anniversary Gala Dinner - The NDC Founding Team, cutting the cake with President Nathan.



Chief Dental Officer A/Prof Patrick Tseng delivering his lecture "Dentistry in Singapore - The Next 10 Years"



A New Era of Dentistry in Singapore

The idea of a National Dental Centre (NDC) was seeded by the Permanent Secretary of Health and Director of Medical Services in 1987. The vision for this Centre was to be one of excellence for service, training and research for Singapore and the region. Blueprint planning for the comprehensive specialized facility was undertaken by a planning committee which included members from the Ministry of Health, National University of Singapore and the private sector.

Construction of the Centre started in 1992 and it was completed in 1996 at a cost of \$64m. The NDC opened its doors to patients on 1 March 1997. It was set to be the national hub of dental experts in Singapore, with 92 dental operatories, a day surgery suite and the full complement of support services.

Growing Service, Training & Research

Over its first 10 years, the Centre's daily patient attendances have steadily grown from the 400s in the first year of operations to the 700s now.

NDC is the only organization in Singapore where training is available for all members of the oral healthcare team: dentists, dental surgery assistants, dental technicians and dental therapists.

50 of NDC's specialists received their specialty training from NDC's post-graduate specialty programmes in oral maxillofacial surgery, orthodontics, endodontics, periodontics and prosthodontics. Every year, over 150 hours of continuing dental education events are made available to all dental practitioners.

The Centre is continuously building on its research infrastructure. It now has a flagship research programme, which is expected to result in 6 PhDs. Current collaborations in training and research include those with institutions of international repute, such as the Mayo Clinic, the Karolinska Institute in Sweden, and other Universities in Australia, the Netherlands, Sweden and Switzerland.

The ongoing challenge is to integrate research and training into best clinical practices clinical services.

All this with the belief that the dental profession in Singapore must progress in tandem with the country as it transforms itself into a treatment and biomedical hub. The Centre's role would be one of preparing the profession for the future, setting standards and advancing science for dentistry.

Launching off the celebrations, were (L-R) Executive Director for National Dental Centre, Dr Kwa Chong Teck; Guest-of-Honour Minister of State for Health, Mr Heng Chee How; Chief Dental Officer A/Prof Patrick Tseng; Organising Committee Chairman, Dr Asher Lim



President S.R Nathan and the "little tooth fairies", a new patient welfare fund was launched by NDC to help needy patients.



Free treatment was provided to elders from the Henderson Senior Citizen's Home. One of the many commemorative events organized by NDC.

*"On behalf of The Ministry of Health, I would like to congratulate the National Dental Centre on its 10 years of committed and dedicated service to the people of Singapore and those especially in need. The centre's efforts and contributions towards both the training of undergraduates and postgraduates as well as the training of its staff and auxiliaries is exemplary. The Ministry of Health looks forward to NDC's contributions not only as a major Continuing Professional Education (CPE) provider but its continued commitment in the provision of affordable, accessible and appropriate oral healthcare services to the public, the nation and the region"*

*Chief Dental Office Clin A/Prof Patrick Tseng*

*"SDA Congratulates the National Dental Centre on its 10th Anniversary Celebrations"*



Amazing Race, NDC style – the Team that plays together, stays together!



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1. Versus brushing teeth alone with an ordinary manual toothbrush. Data on file. Colgate-Palmolive. 2. Data on file. Colgate-Palmolive. 3. Versus competitor's manual toothbrush Data on file, Colgate-Palmolive. 4. Versus baseline. Data on file, Colgate-Palmolive.

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# MOH Spotlight

## Dental Registration Act (2007)

The new Dental Registration Act (2007) is necessary as it aims to remain current and relevant to changes in clinical practice as well as to keep in tandem with the new developments in the field of Dentistry today.

The objectives of the new Dental Registration Act 2007 are:

- a. Introduction of compulsory Continuing Professional Education.
- b. Regulation and Registration of Oral Health Therapists
- c. Registration of Dental Specialists
- d. Refine the current Act to allow the Dental Council to function more effectively as a regulatory body.

### a. Compulsory Continuing Professional Education (CPE)

In order to be able to counsel and provide well-informed professional advice to patients, dentists must keep up with the rapid changes made in scientific knowledge, dental practice and the development of new materials and technologies. Compulsory CPE would help to achieve this.

CPE will be phased to coincide with the issue of the Annual Practising Certificates and will take effect from 1<sup>st</sup> Jan 2008.

### b. Dental Specialists Register (DSR)

The setting up of a DSR will assist Singaporeans as well as foreigners who require up-to-date and specialised dental care to identify more easily dentists who have specialised skills and expertise in specific areas of dentistry. A Dental Specialist Accreditation Board (DSAB) will be set up under the Ministry of Health to look into the details of the establishment of the DSR.

### c. Oral Health Therapists

Oral Health Therapists, i.e. dental therapists and dental hygienists, support a dentist's practice and will be able to provide a limited range of basic dental care to the public, under the supervision and prescription of dentists. The Dental Council will regulate them to ensure that they are appropriately trained and accredited for the safe provision of dental care to Singaporeans.

The ground work for the amendments for the Dentist Act was initiated by former Chief Dental Officer Prof. Chew Chong Lin and the previous Dental Council.

The Dentist Amendment Bill was introduced in Parliament on the 27<sup>th</sup> Feb 07. The 2<sup>nd</sup> reading is tentatively scheduled for reading in April 2007.

The SDA newsletter editorial will be running a series of articles to elaborate on each of the key amendments, and these will be published in subsequent issues of the newsletter.

# FDI World Dental Congress 2009



Singapore has won the bid to hold the FDI World Dental Congress in 2009.

Come 2009, the Singapore Dental Association (SDA) will partner the Singapore Tourism Board (STB) and Suntec City to jointly host one of the most important international annual dental meetings. This event will be held from Sept 2<sup>nd</sup> to 5<sup>th</sup> 2009 at the Suntec City Convention Centre and is expected to draw at least 13,000 dental professionals from all over the world. STB expects this event to inject at least \$18 million into the tourism industry.

