A nighttime photograph of a cityscape, likely Singapore, featuring a prominent modern building with a curved facade and a bridge structure. The city lights are visible in the background against a dark sky.

# THE DENTAL *Surgeon*

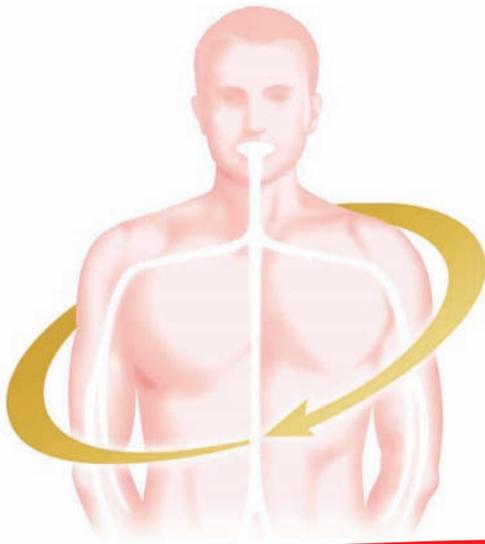
MARCH 2009

**In this Month's  
Issue:**

**FDI Scientific  
Congress  
Singapore 2009**

**Feature articles  
and interviews**

**Dr Phang Travels  
Australia's Pacific  
Coast Highway**



# Think all toothpastes work the same?

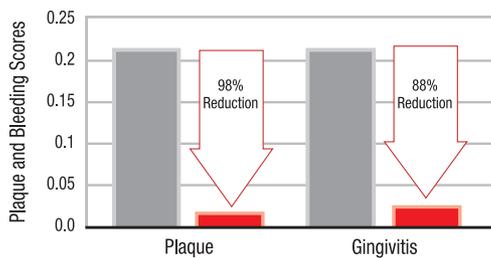
Colgate Total® is proven to help prevent gingival inflammation.<sup>1</sup>

**Colgate Total® contains a Triclosan + Copolymer formula that helps fight gingival inflammation in two ways:<sup>1,2,4</sup>**

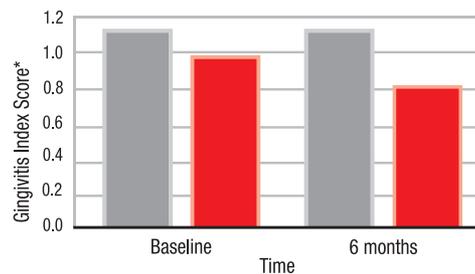
**1.** Kills plaque bacteria for a full 12 hours<sup>2</sup> to help reduce plaque by up to 98% and gingivitis by up to 88%.<sup>3</sup>

**2.** Shown to directly reduce gingival inflammation<sup>4</sup>

## Reduction compared with control



## Reduction of gingival inflammation at sites without visible plaque



\*At sites with Plaque Index Score = 0



Refer to Colgate Total® package for approved uses

**12-Hour Protection that Helps Prevent Gingival Inflammation.  
Better Oral Health as Part of Better Overall Health.**

1. Panagakos F, et al. *J Clin Dent.* 2005; 16 (Suppl): S1-S20. 2. Amornchat C, et al. *Mahidol Dent J.* 2004; 24: 103-111. 3. Garcia-Godoy F, et al. *Am J Dent.* 1990; 3 (Special Issue): S15-S26. 4. Lindhe et al. *J Clin Periodontol.* 1993; 20: 323-334, supplemental report on file.

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- Photo Album**
6. SDA Appreciation Dinner 2008
- SDA Ethics Committee**
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Notice of Resignation

# THE DENTAL Surgeon

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**Write!** The Team would love to hear from you. Have you got something to add? Or do you have a different opinion to any of the articles?

**How you feel** is important to us. So do write in to the following address; including also your name and a return address.

Letters may be edited for clarity and length.

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When I stepped down as SDA President 7 years ago I thought that was it. I had done my share and it was time for others to take the lead. Well I was wrong, and here I am back once again for two years, 2008-2010!



There are two major areas of concern for SDA this year. The first is the hosting of the FDI World Dental Congress in September 2009. These are trying times with the world in financial turmoil and a global recession. This will affect the event. We never expected this when SDA bid to host the event 5 years ago. Nevertheless, we have to ensure the success of FDI 2009 and do our best in organising the conference and meeting as well as play hosts to dentists from all over the world. I am certain we will all rise to the occasion, led by an effective local organising committee under A/P Teo Choo Soo.

The second issue we have to grapple with is how the compulsory continuing education and re-certification is affecting our members. On one front, SDA is promoting CDE events for independent CDE providers through our mailers and email blasters. On another front we are conducting SDA CDE activities. In this area, SDA has to provide a broader spectrum of dental education to include disciplines that are not commercially attractive. The final important area is to conduct large meetings and conferences with renowned speakers. These include the FDI-SDA Masterclass; NUS-SDA Distinguished Speaker Programme; FDI 2009 and IDEM 2010. These large meetings may be cost-effective in terms of time to our members. They also provide important revenue streams for the association.

The SDA Council has our work cut out for us. The above events are occupying us in SDA Council with lots of meetings and planning. It will only get busier. I am however grateful to the current SDA Council who are volunteering themselves for the profession. They are an excellent bunch. We will do well. Let me end by encouraging all our members to participate in the above events, especially FDI 2009. WE NEED YOU to register and play hosts in our uniquely Singaporean way. We definitely can make this world event a huge success!

