

denta SURGEON

A PUBLICATION OF SINGAPORE DENTAL ASSOCIATION MICA (P) 168/01/2008



PRE-IDEM SPECIAL

Pg 18



MOH SPOTLIGHT

Review of changes in the Dentist Act

Pg 6

BLEACHING only by Dentists?

Pg 16

ALSO IN THIS ISSUE

- **PR 101**- Corporate Social Responsibility in Dentistry? Pg 22
- **SDA Ethics**- Show and Tell Pg 13

March 2008 ISSUE

See the difference with Colgate Total

Fluoride
Prevents cavities

TOOTHPASTE Ordinary Fluoride

Superior cleaning⁴

Clinically proven in over 60 Studies
Studied in over 15,000 patients.¹³

Copolymer
Retains triclosan for 12-hour antibacterial protection.⁶

Triclosan
1. Helps to prevent plaque bacteria, gingivitis and halitosis.^{8,10,14}
2. Helps to reduce key inflammatory mediators.⁷

Sodium Fluoride
Prevents cavities.^{11,12}



Recommend Colgate Total Professional Clean to maintain a “Professional Clean” feeling every day

References: 1. Data on file, Colgate-Palmolive. 2. Relative Dentin Abrasion (RDA) is below ISO standard for daily use toothpaste. 3, 4, 5. Versus ordinary fluoride toothpaste with conventional silica. Data on file, Colgate-Palmolive. 6. Amornchat C *et al. Mahidol Dent J*, 2004; 24: 103–11. 7. Modeer T *et al. J Clin Periodontol*, 1996; 23: 927–933. 8. Garcia-Godoy F *et al. Am J Dent*, 1990; 3: 15–26. 9. Banoczy J *et al. Am J Dent*, 2005; 8: 205–208. 10. Hu D *et al. Compend Contin Educ Dent*, 2003; 24(Suppl 9): 34–41. 11. Marinho VCC *et al. The Cochrane Library* 2006; Issue 1 “Fluoride toothpaste for Preventing Dental Caries in Children and Adolescents (Review)”. 12. Panagakos F *et al. J Clin Dent*, 2005; 16(Suppl): S1–S20. 13. Data on file, Colgate-Palmolive. 14. Davies RM *et al. J Clin Periodontol*, 2004; 31:1029–1033

Colgate

#1 Recommended by Dentists Worldwide

CONTENTS

- Pg 4 **Editor's note**
- Pg 6-7 **MOH spotlight**
Review of changes in the Dentist Act
- Pg 8-9 **SDHF preventive dental care**
How to get more people to practise it?
- Pg 10 **The Flying Dentist**
Bringing Dentalcare to Singapore
- Pg 12 **SDA Ethics** night
- Pg 13-14 **SDA Ethics** Show and tell
- Pg 16-17 **Feature**
Bleaching only by dentists?
- Pg 18-20 **Pre-IDEM special**
What to look forward to?
The Oral-systemic health connection
- Pg 22-23 **PR 101**
Coporate social responsibility in dentistry?
- Pg 25-26 **Dental History**
G.V. Black- Father of modern dentistry

EDITOR'S note

Sequels are always hard, be it for movies or music. Too often, sequels to box-office hits flop miserably. However, some things do consistently get better. IDEM is in its 5th year and shows no sign of slowing down. Each year brings even more renowned speakers and trade exhibitors under one roof and this year promises to do the same. To get you in the mood, we have some pre-IDEM articles to whet your appetite just before the event itself on the 4th-6th April.

Breaking away from the usual reports of overseas mission trips, the article "B.D.S" shows us how sometimes charity begins at home. Also, in line with our promise to have more informative articles, this issue discusses controversial bleaching practices, some dental history and a review of the latest changes to the Dental Act.

Hopefully this newsletter will be spared from the dreaded curse of sequels, so please tell us how we are doing at admin@sda.org.sg!

Dr Charlene Goh

Thank you

Our contributors for this issue:

Dr Asha Karunakaran
Dr Raymond Ang
Dr Edwin Heng
Dr Kelvin Chye
Dr Tan Yinghan
Dr Tay Xueli

Editorial Board

Editorial Advisor

Dr Teo Hiow Hoong

Editor

Dr Charlene Goh Enhui

Sub-Editor

Dr Selvajothi Veerasamy

Layout Designer

Dr Sok Su Gui

Members

Dr Lin Gengfeng

Dr Li Shanshan

Dr Phang Huijing

SDA convenor

Dr Kuan Chee Keong

SDA admin staff

Wennie Kok

SDA council

President

Dr Benjamin Long

Vice-President

Dr Raymond Ang

Acting Honorary General Secretary

Dr Ng Jet Wei

Honorary Treasurer

Dr Bertrand Chew

Members

Dr Ng Chin Siau

Dr Edwin Heng

Dr Kuan Chee Keong

Dr Lim Li

Dr Chye Chuan Hee

dental SURGEON

Printed by Lion Ho Press.

MICA (P) 168/01/2008

dentalSURGEON is produced by members of the Singapore Dental Association for the dental profession. Articles published express the viewpoints of the authors and do not necessarily reflect the views of the editorial team and publisher of the publication.

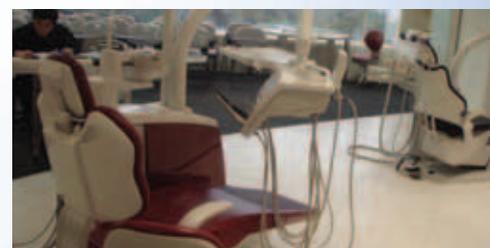
All rights reserved. The contents of this publication may not be reproduced either in part or full without the consent of the copyright owners.



KaVo. Dental Excellence.



Dental Excellence



Over the last few years, the focus and importance of the Asia Pacific (AsPac) region has become a strategic growth initiative for the KaVo Dental Equipment group and as such, we are committed to invest in the AsPac region to ensure we fully support the exciting growth opportunities.

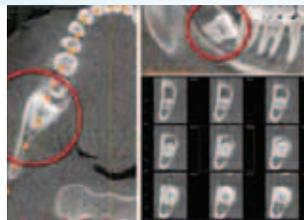
Therefore, we are very pleased to announce that KaVo Asia Pacific has established an AsPac Training & Support Centre based in our KaVo offices in Singapore.

The AsPac training & Support Centre will have the following key objectives:

- Provide expert Technical & Sales training on existing equipment to dealers, customers & staff.
- Provide complete new product launch training
- Centre of excellence in providing Value Selling Techniques training
- Provide regional remote service support

Above will be achieved on a local level and local time zone specifically for Asia Pacific and we trust it will assist greatly in delivering world class support to all our customers within the region. Furthermore, this centre is another initiative taken by KaVo to work locally and support all our customers locally in the best possible way!

Please do not hesitate to contact our center should you require product training or perhaps view some of the new and exciting products available from KaVo.