The 107-year old World Dental Federation, which is the global voice of dentistry, represents more than 900,000 dentists, 150 dental associations, and 130 countries around the world. Its mission is to lead the world's oral health through its policy statements and missions in promoting Oral Health and providing Continuing Professional Education.

The FDI Congress is made out of 5 main elements:

1. Scientific programmes for Continuing Dental and Professional Education,
2. A Dental Trade and Industry Exhibition,
3. Business Meetings: World dental parliament for the finalization of dental policies
4. Private related meetings by dental organizations: Chief Dental Officers meeting, Military Dental Services meetings, and International Dental Manufacturers meetings.
5. Social interaction events

Dr J.T. Barnard, executive director of the FDI World Dental Federation, who was in town to officiate the announcement, cited Singapore's excellent business environment, geographical accessibility, world-class convention infrastructure, stable political scene, and the strong professional support from the Singapore Tourism Board, the business sector and the Singapore Dental Association as the main reasons behind Singapore's successful securing of the bid.

Though declining to reveal all the countries up against Singapore, he mentioned that the Republic was eventually able to fend off keen competition from Brazil in the final elimination round to secure the bid. This is Singapore's 2<sup>nd</sup> time hosting

the FDI Congress; Singapore last welcomed the FDI congress back in 1990.

Dr Barnard also extended his appreciation to one of the pioneer leaders of the Continuing Professional Education component of the FDI congress - internationally renown Singaporean dentist, Dr Choo Teck Chuan, for putting together all these years what he termed as “world-class scientific programmes for dentists”. Also of honourable mention is Mr Paul Wilson, FDI Director of Events since 1993, who is responsible for organizing all previous successful FDI conferences.

In his address, Ministry of Health representative Chief Dental Officer A/Prof Patrick Tseng urged the local dental community to fully support the congress in all ways, and stressed that the FDI 2009 will be a national effort which will reiterate the support of MOH and all related government and non-government agencies like the NUS, NDC, HPB and STB who will work together towards making this event a success.

During the press conference, chairman of the local organizing committee, Dr Teo Choo Soo said, “This event will be key in projecting the image of Singapore as a hub for dental services. More foreigners will get to know about our dental services and will come here for them.”

SDA President Dr Benjamin Long is confident that the event will bring together the dental community as a profession. He also thanked Dr Choo Teck Chuan for being a role model to local dentists in his tireless effort of “flying the Singaporean flag in the International scene”.

The staging of the FDI Annual World Dental Congress 2009 in Singapore will be demonstrative of the synergistic partnership between public and private sectors. SDA, with the full support of MOH, will be partnering STB and Suntec Singapore to organize this event.

We look forward to a most exciting and successful FDI World Dental Congress 2009 in Singapore.

*Dr Tong Huei Jinn*

Toasting to the success of FDI 2009:

Dr Benjamin Long, President SDA; Dr Patrick Tseng, CDO of the MOH; Prof Teo Choo Soo, Organising Chairman of the FDI Annual World Dental Federation Congress 2009; Ms Catherine McNabb, Director-BTMICE Cluster 1 of the Singapore Tourism Board; Dr Choo Teck Chuan, Mr Paul Wilson, Director of Events of the FDI; Dr JT Barnard, Executive Director of the FDI, Pieter Idenburg, Chief Operating Officer of Suntec Singapore.



DENTALSURGEON

# SAF Dental Service

## THE "FACE" OF WAR

A soldier's face is vulnerable to enemy fire. Even with the increasing prevalence in the usage of body armour, it is still expected to see increasing incidence of crippling injuries to the oral maxillofacial region, because the lower face is often exposed.

In the Israel-PLO War in Lebanon, 40% of the wounds suffered by Israeli soldiers were face and neck injuries. The reason is that the Israeli Defence Force has a highly mechanized infantry. Soldiers are protected by armoured personnel carriers except for their faces.

Facial wounds can be life threatening. The most critical period was shown to be between the time a soldier was hit and the time he received treatment. Timely medical intervention is necessary for his survival.



With this in mind, the annual SAF Oral Maxillofacial Trauma (OMFT) Course has begun since 1998, with the key objective of training our Operationally Ready NS Dental Officers to know more in-depth about treating maxillofacial trauma cases, providing the full range of care of these injuries from the treatment of dento-alveolar fractures to the care of extensive facial lacerations.

This year, Head Dental Branch, HQ Medical Corps, has fine-tuned the contents of this course to meet new demands for training and developmental needs. On 27-28 Feb 07, a world renowned foreign speaker from the UK, Wing Commander Andrew Gibbons of the Royal Air Force was invited to share with the SAF Dental Services his invaluable experiences in the OMFT arena. Wing Commander Gibbons is doubly qualified as a trauma surgeon as well as an OMS surgeon. He has interestingly participated in various theatres of operations like the Gulf Wars and recent operations in Afghanistan. Other local renowned OMS surgeons also put in their share in making this course a success. In fact, all participants have unanimously commended on the high quality of presentations and hope that the excellent work will continue throughout time with "passing of the baton" down the line of dental officers and rising to the challenges ahead with the national perspective.

## TRANSFORMATION OF THE SAF DENTAL SERVICES

A soldier with a painful dental condition is a casualty in the same sense as one with a combat wound. If he is disabled by pain or has to be evacuated for emergency dental treatment, his absence is just as much a drain on the fighting force.

The role of military dental services in SAF extends beyond keeping the teeth of the soldiers fighting fit. There are also operational responsibilities such as field dental support, forensic identification in disasters and Oral Maxillofacial Trauma management as well as peacetime responsibilities to ensure high levels of quality dental health care for our servicemen.

With the above in mind, the SAF Dental Services has been transformed since July 2006 in line with the Third Generation (3G) SAF. The old Dental Branch in HQ Medical Corps was restructured into two entities: Head Dental Branch and Specialist Dental Centre.