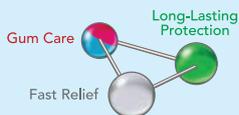
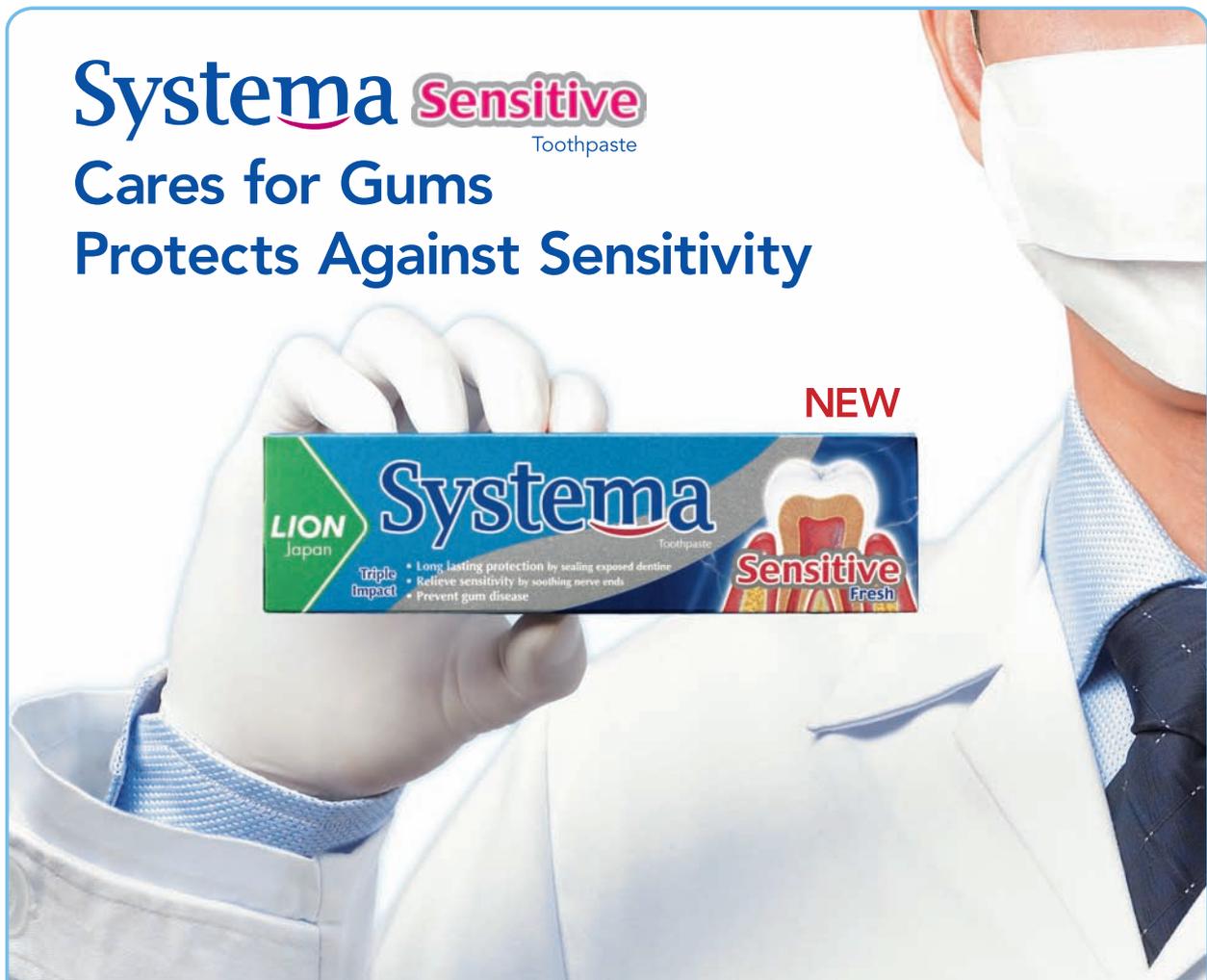
Warmest Regards,  
Lewis ✦

# Systema Sensitive

Toothpaste

## Cares for Gums

## Protects Against Sensitivity



With Triple Impact Protection for healthy gums, healthy teeth and long-lasting protection!



### What makes teeth sensitive?

Teeth sensitivity can result from either a recession of gums due to poor gum health, or erosion of the tooth enamel which exposes the dentinal tubules. This results in the experience of short, sharp pain when the exposed areas come into contact with cold or sour foods. Thus, for sensitive gums and teeth, special care and protection is needed.



### Triple Impact Protection Against Sensitivity

Systema Sensitive Toothpaste is specially formulated to care for gums and protect your teeth against sensitivity by providing:

- 1. Long-Lasting Protection**  
With key ingredient Aluminum Lactate which helps to seal exposed dentine and provide a long-lasting protective shield.
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- 3. Fast Relief**  
Potassium Nitrate soothes nerve ends and blocks the transmission of pain signals.

Systema Sensitive Toothpaste when used together with our toothbrush, mouthwash and interdental gel & brush will give you a higher level of care for sensitive teeth and gums, so you can enjoy long lasting, pain-free protection!



**LION** Japan's No.1 Oral Care Company

# SDA Appreciation Dinner 2008

The SDA hosted a dinner for her volunteers in appreciation of their efforts for making 2008 a success. As well as a get together for friends outside the context of work, the dinner held at Shangri La's *The Line* was a treat not to be forgotten, from the delicious freshly shucked oysters down the line to the hedonistic chocolate fountain. Having filled their bellies, it was time to mingle and meet up with friends from the many batches of graduates and of different committees within the Association.

Here's a sampling of faces and smiles from that evening of 18th December 2008. ✦



Class of 2006 starting off with a splash of lemon over their oysters...



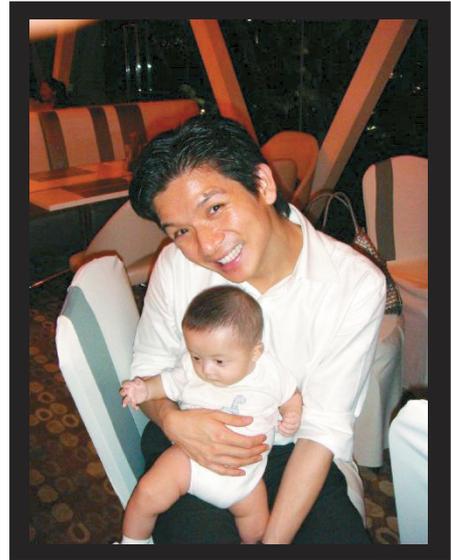
The sushi bar was also another big hit with the volunteers...



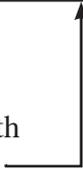
Drs Lee and Yip with their first ladies...



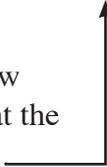
Ice cream? No, one notices that pucker of the lips and decides the night's not just all about desserts...



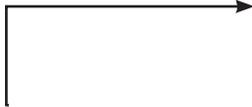
Some people just don't know how to connect with children...



Is someone we know turning red or is that the lighting?



Dr Cecilia Zheng and Ms Wennie Kok



## CHANGING TRENDS IN PATIENT COMPLAINTS

The SDA Ethics Committee has handled more than 325 complaint cases from 2004 to 2009. These complaints range from simple enquiries to complex cases requiring extensive mediation and compensation. Based on our experience with handling complaints, there are certain trends which we have noticed over the years.