KaVo Dental Asia-Pacific (Pte) Ltd

7500A Beach Road #09-303/309
The Plaza Singapore 199591

Tel +65 6296 1790 Fax +65 6297 2958
www.kavo.com

Review of Changes in the Dentist Act

dentalSURGEON speaks to CDO A/Prof Tseng

By Dr Charlene Goh

Blink and you might have missed the many developments in the amended Dental Registration Act that has taken place in the past 2 yrs.

In an aim to keep you in the loop, we run through some of these changes and speak with our Chief Dental Officer, A/Prof Patrick Tseng, for his take on the issues he has tackled in his first year and a half as CDO.

MOH bill sizes

At the start of the year, the MOH website made public the average bill size of different dental treatments rendered at public institutions. Only 'private' specialist treatment charges are included and there are no plans to include the prices of basic dental treatment like S & P for the time being. The prices are a 'moving average' and are tabulated and updated by the institutions every month.

The implication of publishing these prices is that patients now have a benchmark to compare prices. However unlike the SDA/SMA guidelines of charges that were abolished, this chart of prices is not in violation of the Competition Law as they are merely a reflection of the institutional charges.

As A/Prof Tseng explains, "Publishing the prices is meant to create inter-institutional competition, where the prices are counterchecked among the institutions." This fact was demonstrated earlier when the publishing of hospital bill sizes caused hospitals with higher charges to reduce their prices almost immediately.

With reference to the influence on the private sector, A/Prof Tseng says, "At the same time it stabilises the charges in the

private sector indirectly, so patients can make informed choices on where to have their treatment done. That said, people see a particular dentist not only because of charges, and often

"I think we have to admit that if there was no control, basically a shortage of supply, then a monopoly will evolve and dentists can charge anything they want."

A/Prof Patrick Tseng

times patients will pay a premium because of the operating hours of the clinic, good reputation of the dentist or even because of convenience of location."

Specialist Register

A few years in the making, the specialist register was finally approved last year. The minister has appointed a specialist accreditation board (DSAB) and as of 1st Jan 2008, the board has opened applications for the 6 clinical specialties. Letters of invitation to all registered dentists will be sent out soon.

The public was initially concerned about the potential increase in charges by the 'specialists' but as A/Prof Tseng explains, the dentists with specialist qualifications who will be on the register are already charging 'specialist' prices or a premium for their specialized skills and this is unlikely to change.

On the other hand, dentists were worried that registering as a specialist would restrict their practice to only that specialty. A/Prof Tseng clarifies, "There is nothing in the Dental Registration Act to restrict a specialist from doing general dentistry. Similarly, there is no restriction for a general dentist wanting to do 'specialist' work. However, we are going to try and encourage 'specialists' to restrict themselves. The intention is to have the specialist do a greater amount of these complex procedures than the general dentist and hence keeping them regularly updated and competent in their specialty. At the same time, the relationship with the referring dentist is maintained because if you do too much general work, no one will want to refer their cases to you."

Dental Therapists and the Recognition of 55 US/Canadian schools

Starting from 1st January 2008, Oral Health Therapists (OHTs) are allowed to register with the Singapore Dental Council (SDC). They will be included in Division 3 of the Dental Register and will be allowed to work in both the public and private sector.

With the introduction of the OHTs and the specialist register, general dentists may understandably feel threatened. A/Prof Tseng was quick to address this concern, "I am convinced the general dentist still has the major role to play because all oral health



therapists cannot work without the prescription of a dentist. So the dentist will still have to be the one to diagnose and treatment plan. We are hoping the majority of therapists and hygienists will be working under dentist who will be carrying out the more complex work." He promises that the OHT situation will be closely monitored and adjustments to the supply of OHTs will be made depending on the demand and feedback. He also emphasized that with the aging population and with the setting up of more old age homes and hospices, there will be an increasing need to deploy some of these oral health therapists there to look after the elderly.

Recently it has been announced that all 55 dental schools accredited by the American Dental Association and the Canadian Dental Association will be added to the schedule of the Dental Registration Act. This brings the total of foreign schools recognised to 89.

The question on many minds is whether there is truly a shortage of dentists and if this possible increase in supply of dentists will result in a drop in earnings. The current ratio of dentist: population in Singapore is 1: 3859. When compared with the US ratio of 1: 2000 there is indeed a theoretical shortage of dentists. However, it must be taken into account that dental awareness in Singapore is significantly lower than in the US and a smaller percentage of the population visit their dentist regularly.

Taking the overseas students and increased intake at NUS into account, A/Prof Tseng feels the current supply of dentists and OHTs is sustainable and should not result in drastic slashing of prices. He says, "The intention was not to force prices down and I think there is a limit to how much dental charges can go down. My intention is to stabilise prices. I do not want the prices to escalate excessively and go beyond the means of the man in the street. I think we have to admit that if there was no control, basically a shortage of supply, then a monopoly will evolve and dentists can charge anything they want, hoping the patient will pay or else forego treatment."

At the same time, measures are being taken to control the supply of dentists in Singapore. As of 1st Jan, dentists with foreign qualifications as well as those who take the qualifying board exams will not be granted immediate full registration. Instead they will be required to work under supervision for a period with conditional registration. This, A/Prof Tseng says, helps to keep standards 'in check' as satisfactory supervisory reports will be required before conversion to full registration. This would also mean that a foreign degree holder who has no local employer or supervisor will not be able to register under Conditional registration.

Lastly, despite Singapore recognising the American/ Canadian degrees, our degree still remains woefully recognised in only a few Asian countries. A/Prof Tseng agrees that mutual recognition

sends the message that our degrees are just as good and MOH might be pushing for mutual recognition. In addition, the fear of the opening of avenues resulting in dentists leaving for greener pastures is abated by the stable supply of dental professionals. However he notes that this issue is fraught with more than just a simple tie-up with the ADA/ CDA and involves other trade offs with governmental agencies like the Trade and Industry and Foreign Affairs Ministries.

THE FUTURE

Foremost on A/Prof Tseng's mind now is the pressing shortage of specialists in pediatric and geriatric dentistry. "I feel dental awareness should start from the child. Not just primary school level, but pre-primary and even pre-natal. This means starting with educating the parents about early childhood caries and all the problems with nursing. I think parents are not fully aware. Hence we are going to tie-up with the hospitals and specifically the gynecologists to give educational pamphlets to expectant mothers.

"Geriatric and Special Needs Dentistry is a specialty in some countries and deals with specific psychological and physiological changes and patient management of the elderly patient. There was a tendency in the past to combine it together with the teaching of prosthodontics. This however requires a different approach as Singapore deals with an increasing ageing population."

There are also plans in the pipeline to make Basic Cardiac Life Support (BCLS) compulsory for all dentists. This would be a first for the medical/dental profession as even the medical doctors are currently not required to renew their BCLS certification regularly. However, some issues will have to be ironed out first.