Head Dental Branch will focus and provide doctrinal support for all operational dental policies. Besides expanding operational dental military capacity, it will also provide professional training support for recently increased numbers of active and Operationally Ready NS dental vocationalists, staffing of SAF-Supported Peace Support Operations and socio-civic missions. In the coming months, the SAF Dental Services are really proud to help spearhead a SAF dental mission to Bamiyan Province, Central Afghanistan. The team will set up a dental facility in the local hospital with specialized dental equipment and provide training for the local people to eventually take over the clinic.



The Specialist Dental Centre, as part of the Military Medicine Institute, will develop dental health policies for the SAF. It will provide professional supervision of all SAF Dental Centres and steer the Dental Services to maintain high levels of dental care. In addition, it will also provide specialist dental consultation/treatment to servicemen who may need complicated dental care, so that their combat performance is never compromised.

The SAF Dental Services will be celebrating its 40<sup>th</sup> Anniversary in 2008 and also be the proud hosts of the World Military Dental Conference come Sep 2009, as part of the FDI World Congress. The "Men in Green" will be ready to show the world what the "Teeth of the SAF" is capable of!

### **ENHANCEMENT OF THE SAF REGULAR DENTAL OFFICER'S CAREER PLAN**

The recent transformation of the SAF Dental Services has shown that it is essential to have a strong core of SAF regular dental officers to meet existing and new demands of the Third Generation (3G) SAF. Besides ensuring quality dental care for the servicemen, SAF regular dental officers also have crucial operational responsibilities to fulfill.



An enhanced career plan for the SAF DO has been launched recently to attract good quality and capable dentists to embark on military careers. It also encourages them to stay longer in the organisation so that they can enhance the capabilities of the Dental Services from invaluable experiences gained throughout service.

The enhancements include emplacement of the Dental Officer in rank from Captain to Major 1 (equivalent to the title of Registrar) after returning from postgraduate studies, which will be fully sponsored by the SAF. Should the Dental Officer continue to perform well at work, he can be upgraded to the Rank of Major 2 (equivalent to the title of Senior Registrar) after 2 years. In addition, every 3 years in-service with good performance would entitle him for 1 year of fully sponsored specialty attachment in any accredited overseas/local institution.

A SAF Dental Officer must have a flair of shaping dental policies aligned to the SAF, enjoy being physically healthy and able to perform multi-tasking. Most important of all, he must view a military career as a career that commands respect!

*MAJ (Dr) Edwin Heng*

DENTALSURGEON

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## Make the Medical History Questionnaire part of your Clinic's Standard Protocol!

-By Dr Raymond Ang and Dr Cecilia Zheng

Due to improvements in medicine and living conditions, we are seeing more elderly patients, many whom have multiple medical conditions.

SDA Ethics Committee urges all dental practitioners to be more vigilant in obtaining patient's medical history. Many patients do not fully disclose their medical history as they perceive dental procedures to be unrelated to their medical conditions.

The importance of a detailed medical history and its implications in dental treatment should be made known to the patient. When obtaining medical history, patients should be asked more specific questions instead of the generic "Do you have any medical problems?"

It is common for patients to self-medicate, take supplements or alternative medication, as well as alter the dosage and frequency of their prescriptions without their doctor's knowledge. Detailed drug histories, drug allergies and the adverse reactions to them (e.g. rashes, peri-orbital swelling) should also be noted.

It may also be of value to do a simple check of a patient's known medical conditions to ascertain that their medical problems are under control. This includes taking blood pressure for hypertensive patients and testing blood glucose level for diabetic patients.

Deferment of dental treatment is advised for patients whom you suspect to have a possible undiagnosed medical condition. Most patients are willing to go for a full body checkup with their medical doctors if the reasons are clearly explained to them. Taking the initiative to check with the patient's medical practitioner about his conditions and fitness for dental treatment prior to commencing dental work may save you a lot of unnecessary headache.

Attending Continuing Professional Education courses can help keep us informed on the latest findings in medicine, as well as update us on the different medical conditions and recommendations in current day medical practice.

Here are some case studies to illustrate some of the points made.

A patient comes to the dentist for a difficult extraction. The extraction was performed smoothly, and Synflex was prescribed as analgesic. He later developed a very bad allergic reaction to Synflex and was brought to A & E and hospitalized. His family is now seeking compensation because they claim that the patient had informed the DSA that he was allergic to aspirin during registration.

The dentist's signature is present on both the treatment notes and prescription form. However the treatment notes do not reflect any drug allergies noted. The DSA claims that the patient did not inform her of any drug allergy history.

Was the patient lying about informing the DSA? Who is at fault?

These kinds of cases are almost impossible to prove because it is the word of your patient against that of your clinic.



A patient was indicated for wisdom tooth surgery by the dentist. She mentioned that she had hypertension and diabetes. The surgery was uneventful and the patient was prescribed post-op antibiotics and analgesics. Two days later, she returned with severe swelling and difficulty in breathing. The patient was sent to the hospital immediately. She was diagnosed with Ludwig's Angina and was warded for almost a week. The medical doctors suspected that the condition could have been due to a complication of uncontrolled diabetes. Fortunately the patient recovered fully and the case was settled out of court.

This case enlightens us that not only is it important for us to check if the patient has a medical condition, it is imperative to ensure that this medical condition is under control and that the patient is compliant with the prescribed medication.



**“they perceive dental procedures to be unrelated to their medical conditions.”**

A patient goes to the dentist for the first time in 20 years. She has very poor oral hygiene, bleeding and swollen gums. The dentist diagnosed her to have periodontitis, and a round of deep scaling and root planning was done. She was also prescribed post-op antibiotics and told to return for a review and 2nd round of gum treatment.

Later that night, the patient was brought to A & E by her family members as her gums did not stop bleeding after the dental treatment. She was warded overnight for observation. The medical doctor told the family that the excessive bleeding was probably due to the aspirin which the patient was taking for a stroke 1 year ago. The family filed a complaint against the dentist.

During the course of our interviews, we found out that the DSA had asked the patient if she was healthy, and the patient had replied that she was. The family argued that the DSA was not specific in her medical history taking. They claim that the patient was generally healthy and as a lay person, did not know the significance of aspirin to dental treatment. They also insisted that it was the dentist’s responsibility to check further.