### 1) Patients vs Customers



Nowadays, patients are more demanding and their expectations have increased over the years. They no longer expect only the best treatment outcomes; they also want excellence in service standards. We have noticed a change in the tone of the complaint letters that we receive at SDA. Complainants now refer to themselves as “Customers of a clinic” instead of “Patients of a clinic”. Furthermore, they refer to the “Dental Treatment” as “Dental Service”.

Complaints about service quality are on the rise and as clinicians we have no choice but to improve our service standards by enhanc-

ing the patient’s experience. This process starts from the first impressions of the patient as they step into the clinic. It involves telephone and communication skills of the person manning the reception, and also patient management skills of the dentists. As our patients become more discerning, we have to spend more time and effort to satisfy their expectations.

There are now many approved courses on customer service. Recently, the government is even more willing to help subsidise employer’s costs in sending employees for training via SPUR and WDA. We can take this opportunity to send our Dental Surgery Assistants to attend these courses.

### 2) Show me the money

Another unhealthy trend in patient complaints is for patients to ask for compensation due to “pain and suffering”, “emotional distress”, “psychological scarring”, “punitive damages” etc.



They probably get these ideas from the media and this expectation makes it more difficult for us to mediate. Although as professionals we want to do the best for our patients, however, in real life sometimes things do go wrong and the treatment outcome is less than desirable. In many of these cases, the SDA Ethics Committee will try our best to mediate an acceptable solution for both the patients and the dentists.

Depending on the severity and the circumstances, we will usually discuss solutions like getting another dentist to rectify the problem. Sometimes we will also discuss a partial/full refund of treatment fees for the patient. However, during mediation, we always discourage the patient from making exaggerated claims of “pain and suffering” or “emotional distress”. Our focus is always on how to rectify the problem for the patient.

There was a case whereby a dentist did a wisdom tooth operation but was still unable to remove both roots of the tooth after struggling for 2 hours. The dentist did not inform the patient of the problem, and reassured the patient that “everything was ok”. It was only later when the pain did not go away and the patient went to another dentist that an X-ray was taken and the roots left behind were discovered. The patient demanded compensation for “pain & suffering”, “psychological scarring” from being unable to sleep and work due to the pain, and threatened litigation for negligence on the part of the dentist.

During Mediation, we managed to convince the patient to accept a full refund from the dentist together with reimbursement of treatment fees to go to another dentist to remove

the roots left behind. We managed to convince the patient to drop claims for “pain and suffering” and “emotional distress”. However in this case, the patient was self-employed, and had to suffer loss of income during the 5 extra days of MC after the second operation to rectify the problem. We were able to calculate a suitable settlement for the loss of income based on his income tax return. After a lengthy mediation process, we managed to arrive at an amicable resolution that was acceptable to both parties. We signed a Settlement and Discharge form and managed to close the case.

### 3) Conclusion



The hard work of the volunteers of the SDA Ethics Committee has helped to reduce litigation by effective complaints handling and mediation. This has also helped to translate to stability in our Professional Indemnity Insurance. Dr Kevin Lewis Dental Director of MPS has acknowledged this in his message in the latest issue of Riskwise. However, all of us must still play our part in providing quality service to our patients, focusing on giving the best patient management and “Love thy patient as thyself”. ✨

Dr Raymond Ang  
Chairman  
SDA Ethics Committee

It has been almost 2 decades since the last FDI held in Singapore in 1990, and finally this prestigious congress returns to our sunny shores.

Apart from the promising scientific programme titled “*Advancing Dentistry at the Crossroads of the World*” featuring renowned speakers from all corners of the world, this year’s programme also includes for the first time limited attendance workshops covering topics such as practice management and sinus lift implant surgery.

These additional workshops courses are available only on a first-come-first-served basis due to the nature of the topic or the necessary teaching method. Book now to avoid being disappointed!



## AROUND THE WORLD FOR FDI

In the build up to FDI 2009 this September, the publicity committee led by Dr Wong Yew Cheong, has been very busy promoting and encouraging our international friends to make their way down to Singapore! 🏥

### Anticlockwise from top right:

1. Yokohama Dental Show.
2. & 3. Indonesian FDI CDE Programme.
4. & 5. 16th FDI MDA Convention.



A decorative border of colorful, stylized floral motifs in shades of purple, blue, green, and orange, arranged in a curved path from the top left towards the center.

# FDI Annual World Dental Congress 2-5 September 2009 Singapore



**Theme:**  
**Advancing Dentistry at the Crossroads of the World**

A smaller version of the decorative floral border seen at the top of the page, located above the contact information.

[congress@fdiworldental.org](mailto:congress@fdiworldental.org)  
[www.fdiworldental.org](http://www.fdiworldental.org)



## INTERVIEW WITH PROF TEO CHOO SOO

To whet your appetites for the upcoming event of the year, FDI 2009 Singapore, dental Surgeon speaks to Prof Teo Choo Soo, Chairman of the Local Organising Committee for FDI, to find out what he has in store for us!

**dS** FDI! How did Singapore land this big event?

**TCS** The last time FDI was held in Singapore was in 1990, and had a very successful outcome. That was some 19yrs ago. Therefore, the SDA council, with the strong support from the Singapore Tourism Board, felt it would be a good time to do it again. We faced stiff competition but in the end, it was down to Brazil and Singapore. In 2007, the Executive Director of FDI announced that we won, albeit narrowly, by only a few votes. The rest, as they say, is history.



**dS** As LOC chairman, what is the biggest challenge you face?

**TCS** There are many challenges, and as this is an important event, we want to succeed. I feel that there are 3 criteria to this success.

Firstly, numerical success - We are aiming for 13,000 delegates to attend.

Secondly- experiential success - We want people to have a wonderful experience that they will remember. People are still talking about the 1990 FDI meeting in Singapore, so definitely expectations have been raised.

Finally, financial success: When all the figures come in, we hope the conference will be a financial success. We are working closely with the FDI Central Committee to ensure this.

As we all know, the economic picture is unfavourable and the challenge is to be involved in a very cost-contained manner so as to be affordable to all.

*dS* What are some of the highlights at FDI 2009 that is unique to this Singapore installment?

*TCS* Firstly we pride ourselves on our strong scientific programme and value-add to our CDE programme.