Addressing the widely publicized topic of dental tourism, A/Prof Tseng feels that as far as clinical service is concerned, this should be left to the private sector to market. The role of NUS and the other major public institutions like the NDC would be to profile and promote the high standard of Singapore Dentistry, and focus on treating local patients for the present. However, this focus can change with emerging trends and demands. Another focus would be to conduct postgraduate and continuing dental education courses and programmes for both local as well as foreign dentists.

There is no doubt that the upcoming years will be eventful for the local dental scene and we look forward to discussing these changes with you.

PREVENTIVE DENTAL CARE

How do we get more people to practise it?

By Dr. Asha Karunakaran

Q How many visit a dentist regularly?

A recent survey by the Singapore Dental Health Foundation found that only 4 in 10 Singaporeans (aged 15 and above) visit a dentist regularly*

* In the survey, "regularly" was not defined. It was left to the respondent to determine what was "regular" to them.

Belief in Prevention

When asked, "Do regular visits to the dentist help prevent future dental problems?"

- Only 61% of lower wage earners (less than \$1500 household income) responded positively. In contrast, nearly 90% of those from households earning more than \$5000 replied positively.

- When responses were analysed according to occupation, it was found that 86% of PMEBs (Professionals, Managers, Executives & Business people) agreed that regular visits prevent future dental problems. In contrast, only 66% of Blue Collar workers, and 57% of retirees & the unemployed, agreed with the statement.

* Belief is not often translated to action

The study found that even among those who stated that they believed regular visits prevent dental problems, less than half (49%) actually visited a dentist regularly.

Again whether beliefs are put into action depended on education and income. Consider:

- Of those from households earning less than \$1500, only 22% visit the dentist regularly. In contrast, 64% of those from households earning \$5000 and more visited the dentist regularly.

- Only 24% of blue-collar workers visited the dentist regularly, while 58% of PMEBs do.



Reasons for visiting the dentist

When asked for the purpose of their last visit to the dentist,

- 44% replied it was for dental cleaning/removal of stains
- 17% replied it was for extractions.

It was found that:

- Young, affluent white collar workers tended to visit the dentist for cosmetic reasons (e.g. stain removal)
- Older adults, blue collar workers, housewives and retirees visited dentists to deal with the consequences of decay.



Reasons for NOT visiting a dentist

Among the nearly 60% that do not visit a dentist regularly, the major reasons cited were:

- No need to visit because there is no pain (35%)
- No time / too busy (26%)
- Dental checkups are not important (13%)
- Don't want to spend money (12%)
- laziness (4%)
- Employer doesn't provide dental benefits (2%)

These reasons seem to indicate that, for most respondents, dental care is simply not a priority. When an activity is of low priority, people are not willing to spend money or make time for it.



The challenge to the dental profession is, how do we convince the public, especially the lower income earners, to value preventive dental care?

One suggestion is to reward those who visit the dentist for preventive care. In parts of Europe, those who show proof that they visit their dentist twice a year for preventive care, get a discount on their general health insurance premium. This is similar to the philosophy of charging lower premiums to non-smokers as opposed to smokers. An insurance industry practice like this would emphasise the relationship between good dental care and good general health.

One of the projects the Singapore Dental Health Foundation (SDHF) has for 2008 is a survey with the Singapore Human Resource Institute (SHRI) to determine the prevalence and nature of dental health benefits given to employees here. The survey will be targeting companies that employ more blue-collar workers. With the information gleaned from this survey, SDHF and SHRI intend to develop a dental benefits programme that encourages and rewards preventive dental care.

I welcome suggestions or the wisdom of experience that members have with dental benefits plans in Singapore and elsewhere.

Please do send me an E-mail.

Bringing Dentalcare to Singapore

As the saying goes, charity begins at home.

Dr Tan Yinghan shares the opportunities available to contribute to the community without leaving our sunny shores.

BDS does not just refer to our dental degree but it also means Bringing Dentalcare to Singaporeans. This is an initiative of the Singapore Dental Health Foundation (SDHF) to provide dental services to Singaporeans who do not have access to proper, regular dental care. This includes residents of welfare homes, the physically or mentally disabled, the elderly, abandoned children, etc. This project is made up entirely of volunteers, and includes dentists, dental nurses, dental technicians, suppliers and many others. These dedicated volunteers will go down to the homes or hospices twice a week to provide basic dental treatment.

Many welfare homes have actually allocated a room for dental treatment and this is well equipped with a dental chair, essential instruments and dental materials. A wide range of dental treatment is provided, including scaling, fillings, extractions and even fabrication of dentures. Dental materials like composite resins, GICs, amalgam and denture materials are readily available and donated by volunteers or sponsored by various organizations.

Ling Kwang Home (LKH) is one of these welfare homes and it was established in 1983 to provide welfare for the elderly. Most of the patients here are wheel-chair bound and are plagued by debilitating diseases. Participating in the BDS project, I have been volunteering at LKH for about a year. Treating patients here can be a great challenge as most residents have mobility problems and are not able to shift to the dental chair. To perform complex treatment on a patient in wheelchair can be rather back-breaking at times. Furthermore, communication

can be difficult as some residents are unable to speak coherently and most can only speak dialect.

Despite such challenges, volunteering at LKH has been an invaluable experience. Although it can get frustrating or tedious sometimes, this is greatly outweighed by a sense of satisfaction at the end of the day. In this day and age, we are too often caught up in earning a big, fat paycheck or chasing after the next promotion at work. Seeing the elderly residents here really help to put things in perspective. Clichéd as it sounds, helping other people somehow does give more purpose in life and it gives you something concrete to hold on to. I suppose this is the reason why some doctors like Dr Victor Lee, Dr Peter Yu have committed so much time and energy into helping others. Being part of this project makes me feel that I am able to make a difference; that I do have the power to change things for the better. It may be just a simple scaling or filling, but what matters is that I am able to utilize my skills as a dentist, not just to earn a living but to help people as well.

Most of the clinics in these homes are in need of volunteers and they are calling out to everyone for any help possible and there are many ways to contribute. No matter how small, any form of aid is better than none. If I have not managed to be very convincing, maybe the words of Mahatma Gandhi would be more persuasive. "I shall pass through this world but once. Any good therefore that I can do or any kindness that I can show to any human being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."

"Clichéd as it sounds, helping other people somehow does give more purpose in life and it gives you something concrete to hold on to."

GLOSSY & POLISHED

A quick application of G-Coat Plus will give all restorations a remarkable surface shine!

STRONG & RELIABLE

New manufacturing technology allows uniform dispersion of nano-sized fillers for optimum protection against wear and acid erosion. The infiltration of G-Coat Plus gives internal protection against cracks and voids for increased fracture toughness and flexural strength of restorations.

Perfect finish for Glass Ionomer, Composite & Temporary restorations

GC G-COAT PLUS

Gives you the BEST of both worlds...

BEAUTY & BRAWN



The logo for GC, consisting of the letters 'GC' in a stylized, bold, sans-serif font. The 'G' and 'C' are connected at the top. The logo is positioned in the bottom right corner of the advertisement.