The SDA Ethics Committee managed to obtain a written report from an oral surgeon as expert witness who stated that there is no necessity to stop aspirin for routine scaling and polishing, and that the excessive bleeding after the treatment was probably due to the patient’s pre-existing poor periodontal condition. The family members reluctantly accepted our explanation and dropped the case.

After giving local anesthetic for a routine extraction, the patient suddenly informs you that he has AIDS. Apparently he was embarrassed to mention his condition in your crowded waiting room in front of all the other patients.

What would be the consequences if there was a needle stick injury/accident in the course of treatment?



**Recommendations**

Patients nowadays are more discerning, and the number of complaints and litigations are on the rise. Dentists are ultimately responsible for whatever happens in their clinics.

The SDA Ethics Committee recommends the following:

1. A comprehensive medical history questionnaire should be completed and signed by both patient and dentist. The patient is responsible for disclosing their pre-existing medical conditions which may affect dental treatment. This is a valid medico-legal document. A sample medical history questionnaire is attached for your reference. Please feel free to amend/adapt it to suit your practice.
2. Please ensure that your DSA is able to explain the need for, as well as the medical terms listed in the questionnaire.
3. The dentist should be the person responsible for obtaining and confirming the patient’s medical history. Please remember to sign the questionnaire (authorized signature). It is will not be valid in court if it is not signed.
4. Highlight drug allergies clearly (e.g. using red markers/stickers), and update them together with the patient’s medical histories annually or whenever the patient comes for their reviews and maintenance.
5. If you are in doubt of the patient’s medical condition, do not hesitate to obtain a letter to clarify and seek advice from the patient’s medical practitioner before commencing dental treatment.

## WHAT IS THE BEST MEDIUM FOR EDUCATING THE PUBLIC?

One of the primary objectives of the Singapore Dental Health Foundation is education of the public on dental health. Over the years, the Foundation has organized many activities to promote dental health. These have ranged from newspapers articles and quizzes, public dental screenings, smile contests, website, brochures, to talks at workplaces and community centres.

To make the Foundation's efforts more focused and effective, we asked ourselves the question, "What is the best medium to use to educate the public?"

Instead of speculating or basing our efforts on anecdotal evidence, we engaged the market research company, ACNielsen, to conduct a nation-wide survey to get the answer to that question.

ACNielsen conducted a telephone survey of 1000 adults aged 15 years and above. Those surveyed were a random sample with quota controls on key demographic variables (e.g. gender, race, age) to ensure that a representative sample was achieved. The survey was conducted in November 2006.

### The Question

The question posed to the subjects surveyed was "Where do you usually obtain information on dental care?" The subjects were not prompted for their answers – they answered in their own words. The answers were subsequently grouped according to similarity as shown in the graph in the next page.

### The Answer

Only 6 in 10 (64%) Singaporeans obtain dental care information.

Of those who obtain dental care information, the most common source of information was the

personal interaction with dentists and dental nurses (39%). The second most popular source of information was advertisements by dental companies, articles and reports in newspapers and magazines (31%) i.e. the print media. The importance of print media is further supported by the fact that another 12% got dental information from brochures and leaflets displayed at dental clinics.

Further analysis of the responses has revealed that the dental clinic is the source of information for half (50%) of those surveyed. Consider that interaction with dental personnel was quoted by 39% and printed information displayed in the clinic was quoted by 12%.

Interestingly, the much-vaunted Internet was quoted by only 11% of those surveyed, as their source of dental information.

Surprisingly, (despite the popularity of Extreme Makeover) television (including advertisements on TV) was quoted by only 6% as their source of information.

The full range of answers and their prevalence are given in the graph. The sum of the figures exceeds 100% as the subjects could give more than one answer to the question.

So what does it mean – practically?

Individual dentists and their clinic staff play a big role in public education.

Personal, one-on-one communication between dental personnel and patient is the most effective way of communicating the dental health message.

The public has the best recall of such communication because it is immediate and holds the most relevance to them personally. The educated

patient is more likely to educate their family members.

To help individual dentists be more effective when educating their patients, the Foundation has a collection of patient education leaflets. Many of the leaflets are available in both English and Mandarin. Dentists can order these leaflets from our website at [www.dentalhealth.org.sg](http://www.dentalhealth.org.sg) or just fill up the enclosed order form.

Dentists can also educate the public by educating their staff on basic dental health and treatment procedures. Well-trained dental surgery assistants can often be better communicators as they have better

rapport with some patients. The SDA has organised a course at the ITE specifically for dental surgery assistants.

As print media has more recall than TV, radio or the Internet, the Foundation will be working to arrange more dental articles to be published in local periodicals.

Please direct comments to [sdhf04@yahoo.com](mailto:sdhf04@yahoo.com)

Dr. Asha Karunakaran

for

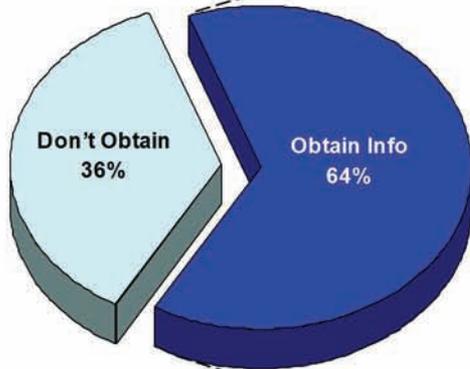
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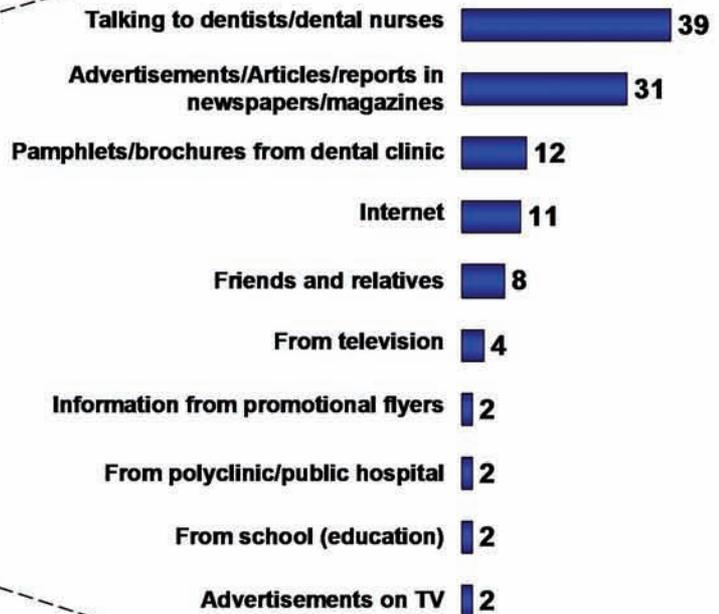
## Source of Information on Dental Care