Secondly, we have a balanced educational, social and corporate programme. Also we feel FDI will impact the local population regarding the dental profession, as SDA holds outreach programmes and screenings in conjunction with FDI.

*dS* 5 reasons why dentists should sign up?

- TCS*
1. CDE points.
  2. Very special rates have been arranged for local dentists.
  3. This is a good opportunity to engage the global dental community.
  4. Contribute to the local public.
  5. Maintain the good image of SDA and Singapore.

*dS* Is there anything else you would like to address?

*TCS* The dental community in Singapore is a small one, and as a small community it would be very nice if everyone could chip in. Either by active volunteerism or simply participating in the programmes. The world is coming to us, and I would like to ask Singaporean dentists to help in hosting the world and to be proud of Singapore and SDA. ✦

Dr Charlene Goh

Dr Wong Yew Cheong heading publicity with delegates in Japan. →



## DR ANGELA UNDER THE KNIFE

At the age of 25, I thought that I would be one of those lucky people who would never have to remove their wisdom teeth. But I knew this was not to be as I felt my lower left gums start to ache. My #38 had decided it was time to erupt and cause an irritating food trap. I could feel food getting stuck after every single meal and no matter how hard my tongue tried, it simply could not get the food out. After seeing countless distal caries on lower 7s as a result of impacted 8s, I knew I could not avoid the surgery.

Asking an oral surgeon to perform the surgery was the obvious choice but I was afraid that I would embarrass myself by chickening out at the last minute. So I turned to someone whom I could trust to perform the surgery competently and *had no choice* but to be patient with me: my boyfriend Dr Tan Yinghan.

Surprisingly, I was really calm prior to the surgery, even looking forward to it as it meant that I could get 5 days of MC and much-needed rest! But this lasted only until I sat down in the dental chair, and my nerves took over. I really had to will myself to stay in the dental chair and overcome my sudden urge to call it off and run away.

The injection was much better than expected (I don't know why some patients complain so much). The IDN and the lingual nerve block did hurt but only for a short while and it was very tolerable. The surgery was over in half an hour and the most difficult part was keeping my mind from thinking about what was going on so I wouldn't freak out. I was



Portion of Dr Li's OPG detailing the site of the excision.

thoroughly impressed with the nurse who assisted with salivary evacuation as I did not feel a single drop of saline in my throat and that made the whole process really comfortable.

Experiencing a wisdom tooth surgery as a patient taught me a lot of things. Having a good assistant that can control the salivary evacuator well, greatly increases patient comfort. I also realized that the most uncomfortable part of the surgery was actually the post-op numbness. Since I almost chickened out from the surgery, I'm also more patient and understanding towards my anxious patients now (for these few weeks at least!).

Although I won't be in a hurry to remove my other wisdom tooth, I'm glad I went through with the surgery so I can now tell my patients that if I can do it, so can they. 🌿

Dr Angela Li

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## WHAT'S IN A NAME?

When people ask for my namecard, I hesitate. Why? My namecard currently reads:

Dr Charlene Goh  
B.D.S (Singapore)  
Dental Officer

Which seems... well, too brief. As we all know, with namecards, the more titles behind your name the better. In banking, almost every other employee is a "Vice President". Thus to improve first impressions I considered changing my namecard to:

Dr Charlene Goh  
B.D.S (Singapore), F.R.A.C.D.S, F.A.D.I  
Consultant Aesthetic Dentist

(\*I neither have F.R.A.C.D.S nor F.A.D.I but shall use them here as an example )

However, this may be misleading and in violation of the SDC regulations!

SDC regulation states that registered dental practitioners should not use any title, addition or designation other than "the title, addition or designation which has been approved by the Council for his use" - Section 31.2(a) of the Dentist Registration Act.

With respect to the above, SDC only approves the use of the titles "Dental Surgeon", "Dentist" or "General Dental Practitioner" for dentists not registered under the Dental Specialist Register.

For Dentists registered under the Dental Specialist Register, they will only use the titles "Dental Specialist in ( Specialty)" or the title of "Endodontist"; "Orthodontist"; "Oral-Maxillofacial Surgeon"; "Periodontist"; "Pedodontist" or "Prosthodontist".

Well then, can I be a "Consultant Dental Surgeon" then?

The answer again is, NO. Designations such as "Registrar, Senior Registrar, Associate Consultant, Consultant, Senior Consultant" are hospital or institution appointments and can only be used by registered hospital or institution appointed staff. These designations are also not linked to any speciality of Dentistry eg. "Consultant Prosthodontist".



Instead, these designations should relate to the departments, hospitals or institutions awarding the appointments e.g. “Prosthodontist, Consultant, Restorative Department, National Dental Centre”.

Lastly, the F.A.D.I fellowship is not in the List of Displayable Qualifications and should therefore not be displayed until further approval. However as F.R.A.C.D.S has previously been accepted by the Dental Council for General Recognition, I need only write to the Registrar and submit a certified true copy of my relevant degree certificate before I add it to my namecard.

SDC has launched a new register for display of additional qualifications from 02 Feb 2009. The purpose of registration is to indicate to the public and to other practitioners that, in addition to a primary dental qualification, a dental surgeon has acquired knowledge, skills or experience which are available for the benefit of patients.

For more information regarding the approval of qualifications, please visit [www.sdc.gov.sg](http://www.sdc.gov.sg)

I guess it’s just Dr Charlene Goh, Dental Surgeon then. For now at least! 🦷

Dr Charlene Goh



## INTERVIEW WITH DR PETER D. WAITE



With the ongoing debate regarding aesthetic facial surgery, Dr Peter D. Waite paid the Singapore dental fraternity a timely visit as the MOH FY 2008 Health Manpower Development Programme (HMDP) visiting expert in Dentistry, recently in Singapore to conduct the HMDP Programme on Aesthetic Facial Surgery/OSA from the 10th to the 14th November 2008.

Dr Peter D. Waite is a professor of dentistry and surgery and the McCallum Chair of the Department of Oral and Maxillofacial Surgery at the University of Alabama at Birmingham. He has served as editor of Peterson's Principles of Oral and Maxillofacial Surgery and president of the American Academy of Cosmetic Surgery. Dr. Waite is also a member of the ADA, AMA, ADEA, AAOMS, AACS, AIDA, American Cleft Palate Association and American Sleep Disorders Association. He is a review editor for several journals, and secretary for the AAOMS faculty section. He serves on several committees within the University of Alabama Health system.