GC Asia Dental Pte Ltd
19 Loyang Way #06-27
Changi Logistics Centre
Singapore 508724
Tel (65) 6546 7588
Fax (65) 6546 7577
Email gcasia@singnet.com.sg
Internet www.gcasia.info

By Dr Tay Xueli

'People are getting smarter nowadays; they are letting lawyers, instead of their conscience, be their guide.'

Will Rogers, US actor, lecturer and humorist.



Ethics Case Study Seminar Night 2007 was held on 29th November at the Kent Ridge Guild House. Dr Raymond Ang, together with the SDA Ethics Committee presented a night of colorful discussions, captivating the audience's attention. The aim of the night's discussion was to expose SDA members to the various complaints lodged by the public, and how they are successfully resolved.

We live and work in a world where the 'consumer' is king. With patients becoming more informed, more assertive and more determined than before, we, as dentists are facing an increasing number of complaints, as well as litigation of all kinds. Avenues for complaints management include the Singapore Dental Association (Ethics Committee), Singapore Mediation Centre – a non-profit organization guaranteed by the Singapore Academy of Law, Small Claims Tribunal and Singapore Dental Council. Litigation should be the last and final option for any dispute management.

Dr Raymond Ang enthralled the house with numerous cases the ethics committee handled over the last year. Audiences were introduced to the 'dissatisfied patient', various ways in which complaints tend to arise and the appropriate remedial action. He also brought our attention to the basic skills required by all members of a dental practice necessary in handling complaints. It is important for us to hone our listening skills and verbal skills so as to be able to manage the setting and situation better. Members were urged to contact Dental Protection at the earliest stage of any complaint, when the dento-legal advisers would be happy to advise on the best way to proceed in the circumstances of each individual case.

"Make it compulsory for a doctor using a brass plate to have inscribed on it, in addition to the letters indicating his qualifications, the words

'Remember that I too am mortal!'"

George Bernard Shaw, English dramatist and critic.

Majority of complaints are based on misconceptions and miscommunication

SDA serves to listen and understand the patient's concerns and problems. SDA also helps to explain the situation to the dentist and the patient and helps to mend the relationship between them. Sometimes advisory letters and recommendations are sent out to the dentist on how to avoid such problems in the future. SDA also weeds out trivial cases by using the research arm for literature review and by sending out cases for independent 3rd party Medical Reports. Thus, dentists are able to avoid a lengthy, costly and a possibly very public court case. A sample of various consent forms were also given to the participants for their reference. The list included local anaesthetic operations, root canal treatment, orthodontic treatment.

Throughout the evening, Dr Ang presented a non exhaustive number of cases that included serious cases and the more frivolous ones. Some cases were due to negligence, pure carelessness on the dentist's part but some seemed to be just petty complaints from a spiteful, displeased patient. Most of us were tickled to laughter by ridiculous letters sent to SDA, unable to fathom the ludicrous complaints.

The night ended with a Q&A session by the lawyers. It was an interesting night and members were able to clarify any doubts they had, essentially benefiting tremendously from the night's events.

SHOW & TELL

As simple as it sounds, using a mirror can save you a lot of trouble in your dental practice.
Dr Raymond Ang shows us some cases, and tells us what we can do.

CASE 1

From: [mailto:-----@-----.com.sg]

Sent: 08 November 2007 18:40

To: admin@sda.org.sg

Subject: Tooth extraction error

Dear Sir / Madam,

Please advise as I have a case for a wrong tooth extraction.

I visited the -----dental clinic on 03Nov at 9.30am. 1 of my tooth was extracted at 9.55am. (Paid S\$90.00) I was shocked, when replacing the cotton and realized that my problem tooth was still intact at 11.15. I returned to the clinic, with excuse and apology my second tooth was removed at 12.25. (No charges).

Note: dental surgeon claim that the first tooth had to be removed in the matter of time and claims his clinical opinion is usually correct

I find no words to express the frustrations and agony. I am not too sure about what other recourse or how to quantify my losses

May I enquire on any similar records or precedent establish on such case.\

Thanks and Best Regards,

CASE 2

From: [mailto:-----@----.com]

Sent: 16 September 2007 23:52

To: admin@sda.org.sg

Cc: enquiries@dentalcouncil.gov.sg

Subject: Letter of Complaint

RE: Letter of Complaint -----Dental Surgery
Singapore Dental Association,

I'm writing to express my disappointment of false/untrue "professional" advice from my regular dentist. I visited ---Dental a couple of weeks ago for the regular cleaning/polishing. After the treatment, Dr X informed me that 6 numbers of my existing filling required repair/touch up and suggested I arrange for follow up appointment. I was actually very surprise with her observation as I always maintain it regularly.

Weeks later, with doubts on the observation, I decided to visit another dentist for follow up. I visited ----Dental Surgery on 25 Aug 07, Dr Y attended to me and I requested him to do the filling for my teeth. To my surprise, he told me that all my filling are perfectly alright after checking thoroughly. The short consultation caused me \$15.00, however, I will have to spend lots more if I did not seek a 2nd opinion and trust whatever ---- Dental suggested to me.

I'm seeking Singapore Dental Association to investigate on the sub-standard service from ---Dental. How can be possible for a professional dentist to make such lousy observation, or there's probably some hidden agenda?

I'm not trying to suggest anything, but can you imagine none of my filling requires attention! I'm puzzled and distress.

Thank you and Best Regards,

the 2 types of complaints seen above are getting more common in recent years

- Claims of Wrong Tooth extracted.
- Disputes regarding no. of fillings required or performed.



Furthermore, these types of complaints can be very difficult to resolve because they usually involve extremely angry patients and very defensive dentists. Claims of wrong teeth extracted can easily lead to litigation and be hugely expensive. Moreover, disputes regarding number of fillings needed/done can easily be blown out of proportion. For example, the cases mentioned above actually reached the Singapore Dental Council! It is indeed fortunate that both cases were successfully mediated due to the hard work of SDA Ethics Committee.

Ironically, these types of complaints can be easily prevented using a cheap plastic \$2 handheld mirror bought from the neighborhood provision shop!

Extractions

Before the administration of local Anesthesia, always use the mirror to **SHOW & TELL** the patient which tooth you are extracting and confirm with the patient before proceeding.

After the extraction, it is also advisable to use the mirror to show the patient the extraction socket and at the same time instruct the patient on how to bite on the gauze to help stop the bleeding.

Fillings

Before starting on a filling, during the Examination & Diagnosis stage, always use the mirror to **SHOW & TELL** the patient where the decay is. If you are replacing a filling, please also **SHOW & TELL** the patient why the old filling needs to be replaced.

After the filling, it is also useful to use the mirror to show the patient the completed filling to reduce the chance of disputes after the procedure.

Conclusion

SHOW & TELL plays an important role in obtaining Informed Consent. Moreover, it helps in patient management by giving patients the impression that you are a caring and conscientious dentist. Although this extra step means you have to spend a little more time to do the procedure, it helps you to build rapport and saves a lot of time and stress by helping you avoid oomplaints.