**Only 6 in 10 Singaporeans obtain dental care information; and among them, the personal interaction with dentists/dental nurses as well as the print media (via newspapers and magazines) play significant roles in sharing and disseminating dental care information.**

**Incidence of obtaining information on dental care**



**Source of information**



Base: All Adults 15+ ('000) 3,371  
Actual Interviews 1,000



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Coming soon – in the next issue of the Newsletter –  
more findings from the ACNielsen Survey



## NITEC in Dental Assisting Programme

Have you ever hoped to have a competent Dental Surgery Assistant (DSA) who was better trained so that she wouldn't get on your nerves? The *Nitec* in Dental Assisting programme opens up a new opportunity for training of your existing or new DSAs.

The *Nitec* (National Institute of Technical Education Certificate) in Dental Assisting programme is jointly organised by Singapore Dental Association and the Institute of Technical Education. This project was spearheaded in September 2006, with the full support of the Ministry Of Health.

The objective of this course is to train new or current dental surgery assistants, to equip them with the necessary theoretical knowledge and clinical skills to work alongside the dental surgeon as an integral part of the dental team. In view of this, the programme was designed to comprise of both didactic and clinical training, with a strong field experience and practicum component. The one-year course (with an annual intake commencing in April) consists of an on-the-job component involving clinical skills training in a dental surgeon's clinic, and an off-the-job component comprising lectures and practical lessons.

The curriculum covers a wide range of topics - from simple basic medical sciences, dental materials, four-handed dentistry, knowledge and rationale behind procedures in various disciplines of dentistry, to communication skills, law and ethics, first aid training, basic cardiac life support and administrative skills. These will be taught through lectures, as well as practical sessions during class demonstrations and on-the-job training. At the end of the course, the students will be issued with a *Nitec* certificate in Dental Assisting on the successful passing of both a written and practical examination.

Applications were opened to N-levels and O-levels graduates. The first batch of students was recruited during the ITE road show on 17-18<sup>th</sup> December 2006. They were then selected through applications and interviews. Another batch of students was selected from the O-level intake after the O-levels results were released in early February.

### List of Lecturers

Dr Bertrand Chew  
 Dr Ng Chee Hon  
 Dr Terence Jee  
 Dr Sharon Poh  
 Dr Ryan Selamat  
 Dr Victor Ho  
 Dr Peter Yu  
 Dr Vijayan Loganathan  
 Dr Lisa Tan  
 Dr Tan Shuh Chern  
 Dr Teresa Loh  
 Dr Edwin Heng  
 Dr Betty Mok  
 Dr Rashid Tahir  
 Dr Kaan Sheung Kin  
 Dr Loh Fun Chee  
 Dr Ng Chin Siau  
 Dr Raymond Ang  
 Dr Bien Lai  
 Dr Anthony Goh

List of NITEC Committee Members

Chairman

Dr Ng Chin Siau

Members

Dr Benjamin Long

Dr Raymond Ang

Dr Ng Jet Wei

Dr Betty Mok

Dr Bertrand Chew

Dr Jinn Tong

Dr Terence Jee

Dr Edwin Heng

Dr Kuan Chee Keong

Dr Lim Lii

Dr Sharon Poh

Dr Bien Lai

Susan Ngeow

Mildred Ang

Besides the applicants, lecturers and sponsors for the students were also recruited. A briefing for the lecturers was held on 23<sup>rd</sup> January 2007. The lecturers for the programme include many specialists competent in their various fields, many of whom have previous teaching experience in institutions. The sponsors are dental surgeons who are interested in sending their own DSAs for training, or those who would like to have newly- trained DSAs recruited from the road shows.

We thank all who have contributed in the establishment of the *Nitec* in Dental Assisting programme in one way or another. We look forward to receiving continual support from all to make the running of this course a successful one. Interested DSA sponsors are welcomed to join us on board. Please contact SDA secretariat (Tel: 62202588) for further information.

*Dr Bien Lai*

Newsbites

SDA Congratulates the following successful candidates in their admission to the Fellowship of the Royal Australasian Collage of Dental Surgeons (2007):

Name	Where Resident	Where Graduated
Chang, Fu Gui	Singapore	BDS Hong Kong
Chin, Kenji C T	Singapore	BDS Singapore
De Silva, Priyanjani	Singapore	BDS Hong Kong
Lye, Clement Poh Wah	Singapore	BDS Singapore
Wee, Eugene	Singapore	BDS Singapore
Zheng, Cecilia H Y	Singapore	BDS Singapore

# Tzu Chi Buddhist Foundation Medical & Dental Mission Trip



The Dental team

On the 9th of March 2007, more than 300 medical and dental professionals and volunteers from the region descended upon Batam, Indonesia for a humanitarian mission trip organised by the Tzu Chi Buddhist Foundation. Volunteers for the mission hail from all walks of life regardless of religious backgrounds with a common aim to extend a helping hand to the needy.

The objective of this mission was to provide free medical and dental treatment to the underprivileged. The patients were sourced from the island of Batam as well as from the neighbouring islands many months prior to this trip.