He has a strong interest in cosmetic surgery, reconstruction of cleft and craniofacial defects, and airway obstruction.

Dr Waite agreed to take time off his busy schedule for a short interview with dentalSurgeon at National Dental Centre. Here are some excerpts from the interview:

*dS* Do you see a change in the popularity or acceptance of aesthetic facial surgery amongst patients?

*PDW* Yes, there is generally an increasing acceptance. Everyone is interested in cosmetics and dentistry is cosmetic to some degree. Nobody likes to go with poor aesthetics. I don't see reluctance in patients in going for aesthetic facial surgery. Rather, they lack the opportunity. Most of them do not fear surgery and are conscious of their body image. The reason for not going for surgery is likely to be due to a lack of financial resources.



Aesthetic facial surgery should be presented in a way that is easy for the patients to accept, with minimal risk at an affordable price. Most patients have an innate, natural desire for beauty.

*dS* How has modern technology influenced aesthetic/cosmetic facial surgery?

*PDW* The improved technology has definitely made surgery much safer. For example, laser technology and better cardiac monitoring technology has greatly reduced the risk of surgery. Previously 50-60 years old was considered too old for surgery. But now with proper monitoring, older patients with certain medical conditions are still able to undergo surgery.

*dS* Aesthetics is subjective to a certain extent. How do you understand and meet the aesthetic demands of patients despite seeing patients from distant regions?

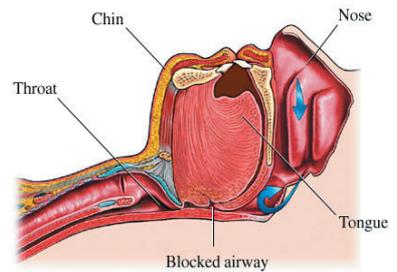
*PDW* I listen intently to patients and ask relevant questions. Aesthetics may be subjective but the concept of beauty and attractiveness is universal. Even in different locations, beauty can still be identified. Across cultural lines, beauty may have different meanings so this must be recognized.

*dS* What are some of the clinical signs and symptoms that can hint at an occurrence of obstructive sleep apnea (OSA) in a patient? What are some of the questions a clinician can ask to investigate and what must be done to derive a definitive diagnosis of OSA?

*PDW* Certain signs and symptoms such as loud snoring, fatigue, memory loss and loss

of attention hint at OSA. Patients may also be overweight, hypertensive and may have medical conditions such as stroke and heart disease. A polysomnogram will have to be done to help in diagnosing OSA.

**dS** Do you see an increasing awareness of OSA amongst patients? Are patients increasingly reporting such episodes and seeking treatment actively for them?

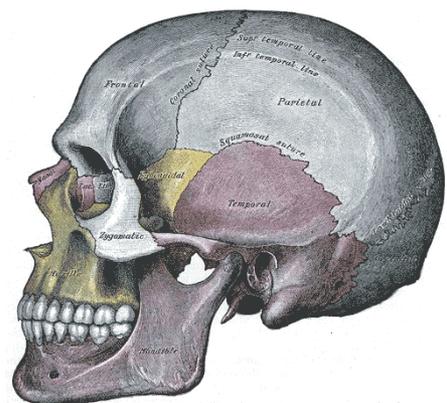
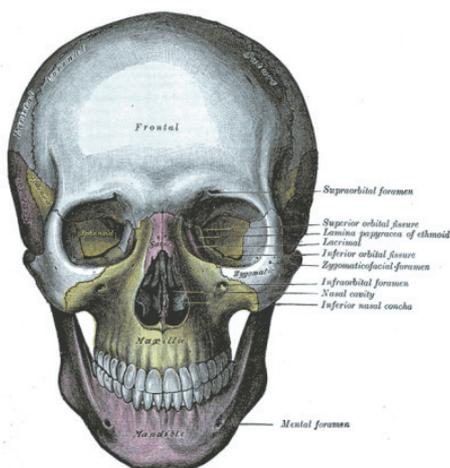


**PDW** Yes there is an increasing trend of patients being aware of such a condition and wanting treatment to correct the problem. Class II patients with a small jaw and large tongue are generally more susceptible to OSA.

**dS** Before we end, can you tell us a bit more about yourself? What are the leisure activities you enjoy?

**PDW** I enjoy mountain hiking and water sports. I have a lake house and I do water skiing, swimming and boating. I also enjoy outdoor gardening. In addition, in my free time I tend to my koi fish and two dogs. 🐾

Dr Lin Gengfeng



## MILITARY DENTISTRY

**A report on the Section of Defence Forces Dental Services Meeting in FDI Stockholm 2008** -- Story contributed by HQ Medical Corps

The wars in Iraq and Afghanistan have led to surgical advances in the treatment of battle wounds, including facial wounds. Through the war experience, U.S. Army oral surgeons deployed to Iraq and Afghanistan have made key strides in treating devastating facial injuries suffered by soldiers and civilians.

As victims survive facial wounds that would have previously led to death, new surgical insights have emerged. These were shared by the U.S. Army at the Section of Defence Forces Dental Services (SDFDS) Meeting of FDI 2008 in Stockholm.

Held from 22 to 23 September 2008 at the Swedish National Defence College in Stockholm, SDFDS delegates heard presentations on a wide range of subjects related to military dentistry e.g. China People Liberation Army's earthquake relief operation in Sichuan and the 2006 German peacekeeping operations in Lebanon.

Other highlights included visits to the Swedish Armed Forces 1st Marine Regiment, where delegates viewed an impressive array of Swedish military dental hardware. SDFDS delegates were also hosted by the City Mayor at the Stockholm City Hall and attended the FDI World Dental Congress Welcome Ceremony.



Military dentists gathered at the Swedish National Defence College for the FDI Stockholm 2008 SDFDS meeting.