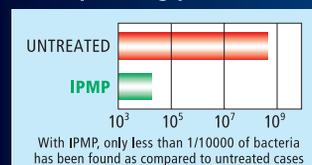
LION Discovery – IPMP Effectively Fights Gum Disease

IPMP Attacks Nesting Bacteria at its Source

It's a fact, your teeth and gums are under constant attack. Bacteria, bits of food and saliva combine to form a nasty, germ-rich, tough-to-kill bio film that covers your teeth and gums. Left untreated, bio film can produce toxins, causing red and swollen gums, which can lead to gum pockets and gum disease.

After years of research, Lion Corporation, the number one oral care company in Japan, succeeded in creating a "GD Bio Film Model". This important development led to the discovery of the new anti-bacterial agent IPMP. IPMP effectively penetrates and quickly kills harmful bio film and is a significant weapon in fighting gum disease.

Antisepticizing power of IPMP against Bio Film



Bacteria found in **Bio Film** that sticks to teeth and gums

Gum Pocket

Journal of Dental Health, 54(4), P437, 2004



Systema Toothpaste & Mouthwash contain **IPMP** along with **GK2** for **Double Impact Gum Protection**. Both these specially developed Systema advanced dental ingredients work together to fight gum disease.

For a complete oral care regimen, use Systema Toothpaste and Mouthwash in conjunction with Systema Toothbrush and Interdental Gel & Brush



Systema Japan's Advanced Dental Technology to Prevent Gum Disease

bleaching only by dentists?

The demand for aesthetic procedures has exploded and dentists are not the only ones cashing in. **Dr Li Shan Shan** investigates.

I have a slight penchant for the comedy sitcom F.R.I.E.N.D.S and one of my favourite episodes features Ross bleaching his teeth in preparation for a date but ending up with disastrous results. He had over bleached his teeth into an unnatural shade of white and they even glowed in the dark during the dinner.

Tooth whitening has gained much publicity lately with a dazzling white smile on almost every Hollywood celebrity. Much public awareness about cosmetic dentistry has also been raised due to the popular reality TV series, Extreme Makeover. With such media onslaught, many people are now very keen on bleaching their teeth.

I was walking around a popular shopping centre when I came across a beauty salon offering tooth whitening as well. With a big armchair simply placed in front of a huge television set, it was obvious that this was no dental clinic. Intrigued, I could not resist making an appointment for a "free consultation".

The "consultation" was very brief. The "smile therapist" merely took the shade of my teeth and advised the whitest shade possible. A laser activated gel is used and the "smile therapist" declared that they were using the very same whitening system as dentists. When probed, she mentioned that she is actually a dental therapist and that they are certified to do tooth whitening.

It is a great cause for concern that some beauty salons in Singapore are performing tooth whitening procedures.

Firstly, are the dental therapists hired by some beauty salons allowed to treat patients without supervision from a qualified dentist? According to the Oral Health Therapist Register, dental therapists and hygienists must work under direct supervision of a Div I dentist or at least work in collaboration with one if they have more than 5 years of experience. There

...According to the Oral Health Therapist Register, dental therapists and hygienists must work under direct supervision of a Div I dentist or at least work in collaboration with one if they have more than 5 years of experience...

was definitely no dentist around in that salon and it would certainly seem as if they were in violation of this Register.

Also, perhaps it would be more ideal if tooth whitening could be performed after a dentist has examined the patient. It would be better for the patient to let a dentist diagnose the cause of tooth staining, offer all treatment options available and recommend the most appropriate one tailored to each patient. Any existing caries or periodontal disease can also be treated before any tooth whitening procedures.

There are many questions and issues raised but these all revolve around ethical clinical practice and patient safety. The cosmetic industry is a booming business. Beauty salons and health spas are offering treatments using lasers and IPL while some GPs are offering various aesthetic treatments. The recent debate over certain questionable aesthetic treatments offered by GPs also indicates a growing problem of unethical practices in the cosmetic industry. Perhaps, it would be good for the dental fraternity to exercise prudent self-regulation to avoid negative portrayal in the media which could affect the public's trust in the profession.

CONTACT US

*Singapore Dental Association
2 College Road
Level 2 Alumni Medical Centre
Singapore 169850*

*Tel: (+65) 6220 2588
Fax: (+65) 6224 7967
Email : admin@sda.org.sg*

FEEDBACK/LETTERS

DON'T HOLD BACK!

Disagree with any of the articles? Or do you have something to add to the debate? **YOUR** opinions, feedback and suggestions are important to us. So please write to us. Please include your name and address. Letters may be edited for clarity and length

ADVERTISING/SPONSORSHIP ENQUIRIES

The dentalSURGEON is the official newsletter of the Singapore Dental Association and is mailed to all members thrice annually. To discover how you can use the newsletter to maximise your advertising budget, and reach a target audience, please contact us for more information at the above address.

IDEM 2008

WHAT TO LOOK FORWARD TO

By Dr Phang Hui Jing



Dr Ng Jet Wei
Chairman of IDEM 2008 Organising Committee

" IDEM 2008 scientific conference has a line up of renowned speakers and professors speaking on various interesting topics. Visitors can look forward to more than 300 exhibitors from around 35 countries as well as a first-rate conference with top international speakers. The conference also provides limited hands-on courses which include 'Molar Endodontics without Tears' by Clinical Associate Professor Patrick Tseng and Professor Simon Friedman; and 'Guided Tissue Regeneration' by Dr Stephen Chen and Dr Lisa Heitz-Mayfield. There is also a special complete hands-on for DeguDent's Cercon smart ceramic system by Christian Specht and KM Wong of Dentsply Asia. There will also be a dental public health screening organized by Singapore Dental Health Foundation (SDHF). We are honored that the Minister for Trade and Industry Mr. Lim Hng Kiang will grace the Opening Ceremony of this meeting. It is our intention to cover a wide range of topics so that every dentist visiting the Meeting will have something in store of particular interest to him. "

Dr Choo Teck Chuan
Chairman of Scientific Conference

" IDEM 2008 would be even bigger; for the first time we have two major parallel programs taking place simultaneously as we expect bigger audiences. All within three days we have ten authoritative speakers - speaking from early morning to late in the evening. Limited attendance hands-on sessions have not been left out - and these are now being well subscribed at this time of writing. IDEM 2006 only involved one major hall - filled to the brim at most times. We learned from this that we need to have two large halls for 2008 so that none will be turned away. The programme differs from that of 2006 in that this time, every possible effort has been made to cover as many disciplines of dentistry as possible so that the meeting will be one that serves the interest of all specialists as well as the generalists. The speakers will certainly direct our attention to the importance of "THE SCIENTIFIC BASIS OF CLINICAL PRACTICE", which is the theme for 2008. "