Patient being treated



The clinic

The dental team, led by Dr Ong Chin Kian provided basic dental treatment such as restorations and extractions at a make shift clinic in a public school for three days.



The waiting area

In addition, medical check-ups were conducted by doctors and physicians trained in Traditional Chinese Medicine. Prescription of eyewear was also available. Surgical procedures such as cleft lip and palate repair, cataract removal, excision of growths and reduction of hernias were done at a hospital which was located about a 40 minutes busride away.

At the end of three days, about 4000 patients benefited from this mission trip. The dental team saw 1038 patients. It was a fruitful mission with both patients and volunteers benefiting from the experience.

*Dr Kwan Wei Yen*

DENTALSURGEON



## Maintain gingival health between office visits—now that's smart.

### Announcing the first published study of its kind to assess gingivitis prevention in power toothbrushing

A new study on the efficacy of Oral-B Triumph showed that patients starting with improved gingival health succeeded in maintaining consistently low levels of plaque. Oral-B Triumph helped prevent gingivitis over 6 months of daily use.<sup>1</sup>  
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SMART TECHNOLOGY...BRILLIANT RESULTS™

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Reference: 1. van der Weijden GA, Rosema NAM, Versteeg PA, et al. Different modes of oral hygiene to prevent plaque and gingivitis. *J Dent Res.* 2006;85 (special issue B). Abstract 2266.

### A handle that motivates patients to brush

Onboard computer tracks brushing time and provides positive feedback at 2 minutes. Also tracks individual brush usage.

Replace  
Brushhead

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*Dr Kwan Wei Yen*

DENTALSURGEON

# DALI MISSION TRIP



It was with excitement and anticipation that a 16-strong team embarked on a trip to Yunnan, China from 25th November to 7th December 2006. The team consisted of Associate Professor Stephen Hsu, Dr Chung Kong Mun and family, Drs Angela Khoo, Sok Su Gui, Elaine Tan, Bien Lai, Chew Yanxu, Serene Zhang and dental students Tan Meina, Goh Siew Hor, Ivan Prabowo, Melissa Tan and Vivien Wang.

This mission trip aimed at providing basic dental treatment for the locals as well as dental health education and training in dental extractions for village doctors. The dental health education programme also included didactic lessons on management of dental caries and periodontal disease. The village doctors were also taught the principles of infection control as well as sterilization techniques, and how they can be implemented in their daily clinical practice. This programme was important as the people living in the surrounding villages had great need for dental care.

Part of our team visited a special school for the handicapped children where they were involved in dental screening and providing basic dental treatment. The children in this government-run school were either hearing impaired or visually handicapped. Treating them was initially a challenge in terms of communication, but they were very cooperative and tried to help us in every way they could. In this way, we were able to carry out our procedures smoothly. It was heartwarming to see the students take the initiative to help us hold the torches and refill the water for the scaling machine. We were very touched by how appreciative and grateful they were. Despite their soundless and sightless world, these students taught us amazing lessons on how we have been so deaf and blind to the little things in life.



First dinner of the trip

The other highlight of this trip was to provide free dental treatment in the villages. Many of the villagers had little to no access to dental care. As such, they presented with poor oral hygiene, multiple carious root stumps and severe periodontal problems. Although we had head lamps, lighting was often inadequate. We eventually resorted to reflecting sunlight into the patients' mouths using face mirrors. This enabled us to work more efficiently and convinced us that sometimes the simplest things can provide the best results in life.



Treating the villagers

During our time in Yunnan, we had the opportunity to interact with the locals and forge bonds of friendship with them. Despite leading frugal lifestyles, they displayed contentment and great joy. This humbling experience reminded us of how easily we can be misled by modern conveniences and media hype to pursue temporal things in life with little intrinsic value, at the expense of inner peace and joy with everlasting impact. Seeing how they treasure the "little" things in life has also taught us to count our blessings.

On the whole, the trip was a very enriching and rewarding experience, filled with fond memories. It inspired us to reflect on life issues that can shape our character and priorities.



Treatment at the special school

On the whole, the trip was a very enriching and rewarding experience, filled with fond memories. It inspired us to reflect on life issues that can shape our character and priorities.

*Dr Serene Zhang*



Breakfast at the training centre



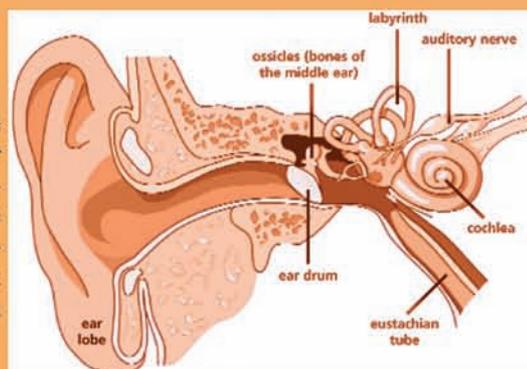
# Noise-Induced Hearing Loss (NIHL)

Before anyone accuses me of being morbidly fascinated with the many ailments that plague dentists, allow me to clarify the reason for this article.

It all started with a rock concert that blasted my eardrums and left my ears ringing the day after. Increasingly bothered by the sound in my ears, I complained to some colleagues about it. While most of them stared at me like I finally went mad, a senior colleague agreed and said she heard it all the time.

This got me wondering: was hearing loss an occupational hazard too?

Firstly, let's get reacquainted with the anatomy of our ear. Basically, the ear has 3 main parts: the outer, middle and inner ear. Sound waves enter through the outer ear and reach the middle ear where they cause the eardrum to vibrate. The eardrum and 3 tiny bones (ossicles) amplify the vibrations and carry them to the fluid-filled inner ear which also contains hair cells. The fluid moves the hair cells and initiates changes that lead to the production of nerve impulses which are then interpreted in the brain as sound.



As early as the 1950's, there were concerns raised over the health hazard posed by sharp piercing noises from the dental high speed air turbine and ultrasonic scaler. In 1974, the American Dental Association's Council on Dental Materials and Devices recognized that extended exposure to the noise from ultra high-speed cutting instruments could cause auditory damage. However, they also believed that there were other factors to consider like age, frequency of exposure, intensity of loudness, length of exposure time and intervals between exposures.