COL(DR) Tan Peng Hui and MAJ(DR) Edwin Heng of the Singapore Armed Forces (SAF) Medical Corps attended the SDFDS meeting in Stockholm. At the meeting, COL(DR) Tan promoted the FDI 2009 World Dental Congress in Singapore prior to his talk on the SAF experience during the 2004 Asian Tsunami disaster relief operations. The next SDFDS Meeting of the FDI 2009 will be held in Singapore. It is expected to see a gathering of military dental chiefs and uniformed dentists from the region and beyond. ✈



COL(DR) Tan Peng Hui and MAJ(DR) Edwin Heng

Mechanism of Injury Distribution of Maxillofacial Battle Injuries

Mechanism of Injury	Number of injuries	Percent
Explosion	4061	84
Gunshot wound	400	8
Motor Vehicle Accident	77	2
Other/Not Documented	81	2
Fragment/Shrapnel	43	1
Helicopter/Plane Crash	40	1
Miscellaneous	55	1

Hale, 2008

Left: US Military statistics on distribution of maxillofacial injuries sustained by their troops.



US Battle Injuries  
Oct 01 to Jan 05  
Joint Theater Trauma Registry  
1566 Soldiers/6609 injuries

Extremities	54%
Head Face Neck	29%
Abdomen	11%
Chest	6%

Owens, J Trauma FEB 2008




Left: US Military statistics on injuries sustained to various regions of the body.



Above: Swedish Armed Forces' field equipment for taking PA radiographs.



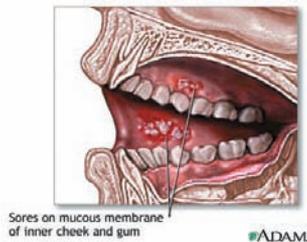
Extreme Left: Swedish Armed Forces' field dental operator.



Left: Swedish Armed Forces' field laboratory.

## THE ALCOHOL-BASED MOUTHRINSES AND ORAL CANCER CONTROVERSY

A review recently published in the Australian Dental Journal (ADJ) concluded there was “sufficient evidence” that “alcohol-containing mouthrinses contributed to the increased risk of development of oral cancer”. The lead author, Dr Michael McCullough, called for these products to be prohibited from over-the-counter sale and reclassified as “prescription only”. (Mc Cullough MJ, Farah CS. Aust Dent J 2008, in press)



Naturally, such a headline-grabbing article was quickly picked up by news agencies around the world including Singapore where the SDA was asked for comments by local reporters. This article is intended to keep our members updated on the latest scientific evidence regarding this issue.

Hitherto, there is no scientific evidence linking alcohol-containing mouthrinses to oral cancer. In fact, the reverse is true because there is overwhelming scientific evidence pointing to the absence of such a link. A review by the Food and Drug Administration (FDA) and the American Dental Association (ADA) found that the evidence about oral cancer and alcohol-containing mouthwashes is inconsistent and contradictory. (Claffey N.

Essential oil mouthwashes: a key component in oral health management. J Clin Periodontol. 2003;30 Suppl 5:22-4). It is unanimous that Listerine has obtained both the official approval from the FDA and the Seal Of Approval from the ADA.

In a review titled “Mouthwash and oral cancer risk: An update”, author Carlo La Vecchia concluded that “critical review of published data revealed that a link between mouthwash use, specifically alcohol-containing mouthwash, and oral cancers is not supported by epidemiological evidence.” (Vecchia CL, Mouthwash and oral cancer risk: An update, Oral Oncol (2008), doi:10.1016/j.oraloncology.2008.08.012)



Critics have pointed out the numerous flaws in the review paper published by Dr McCullough, one particular weakness being not a systematic review. As an evidence-based profession, the conclusions must be formed by the highest forms of evidence which are systematic reviews and meta-analyses. In recent years several systematic reviews and meta-analyses have been undertaken, including by the FDA which failed to show any statistically significant association between mouthrinse use and oral cancer. (Cole P, et al. JADA 2003; 134:1079-1087).

Responding to a question during a radio interview, Dr Euan Swan, the Manager of the Dental Programs, Canadian Dental Association said, “It’s called a narrative review because as opposed to a systemic review where one systematically looks for everything there’s out there, here they’ve reported on some ... their reference list is some studies, but not all studies.” The reporter response was, “So that’s not even a very good review as reviews go, I’m guessing.”



Commenting on Dr McCullough’s article, Professor Laurence J. Walsh wrote “While some still today retain concerns, such concerns are not in keeping with the large body of quality scientific evidence on this topic... Such evidence must by its very nature overwhelm casual opinions to the contrary, even if originally well intended.” (Walsh LJ. Are alcohol containing dental mouthrinses safe? A critical look at the evidence. Australasian Dental Practice Nov/Dec2008; 64-68).

In another article, the authors opined: “The alleged correlation between oral cancer and alcohol-based mouthrinses presents so little, weak, inconsistent and even contradictory evidence in the literature that any kind of risk warning to patients would be uncalled for.” (Lemos-Junior CA & Villoria GEM. Reviewed evidence about the safety of the daily use of alcohol-based mouthrinses. Braz Oral Res 2008;22(Spec Iss 1):24-31).



“Consumers are now more aware of the... products they buy off the shelves...”

Far from being disadvantaged, the publicity generated has led to increased awareness to personal oral hygiene care. Consumers are also more aware of the ingredients of the products they buy off the shelves and over the counter without prescriptions. It is important if a patient is allergic to certain component of the product or other reasons, for example, Muslims would want to avoid alcoholic-containing products due to religious beliefs. Dentists should inform patients based on scientific evidence and not unsubstantiated claims. Members are urged to be cautious when speaking to the media to avoid lending credibility to unsubstantiated cancer scares.

Such controversy has also raised the possibility of conflict of interest as Listerine bears the SDA Seal. In addition to SDA Seal, Listerine has also been accredited with the Seal Of Approval awarded by the Australian Dental Association and the American Dental Association. It is inconceivable for responsible organizations like ADA, CDA, SDA and the Australian Dental Association to compromise public safety for any monetary gain.

The SDA too receives funding from Johnson & Johnson and other manufacturers for the SDA Seal program. The SDA Seal Guidelines, Advertisement Guidelines and the Sub-

mission Guidelines are listed on our SDA website which is accessible to the public. An application has to satisfy these stringent protocols and guidelines before being granted the accreditation. The SDA Seal serves to reassure the public about the safety and efficacy of these products. Conversely, this does not mean that products without SDA Seal are inferior. Many manufacturers chose not to apply for the accreditation while a small minority did not satisfy our guidelines.

In addition to funding, the applicants are also encouraged to provide Continuing Professional Education to our members. Our members have benefited from collaborated lectures, workshops and seminars over the years.