Dr Lim Lii
Chairman of Registration & Treasury

“ IDEM 2008 has lined up a whole host of internationally acclaimed speakers (from Australia, Europe, USA and Canada) to lecture on a wide spectrum of dental specialties. Also, IDEM 2008 exhibition will be the biggest yet in terms of featuring more international exhibitors and National Pavilions (from Argentina, Brazil, France, Germany, Switzerland and Taiwan). Hence, this is an excellent opportunity to learn from the Greats in each dental field as well as find out more on the latest dental products from around the world. We are expecting 1500 participants and have spent many months preparing the registration components for this event. I feel confident that with my committed team of volunteers, we are well prepared to ensure that the onsite registration at the event will be smooth sailing. For IDEM 2008, we are encouraging online registration as much as possible. The conference fee for SDA members is set at a very affordable \$315 and includes entry to the exhibition. For more details, members can log on to www.idem.sda.org.sg. ”



Koelnmesse

“ IDEM Singapore which comprises of a trade exhibition, a congress and a consumer fair is co-organized by Koelnmesse, Singapore Dental Association, FDI World Dental Federation and the World Dental Education Society (Singapore). In 2008, the number one dental-sector trade fair in the Asia-Pacific region will once again serve as a strategic platform for dentists, trading firms, dental technicians, and research and development companies – one that also offers excellent opportunities for business networking. New exhibitors at the show also include the global British-Dutch group UNILEVER, which has chosen IDEM to present its partnership with the FDI World Dental Federation and their joint campaign – called “Live. Learn. Laugh.” – to the Southeast Asian market. The show will again feature joint stands and pavilions from countries right around the globe, including Switzerland and Liechtenstein, Germany, the U.S., Brazil and Singapore. In addition, the French Chamber of Commerce in Singapore (FCCS) will also feature the first-ever French pavilion under the auspices of UBIFRANCE, subject to the relevant number of French manufacturers finally applying. ”

The Oral-Systemic Health Connection

By Dr Edwin Heng

An old English proverb states that "The eyes are the window to the soul".
A proposed 21st century proverb can be... "The mouth is the portal to the body".

The 2-way Street

For many years, the focus of dentists has been to save teeth and to preserve the periodontium. Since the late 80's, evidence began to suggest of a possible association between oral health and a wide variety of systemic conditions like chronic heart disease, diabetes, adverse pregnancy outcomes, respiratory disease. There is no doubt that oral health and general health are inextricably bound. Recent studies have shown that there is a definite relationship between diseases of the oral cavity, particularly periodontal infections, and systemic diseases. Many conditions that plague the body are manifested in the mouth, a readily accessible vantage point from which to view the onset, progress, and management of numerous systemic diseases.

The "Awful" Truth

According to a press release in recent years, periodontitis which is a chronic inflammatory oral disease, affects up to 85% of Singapore's population. The mouth is colonized by hundreds of different bacterial species that inhabit dental plaque. These species form firm clusters adhering in layers to oral surfaces that are not easily eliminated by the body's

natural immune responses and must be mechanically removed. Accumulation of the oral gram-negative bacteria and resultant inflammatory mediators in the periodontal lesions will enter the bloodstream, stimulating the liver and white blood cells to increase their production of inflammatory proteins such as C-reactive protein, inflammatory cytokines such as Interleukin-1 Beta (IL-1 β), blood coagulation/adhesion factors, and increase blood lipid levels. These blood markers in turn are associated with an increased risk of developing cardiovascular and other diseases.

Diabetes Mellitus

To highlight a well-known example, periodontitis has been called "the sixth complication of diabetes mellitus"; it is twice as prevalent in diabetic individuals as in non-diabetics. Diabetic patients are more likely to develop oral problems such as gum infections and even tooth loss. One reason for this is the increase in the levels of glucose in the saliva as well as in the gingival crevicular fluid of the periodontal pocket in people with high blood glucose levels, leading to gum inflammation and the proliferation of bacteria. Another reason is that diabetes impairs the body's ability to produce new bone formation after initial bone loss. Hence, diabetics find it more difficult to repair the tissues that are lost when the oral inflammatory response of the body lead to bone loss and periodontal tissue degradation.

IDEM 2008

At IDEM 2008, Professor Steven Offenbacher, who carries the prestigious title of Distinguished Professor and Director of the Centre for Oral and Systemic Diseases at the University of North Carolina, will present his keynote lecture entitled "Periodontal Disease and Your Health – The Scientific Evidence". He is an internationally renowned researcher and lecturer. It is surely an opportunity not to be missed by all who want to understand more on the growing body of scientific evidence and its clinical relevance. Risk factor assessment can help the dental profession choose the most appropriate treatment for our patients, and collaborating with our medical colleagues will result in an improved level of overall well-being for them.

The No.1
in Asia Pacific



SINGAPORE

INTERNATIONAL DENTAL
EXHIBITION AND MEETING

April 4-6, 2008

A TECH & E-WOO

World's No.1 Dental Digital Radiography & CT

The **Vatech & E-WOO Group** believes that continuous innovation is key to bringing global dental treatment standards to a higher level. **Vatech & E-WOO** has incorporated cutting-edge technology and superior image quality with powerful clinic management software, providing dentists everywhere with comprehensive imaging, diagnosis and treatment solutions.

Our growing international market share, along with the highest number of installed CT units worldwide, is a strong testament of our commitment to bringing the best that technology and innovation can bring to the world. For more information on our products, please visit us at www.e-wootech.com and www.vatech.co.kr.

PICASSO trio

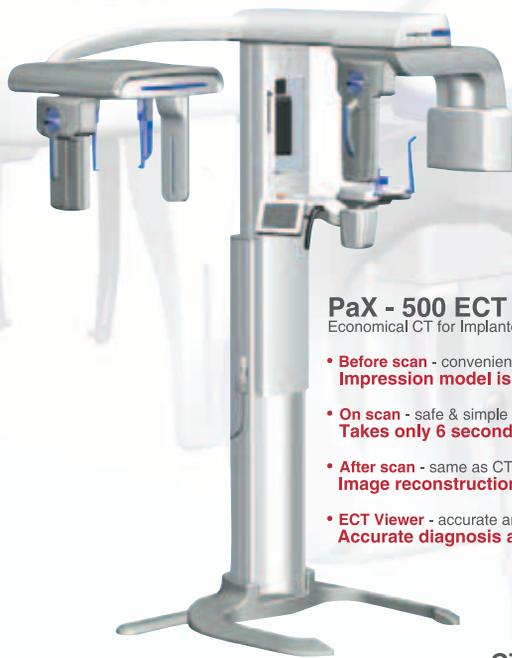


Picasso Trio

Dental CT, Digital Panoramic & Cephalometric functions combined in one single unit.