An important factor in determining whether one is at risk from noise induced hearing loss is the volume and the length of exposure to the noise. Dr Paul Mok, Head of ENT at Jurong Medical Centre says, "If you are exposed to 85db for 8 hours, then you are at risk for noise-induced hearing loss (NIHL). The greater the intensity, the shorter the duration you can be exposed."

Noise induced hearing loss can be caused by a one-time exposure to loud sounds as well as by repeated exposure to sounds at various loudness levels over an extended period of time, as in the case of dentistry.

Some studies have placed the high-speed whine at approximately 70-90dB. Older handpieces appear to be louder than new equipment in the range of 100dB and more.

In the dental practice, continuous exposure to the high-speed air turbine for 8 hours is highly unlikely. Therefore, the daily cumulative drill noise of 12-45 minutes falls within the guidelines for noise exposure.

So what was the ringing sound I heard? Dr Mok explains that this could be what is known as tinnitus. Tinnitus can be described as a high pitched, cricket-like or static sound. The thousands of hair cells in our inner ear can be damaged by excessive exposure to sound. This results in the hair cells being unable to pick up on external sounds and you could land up hearing your own static within the ear. In other words, it comes from within your own body and is always present, except that normally the external sounds are louder. If the tinnitus goes away after a while, there may have been temporary damage to the hair cells but they have recovered since. This is typical during army training (or in the case of a rock concert) and they usually recover within 2 weeks.



It is important to note that there are other causes of ringing sounds and hearing loss. These include external ear blockage, ear infection or even a cold. Dr Mok recommends that if you suspect something is wrong, for example experiencing a noise in the ear or reduced hearing, to visit an ENT specialist to prevent infection, fluid in the ear or other diseases. Assuming the nasal passages are clear and there is no problem in the ear, hearing tests would then be conducted.

Contrary to the advice given in certain dental articles, Dr Mok says there is no real need for yearly ENT checkups as dentists are not at high risk of NIHL and he has yet to see a dentist for occupation-related NIHL.

However, if you experience frequent tinnitus after a day at work and a check with the ENT specialist has found everything to be normal, wearing ear plugs may help. Dentists who are older or taking cholesterol, diabetic or hypertension medication that may affect the ear, may in these circumstances want to prophylactically wear the ear plugs as their ears are more susceptible to damage.

Also, a less enclosed, bigger treatment room, with the windows opened can help disperse the sound laterally.

There are no vitamins that have been proven to improve ear health, but probably the best and most practical advice would be to avoid wearing earphones (and testing the maximum volume on your mp3 player) and generally to avoid exposure to loud sounds.

Keeping these facts in mind, we hopefully no longer have a valid excuse for not being able to hear our patients' cries of pain on the dental chair.

*Dr Charlene Goh*



**TIPS TO PREVENT NIHL**

- Wear ear plugs
- Invest in a newer high speed drill with lower decibel production
- Open the windows to disperse sound
- Avoid wearing earphones
- Avoid excessive exposure to loud sounds

*Thanks to Dr Paul Mok for his invaluable help.  
To make an appointment with the ENT specialists at JMC, call 63793899*



# A Tale of Two Cities

## Penang and Malacca revisited

the fish, and I enjoyed every bite of it. Next, we decided to try the fried kway teow (RM 3.00). It was full of crispy fried lard bits and chye poh (preserved salted radish); extremely unhealthy but oh-so-delicious. We decided to round

As a child, I eagerly looked forward to trips to Malaysia. Back then, a simple road trip holiday seemed to be so exciting; full of things to do and see. However, as the years pass, it seems as if our neighbouring country no longer holds the same attraction for us, and when we think of going on holiday, we would choose Europe, Australia, USA or even Thailand over Malaysia (unless you happen to be Malaysian). Well, this trip started the same way. The plan was to go to Bangkok for a weekend shopping trip. Unfortunately, my travel companion and I, being the serial procrastinators that we are, left off buying the air tickets till it was too late, and we ended up being stuck with a few days of leave and nowhere to go. Thus, we hit upon the idea of travelling by bus to Penang and Malacca, two places that I haven't been to since my primary school days.

Accordingly, we armed ourselves with a list of recommended restaurants and hawker food stalls, and merrily set off on our 4 day road trip. After a surprisingly comfortable 10 hour bus ride to Penang, we were all ready to explore the city. Of course, the main attraction of the city would be its legendary hawker food. Thus, where and what to eat was the central (and recurring) theme of our two days there.

We started off by having breakfast at a small coffee shop at the junction opposite the Oriental Hotel along Jalan Penang. I had prawn noodle soup (RM 2.50), together with the richest, most chocolately iced Milo I ever had in my life. The lady working at the drinks stall also recommended the kaya toast highly, so we decided to order a slice each to try, but it was quite a letdown, because the bread was not toasted enough, and they could have been more generous with the butter.

After walking around a bit and doing some sightseeing, it was time for lunch next. This time, we stopped at this coffee shop, Joo Hoi Cafe (475 Jalan Penang). Despite its dark dingy appearance and the fact that the entrance was half obscured by a stall selling nail clippers and assorted odds and ends, it was packed with people, so we assumed that the food had to be good. First we had the Penang (assam) laksa (RM 2.50). The soup was tasty and they were generous with



off the meal with ice kachang from a small stall in the alley next to the coffee shop for dessert, a satisfying and refreshing complement to all that rich food.

After a brief sojourn around Penang Hill (Bukit Bendera), it was time for dinner. We decided on Kayu Nasi Kandar, a 24-hour open-air restaurant at 216 Jalan Penang, highly



recommended by the Lonely Planet guide book. While the variety was good and the food tasty enough, it was nothing particularly remarkable. The teh tarik (RM 1.20) however was outstanding; rich and sweet without being overly cloying.