The Biological Therapies in Dentistry (Vol 24/Suppl 2) reported, "Noteworthy is that the largest-selling mouthrinse across the world is Listerine, and it has been manufactured and sold since 1879, with millions of doses being used safely across the world. Long term clinical studies in over 1700 patients have corroborated the outstanding safety record seen over the 133 years of its existence!" The active ingredients in Listerine are the essential oils which have been shown to be able to penetrate the biofilm and effectively kill the majority of bacteria present. The alcohol component acts as a vehicle solvent carrier for the essential oils.



Members are encouraged to instruct their patients on the following 4 Steps to more effective oral hygiene care :



Members are encouraged to instruct their patients on the following 4 Steps to more effective oral hygiene care :

1. Brushing teeth
2. Interdental cleaning like flossing
3. Rinsing with an effective antiseptic mouthrinse as advised by your dentist
4. Get professional scaling & polishing



There are also situations where patients would benefit from using fluoride-based mouthrinse or products, for example, in rampant caries. Members are urged to exercise their clinical judgment and weigh the benefits of mouth rinses versus as yet unsubstantiated claims of oral cancer. ⚕

Dr Kuan Chee Keong

Dr Kuan wishes to thank Dr Edwin Heng & Dr Chung Kong Mun for their invaluable contribution to this article.

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## WHICH EMPLOYEE BENEFITS MATTER MORE?

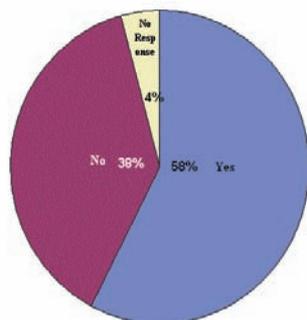
In early 2008, the Singapore Dental Health Foundation commissioned the Singapore Institute of Human Resources to conduct a survey of HR managers and employees (the majority of whom were blue-collar workers). One of the survey's objectives was to determine attitudes to the provision of dental health benefits.

**Question: Is Preventive Dental Care Important For Maintaining Overall Health?**



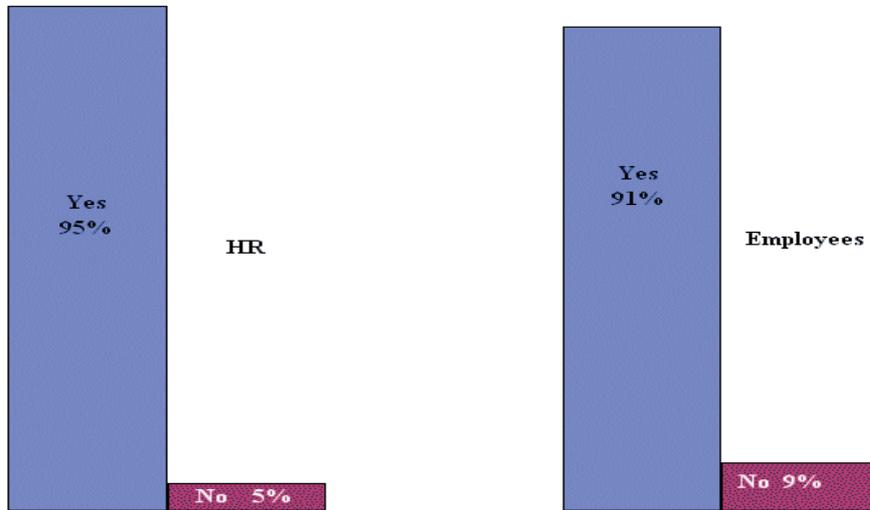
It was encouraging to note that the vast majority of those surveyed replied that dental health and preventive dental care were important. This was so amongst both HR managers and employees.

**Question: Are You Aware That Dental Health Is Connected To Other Health Conditions Like Diabetes And Heart Disease?**



It is interesting to note that more than half of the respondents were aware of the possible connections between dental health and diseases like diabetes and heart attack.

**Question: Are Dental Benefits Important To Employees?**



The vast majority of both HR personnel & employees were in agreement that dental benefits are important to employees. Yet, more than half of the organisations surveyed do not provide dental benefits.

**Question: Rank The Importance Of Employee Benefits In Your Opinon.**

RANK	HR PROFESSIONALS	EMPLOYEES
1	Training & Development	Subsidised Annual and other Leave
2	Subsidised Annual and other Leaves	Flexible Work Arrangements
3	Flexible Work Arrangements	Training & Development
4	<b>Dental Care Benefits</b>	Mobile Phone & Bill
5	Mobile Phone & Bill	Dental Care Benefits
6	Retirement Benefits	Employee Discount Scheme
7	Gifts for Special Occasions	Retirement Benefits
8	Employee Discount Scheme	Retrenchment Benefits
9	Retrenchment Benefits	Loan Benefits
10	Loan Benefits	Gifts for Special Occasions
11	School book Subsidies for Children	School book Subsidies for Children

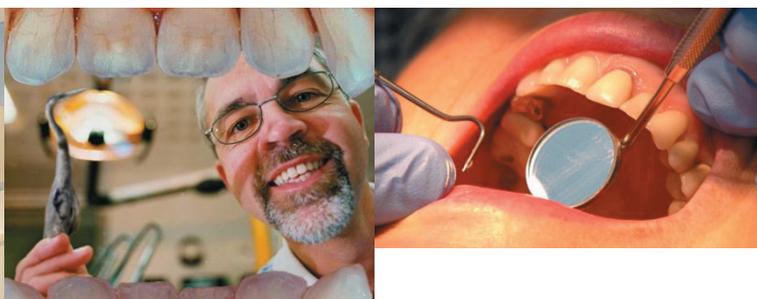
When both HR personnel and employees were asked to rank the relative importance of different benefits, dental care was neck to neck with free phones and telephone bills.

The survey was conducted well before the recession. Whether employees feel differently about dental benefits now would be interesting to determine. ✦



*The full report of the survey can be purchased from the Singapore Dental Health Foundation.*

*Please contact [wennie.kok@sda.org.sg](mailto:wennie.kok@sda.org.sg) for further information.*



*If this were a battle for hearts and minds, would dentistry have lost not having even begun?*



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## RELISHING THE PACIFIC COAST HIGHWAY ROUTE - SYDNEY TO BRISBANE

The road between Brisbane and Sydney travels along beside the Pacific Ocean and is one of Australia's most scenic drives. There are two options for a road trip possible; taking the New England Highway, which travels inland and the Pacific Highway that is more coastal. However the Pacific Highway route is by far the most popular.