- Pano + Ceph + CT = 3 in 1
- The first all-in-one, 3 functions in 1 unit
- Specially Designed for the Private Dental Clinic
- FOV 12 X 7 cm, 8 X 5 cm

PaX - 500 ECT

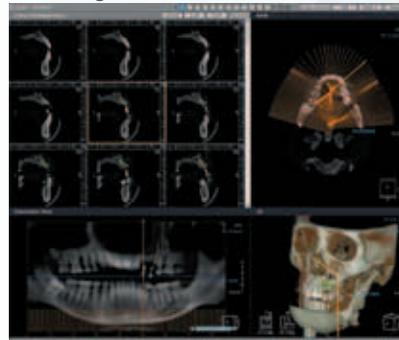


PaX - 500 ECT

Economical CT for Implantologist

- **Before scan** - convenient & time saving
Impression model is not needed
- **On scan** - safe & simple
Takes only 6 seconds to scan the target
- **After scan** - same as CT
Image reconstruction like a CT
- **ECT Viewer** - accurate and exact
Accurate diagnosis and treatment plan simulation

CT Image



ECT Image



For enquiries on other imaging products and our Pre IDEM offers, please contact our sales representative at:

E-WOO Singapore Pte Ltd

Pacific Tech Centre #05-04

Singapore 159303

Tel: +65 6270 6260 Fax: +65 6273 6260

Email: sales@e-woo.com.sg

Corporate Social Responsibility in Dentistry

Increasing numbers of companies seem to be taking the altruistic path and giving back to society. **Dr Kelvin Chye explains** the phenomenon and suggests how we can apply this in our dental practices.

The hype surrounding Corporate Social Responsibility or "CSR" is everywhere – as an increasing trend of companies and organizations adopt the practice of social responsibility to reciprocate to the social and economic environment they operate in. Corporate social responsibility is no longer a buzzword, but a permanent concept in the business world.

As Wikipedia defines it, "CSR is a concept whereby organizations consider the interests of society by taking responsibility for the impact of their activities on customers, employees, shareholders, communities and the environment in all aspects of their operations."

In today's context, consumers, investors, governments and even employees have become more sophisticated and more

conscious of good corporate behaviour, or the lack thereof. A company's reputation has become one of its most valuable assets, and CSR has become one of the key components of corporate reputation. Just visit any reputable company's website and you are bound to find a section on corporate responsibility, highlighting the company's effort in CSR. Believe it or not, this is no exception in dentistry too as more of our patients are more aware and discerning when choosing the friendly and socially responsible dentist they go to.

An approach for CSR that is becoming widely used is the development of community relations as well as environmentally friendly projects. Some of the examples of CSR initiatives in the corporate world includes:

SINGAPORE AIRLINES

- Its CSR efforts are channelled through the support of the arts, sports and educational initiatives, both locally and abroad.
- SIA is also committed to helping the less privileged, sponsoring programmes for the needy, involving handicapped children as well as senior citizens, and protecting the environment.

HSBC Bank

- HSBC has created a five-year, US\$100 million partnership to respond to the urgent threat of climate change worldwide with the support of The Climate Group, Earthwatch Institute, Smithsonian Tropical Research Institute (STRI) and WWF.
- It is the world's first bank to become carbon neutral, and has committed a further US\$90 million over five years to reduce the bank's impact on the environment through a series of initiatives, including the introduction of renewable energy technology, water and waste reduction programmes and employee engagement.

Prudential

- The Prudential Spirit of Community Awards honour young people in middle level and high school grades for outstanding volunteer service to their communities. Over the past 13 years, the program has honoured more than 80,000 young volunteers at the local, state, and national level.
- Local Initiatives strengthens Prudential by building strategic relationships through staff initiatives and volunteer empowerment. The unit leads community involvement and employee volunteerism via the branded initiative, "Prudential CARES." These efforts are supported by a broad array of tools and programs, including Global Volunteer Day which mobilizes companywide volunteerism every October. Employee teams and their families participate in a variety of community service activities, such as painting a school or feeding the hungry.

This list of examples of CSR initiatives is certainly not exhaustive. It is for the overall good of the organization to establish good ties with the community, clients/consumers, investors and government. Firstly, it is an excellent platform for increasing brand awareness. Secondly, the public and all stakeholders will be more willing to forgive and forget in the event that the organization commits a mistake and the news is splashed in all the major newspapers.

In dentistry...

The emphasis on CSR is not clearly defined although some of us have already been practising it subconsciously. To me, CSR means to engage the community and to do good to return to the society as well as the environment that we operate in. Some of the initiatives that I can propose are:

1. Organization of dental health talks for the various target audiences in the community (students, adults, geriatrics etc).
2. Dental Screenings.
3. Volunteers (Dentists, dental assistants, laboratory technicians) to homes.
4. Sponsorship of dental aids to homes.
5. Sponsorship of academically inclined students from needy families in the neighbourhood.
6. Overseas mission trips to render help to those with poor access to dental care.
7. Responsible disposal of toxic mercury wastes.
8. Corporate Responsibility Fund for sponsorship purposes to bring about better standards and easy access to dental care for everyone.

While the world is changing at an astonishing rate, we as dentists should also be aware of the directions of future development. While we may be clinically competent, we cannot negate the "social" aspect of our profession. If you have not started, perhaps it is time to consider making the first step to become a socially responsible dental professional.

"It is for the overall good of the organization to establish good ties with the community, clients/consumers, investors and government."

New to Singapore – Finance for Dentists

Now there's a competitively priced financier, catering exclusively to the finance needs of doctors, dentists and health professionals in Singapore.

National Australia Bank Limited – Singapore Branch – is pleased to announce the arrival of Medfin Finance.

With Medfin Finance's custom designed product range and customer service, you can finance up to 100%* of the purchase price of your:

- Motor vehicle
- Practice equipment
- Computers and office equipment
- Practice property
- Improvements to your existing practice rooms
- Practice purchase

Part of one of Australia's largest banking groups – the National Australia Group – Medfin Finance brings over 17 years of healthcare finance experience to Singapore.

Want more information? Call **Jonathan Lee** on **(65) 6419 6824** or visit our website at **www.medfin.com.sg**

Consider it done!



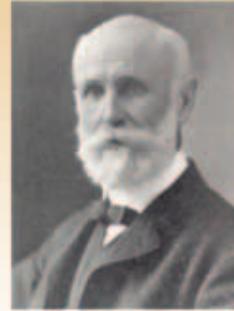
Important information: Medfin Finance, Bus. Reg. No. 53106009L, a business division of National Australia Bank Limited, Singapore Branch ABN 12 004 044 937 (incorporated in Australia) Co. Reg. No. F02979K
*Subject to credit assessment and regulatory requirements.

Finance Solutions for healthcare professionals
medfin.com.sg

The Story of G.V. Black

Greene Vardiman Black – Father of Modern Dentistry

By Dr Kuan Chee Keong



Surrounding the top of the Illinois State State Building in Springfield is a frieze containing the names of 61 prominent sons of the state. Alongside illustrious names like Abraham Lincoln, Stephen Douglas and Ulysses S. Grant is the name Greene Vardiman Black whom we all know so well as G.V. Black.