The next day, our designated lunch stop was at Kek Seng Coffee Shop (382 Jalan Penang), which was recommended by the Straits Times (Life, 6 March 2007). Accordingly, we tried the items recommended by them – assam laksa (RM 2.50), lor bak (RM 1.00) and durian ice-cream (RM 1.00 per scoop). While the laksa and lor bak were delicious enough, what I really loved was the durian ice-cream, which was richly flavoured and not overly sweet.

After all that feasting in Penang, we set off to Malacca. After sitting through a gruelling 9 hour bus ride (involving countless detours, traffic jams and one bus breakdown), we were more than ready to stretch our legs. Thus, we decided to do a 3 hour, 2.2 km walking tour around the sights of Malacca, following the itinerary mapped out by the Lonely Planet guide book.



Along the way, we decided to stop for a meal at the supposedly famous Famosa Chicken Rice Balls (28-30 Jalan Hang Kasturi). Their signature dish of chicken rice balls with chicken (RM 4.30) was extremely unimpressive. The rice was hard, cold and overly compacted, and definitely not fragrant or tasty enough.



The chicken was equally unremarkable. However, what we found to be really good at the restaurant was the otah fish cake (RM 10.00) and the beansprouts with salted fish (RM 5.00).



We then spent the evening and night browsing through the stalls along Jonker street night market. The stalls sold pretty standard items, but there were some gems to be found. Of course, we had to stop along the way for the delicious chendol with durian (RM 3.00), the mango ice kacang (RM 3.00) and the apom balik with sweet corn and crushed peanuts (RM 0.80). Another noteworthy restaurant to try is Nancy's kitchen along Jalan Hang Lekir (15 Jalan Hang Lekir). The popiah and the kueh pie tee are highly recommended.



It is a really pleasant experience to relax and people-watch at the numerous pubs and cafes along the same street. Most of them have live music being played and the crowd there is friendly and spontaneous, often standing up to do the cha-cha, or rock-and-roll, or salsa; or volunteering to sing along with the band.

All in all, I had a lot of fun on this trip, much more than I had expected. For a short impromptu trip just to get away from it all, I would certainly recommend taking a road trip to Malaysia.

*Dr Sharon Poh*

## Membership trends in SDA

Most organizations depend largely on their membership pool. Members volunteer to organize activities, as well as serve in committees ranging from the executive body to the smaller sub-committees. The income source is also derived directly or indirectly from the members. As such, membership is very crucial to the SDA.

In comparison to most professional bodies in terms of membership, SDA is very fortunate. It has the highest capture rate of its professionals upon graduation and also the lowest drop out rate. However, this should not be taken for granted.

SDA has kept itself relevant in all fronts. For the newly graduates, there are activities organized to welcome them. For those in practice, the Ethics Committee, the Continuing Dental Education (CDE) Committee and many others aid in the growth of the dental fraternity in Singapore. Finally, for those who are retiring or retired, SDA is also looking at avenues to cater to this group. In short, every member is important to SDA.

SDA is pleased with the trend of increasing SDA membership applications. The number of life members is also on the rise. These senior colleagues have contributed much of their time, experience and expertise to the dental fraternity by guiding their younger counterparts, leading committees and assisting in the organization of events and conferences. In fact, their presence plays a major role in the SDA still being extant.

SDA derives income from several sources with the major one being the ordinary membership fees. Other sources include sponsorships with oral health awareness programs and the revenues generated from the large CDE related activities (E.g. IDEM/FDI). SDA encourages more volunteers to be actively involved in the organizing and running of these activities that will benefit the association, profession and the public.

SDA membership fee has remained at \$150 for many years. The current council is committed to maintaining it at this amount, even with the inflation and the increase of GST from 5% to 7%. Therefore, SDA has to look at alternative financial sources to supplement our inevitable increasing expenditure.

SDA is being very cautious in exploring other sources of income. Stringent guidelines are in place for soliciting funding to generate income and on expenditure to reduce cost, for example the Accreditation committee met many times before granting "Seal of Approval" to products.

In summary, SDA has to stay relevant to all its members. It is undertaking ways to reduce the expenditure while establishing transparent and definitive financial guidelines. Through these measures, the committee hopes to reach an ambitious 100% membership rate of all SDC registered dental surgeons in Singapore.

Dr Bertrand Chew

Hon Treasurer, Membership and Welfare Chairperson



***“SDA encourages more volunteers to be actively involved in the organizing and running of these activities that will benefit the association, profession and the public.”***

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**Recommend Listerine, twice a day, every day, for whole-mouth health.**

\*Based on a home-use test among subjects with mild-to-moderate gingivitis.

Reference: 1. Sharma N, Charles CH, Lynch MC, et al. Adjunctive benefit of an essential oil-containing mouthrinse in reducing plaque and gingivitis in patients who brush and floss regularly: a six-month study. J Am Dent Assoc. 2004;135:496-504.



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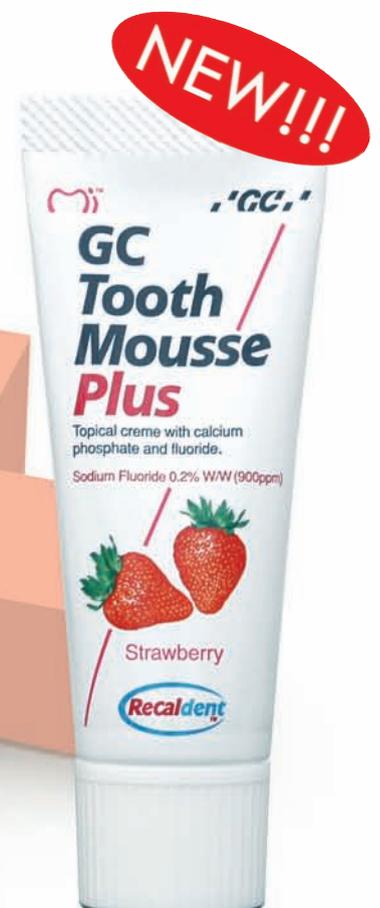
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- + For patients with erosion and gastric reflux
- + For patients with poor plaque control
- + For high caries risk patients
- + To provide extra protection for teeth



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