Black was born in Scott County, Illinois in 1836, one of the 8 children of a farmer and cabinetmaker. At 17, he was learning medicine from his brother, Thomas, who was a practicing physician. At age 21, he became associated with J.C. Speer, a dentist because he found that dentistry appealed more to his mechanical abilities than did medicine. He watched Speer and did some minor work. After only 4 months, he moved to Winchester, Illinois where he started his dental practice. There he became friendly with the local gunsmith and watchmaker, and from them he acquired many skills which he later put to good use in designing and constructing instruments for his practice and research.

In 1862, Black joined the Union Army as a scout but an injury to his knee led to his discharge in 1864. While he was in the army, his wife and infant son died. Subsequently, he moved to Jacksonville, Illinois where he remained until 1897. Jacksonville was the site of the first state college and has a reputation as an intellectual centre.

Black traveled regularly to St. Louis, about 280km away to attend meetings of the Missouri Dental Society where he became acquainted with some of the leaders of the dental profession and read voluminously in the books he borrowed from their private libraries. He attended meetings of the Illinois Dental Society in Springfield from 1868 and presented papers there for more than 30 years. The subject of his first address in 1869 was "Gold Foil" because Black was aware that gold fillings gradually lost their cohesiveness and had decided to find the reason. He taught himself Chemistry and fitted up a laboratory. So proficient he did become, that he was asked to teach a course in Chemistry to high-school teachers of Jacksonville.

During the last quarter of the 19th century, much work of scientific importance was being done in Germany so Black studied the language with a local German-Jewish merchant. After reading Virchow, Black became deeply interested in cellular pathology. He acquired a microscope and soon was the only pathologist in the county serving the medical

"The day is surely coming, and perhaps within the lifetime of you young men before me, when we will be engaging in practicing preventive, rather than reparative dentistry."

G.V. Black 1896

profession. A story regarding this episode involved a local ophthalmologist who brought a mysterious foreign body extracted from the eye of a patient to Black who promptly identified it as the first joint of the third leg of a potato bug.

In 1870, Black was invited to lecture on histology and microscopy at the Missouri Dental College (MDC) in St. Louis. Later he became a lecturer on pathology and operative dentistry. After 8 years on the faculty, the school awarded him an honorary DDS. However, Black believed that dentistry should stand as a profession independent from and equal to that of medicine and because the school was strongly dominated by medical men, he severed his connection with MDC.

In 1878, the first Illinois Medical Practice Act was passed which required every physician to register. Black could have received a license by virtue of his training with his older brother but he elected for the examination which he passed with an excellent score. Incidentally he also helped his brother Thomas who was a member of the state legislature to write the first Illinois Dental Practice Act which became law in 1881. From 1881 to 1887, G.V. Black served president of the State Board of Dental Examiners.

By 1883, Black was teaching again, this time at the Chicago Dental Infirmary and then from 1885, at the Chicago College of Dental Surgery, commuting from his home in Jacksonville. In 1891, Black was appointed as professor of pathology and bacteriology at the Northwestern University Dental School. In 1897, he was made dean of the college and he finally relocated in Chicago. As dean, he assembled the finest specialists for his faculty, making Northwestern the outstanding dental education institution of its day.

Under his aegis, the library's holdings increased by thousands of volumes.

Black continued to write and publish, authoring more than 500 articles and several outstanding books which became recognized as classics in his field. His *Dental Anatomy* was published in 1890 and in 1908, his great two-volume *Operative Dentistry* was issued. He did more to standardize operative procedures than any dentists before and since. Two major contributions were his principle "extension for prevention" and his standardized rules for cavity preparations.

Then, slides were non-existent and Black cleverly devised oversized models of teeth and mammoth hand instruments to

demonstrate cavity preparation techniques to his students. Black also invented numerous machines for testing alloys.

Honorary degrees and awards were generously bestowed upon Black. Still at work on the mottling of tooth enamel due to fluorosis, Black died on 31st August 1915, at the age of 79, having greatly enriched the field of dentistry.

Only 19 years prior to his death, Black made a prophetic statement to his students, "The day is surely coming, and perhaps within the lifetime of you young men before me, when we will be engaging in practicing preventive, rather than reparative dentistry. When we will so understand the etiology and pathology of dental caries that we will be able to combat its destructive effects by systemic medication."

NEWSBITES



The 41st Annual General Meeting will be held on:

Date/Day: 27th April 2008, Sunday
Time: 1:30pm (Lunch starts at 1200 hr)
Venue: Conference Room (Level 3)
Cycle & Carriage Industries Pte Ltd
Mercedes Benz Center
301 Alexandra Road
Singapore 159968

The election of a new SDA council, which will be responsible for the direction of SDA and dental profession in the upcoming year, will be held. The power is in your hands, so come down to vote and get involved!



Congratulations to the following successful candidates of the Royal Australasian College of Dental Surgeons examinations!

Primary Dr Kelvin Chye Chuan Hee
Dr Debsmita Das
Dr Debbie Hong Pooi Miun
Dr Terence Jee Shizhuan
Dr low Yi Han
Dr Maung Than Zaw Oo
Dr S. Senathirajah Mohanarajah
Dr Seow Yan San
Dr Elaine Tan Li Yen
Dr George Yang Terh Yiau

Final Dr Gerald Tan Teck Siang
Dr Edelweis Tan Sok Fun
Dr Wee Tze Haur
Dr Clement Wong
Dr Yue Weng Cheu



The SDA IDEM 2008 committee, together with KM, decided to extend promotions to the Indian Market. This is the first time that a delegate team has been sent to Mangalore.

Dr Ng Jet Wei, the IDEM chairperson led the delegation of 4. This included Drs Lim Lii, Ng Chin Siau and Bertrand Chew. Mr Adrian Sng was there to represent KM at the IDA Mangalore meeting held from the 25th - 28th Jan 2008.

Just below the gumline

Upper palate

Soft tissue of the cheek

Listerine® reaches everywhere for whole-mouth health

Soft tissue of the tongue

Under the tongue

- Listerine fights germs throughout the entire mouth—areas where brushing and flossing can't reach
- Listerine, added to any mechanical routine, can help patients reduce significantly more plaque
 - **52%** greater plaque reductions vs brushing and flossing alone*1
 - **21%** greater reductions in gingivitis vs brushing and flossing alone*1
- Listerine is safe and appropriate for long-term daily use

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.



for Life

NEW

Colgate®

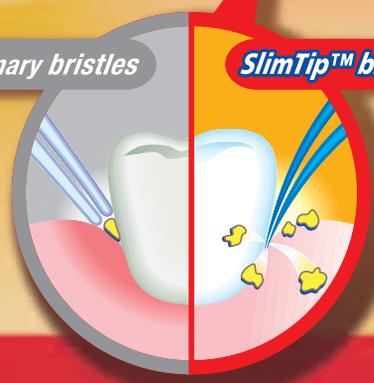
360° DEEPCLEAN

SlimTip™ bristles
Deeper Reach*



Ordinary bristles

SlimTip™ bristles



For a deeper, healthier whole mouth clean!

Cleans: teeth gums tongue cheeks



* Vs. an ordinary flat-trim toothbrush