If you aim to do the 1,000 km trip with just one or two overnight stops, please reconsider! It's a very long and busy drive, with large trucks dominating the roads and thus requiring much concentration on traffic.

To enjoy the trip and the drive, take it slow. Plan a minimum of 3 nights, preferably 5, to stop by various points on the journey. Regular diversions off the highway are required to visit and stay in some of the very pleasant coastal towns.

*Starting at SYDNEY, where the journey begins...*

Sydney is a fascinating place with many activities within the city. Visit iconic areas such as the Sydney Harbour Bridge, catch a show at the Sydney Opera House, walk underwater at the Sydney Aquarium, visit the Taronga Zoo, enjoy water activities on Bondi and Manly Beach or head out & explore the Blue Mountains.

Favourite places for shopping include Pitt St Mall, David Jones, Queen Victoria Building and Strand Arcade in the CBD; boutique shops at Paddington and the vintage stores at Newtown. Bargain hunters should head for Market City and Birkenhead Point plus the numerous Sydney weekend markets.

Visit the Sydney Fish Market for a fantastic seafood platter and fresh sashimi. There are many people for whom a trip to Sydney is not complete without a visit to one of Bill Granger's restaurants. Breakfast at Bills located in Surry Hills and Darlinghurst has become a Sydney popular dining location.

*To HUNTER VALLEY in 2h over 108miles...*

Commence your drive to the Hunter Valley, through scenic wine country. Whilst Hunter Valley Wine Country is famous for its great wines, there are also a number of other activities to



Sydney Opera House



Sydney Harbour Bridge

discover and enjoy.

There are a myriad of things to do ranging from wine tasting, cheese making, beer breweries, beautiful art galleries, gardens, bicycle tours & hot air ballooning.

Visit the Peterson's Champagne House to discover premium sparkling wines made by traditional methods and Bluetongue brewery to taste a delightful range of beers including flavours such as alcoholic ginger beer and premium lager. Roberts Restaurant at Tower Estate in Hunter Valley is a good gastronomic experience; and one of the best that the Hunter Valley has to offer in fine food and wine.

*To **PORT MACQUARIE** in 3h 30min over 167miles...*

Spend the day exploring some of the great boutique wineries of the Hunter Valley. Then join the Pacific Highway and take the scenic route through the Great Lakes. Pass through Taree and follow the white sand coastline to Port Macquarie.

Visit the Koala Hospital, spend some time in the Billabong Wildlife Park or go on a cruise adventure.

Scampi Marina Seafood Restaurant serves one of the freshest seafood located in the Port Marina region.

*To **COFF'S HARBOUR** in 2h over 110miles...*

Depart Port Macquarie and rejoin the Pacific Highway. Travel via Nambucca Heads to Coffs Harbor. Coffs Harbor has an awesome variety of tourist attractions, from tranquil horse rides through the rainforests to adrenaline filled activities.

Solitary Islands Marine Park is one of the best diving sites where the corals and fishes are protected. Go on a diving or snorkelling trip to experience the natural state of the underwater world. Charters for deep-sea fishing are also available when the weather permits. Canoeing and water rafting adventure activities are definitely worth a try.

For children, they will enjoy the Big Banana where there are plenty of fun water rides and The Pet Porpoise Pool where there will be chances to cuddle a sea lion or shake



Sydney Fish Market



Bluetongue Brewery



Scampi Marina Seafood Restaurant



Dolphin at Solitary Islands Marine Park

hands with a dolphin.

To **BYRON BAY** in 3h 30min over 149miles...

Depart Coffs Harbor via the Pacific Highway and travel to Ballina. Travel along the coast road through Lennox Head, to Byron Bay.

Local activities abound in Byron Bay, from hang-gliding and parachuting to kayaking, surfing (or surf lessons), cycling or horse riding. Visit the marine park at Julian Rocks, offering scuba divers and snorkelers amazing scenery. Walk to the top of the Cape for stunning coastal views. The lighthouse is the spot to whale watch.

To **SURFERS' PARADISE** in 3h over 118miles...

Join the Gold Coast Highway and stop at Surfers Paradise. It is a fusion of city and beach lifestyles set amidst a brilliant stretch of coast. With an abundance of theme parks and family attractions, you would be hard-pressed to find enough time to do everything.

Dream World, Movie World and Sea World are the most-visited theme parks with a host of exciting rides, shows and attractions. When you are tired from the theme parks, hit the beaches and learn how to surf or watch the pros make it look so easy. If not, there are unending shopping options from top-end designers to outlet bargains and nighttime beachfront markets.

Ending at **BRISBANE** in 1h over 50miles...

Continue on Gold Coast Highway and finish off the road trip at Brisbane. The South Bank area is popular with its man-made beaches and lagoons, giant TV screens, markets and museums.

Taking the City-Cat river taxis is a great way to discover Brisbane. Mt-Coot-tha is the tallest mountain in Brisbane that shows a fantastic overview of the whole city.

Kangaroo Point is a popular spot for rock climbers and gives an excellent view of the CBD skyline just across the river. Abseiling and rock climbing classes on the cliffs are,



View of Byron Bay



Eucalyptus Trees at  
Byron Bay



Surfers' Paradise



Brisbane

as well as kayak, kick-bike, rollerblade and bicycle hire are available. BBQ and picnic activities are also popular in the area.

The Queen Street Mall is the main shopping belt in Brisbane, with a large variety of shops, and has several shopping centres within it.

*That was a **staggering** 700 plus miles and Lord knows how many gallons of petrol!*

Travelling through Australia is easy. Roads have good signage and navigation is relatively simple. To enjoy the road trip to the maximum, research and planning are essential. Hence, start your planning early to enjoy the drive and interesting places along the way. ✨

Dr Phang Hui Jing



Grapes at Hunter Valley



Hunter Valley



Kangaroo Point



Breakfast at Bill's



Bondi Beach



Scampi Marina Seafood Restaurant



## SDA CPE: EVERYDAY DENTISTRY

An interactive session for members of the dental profession to gain knowledge and expertise.

Organised by Singapore Dental Association.

Date	Speaker	Lecture Title	Specialty	Core / Non-Core
8th Apr (Wed)	Ms Teresa Shiu	Pilates : Managing Back Pain	Pilates	Non-Core
16th Apr (Thu)	Prof Jennifer Neo	Update: Dentine Bonding Agents	Restorative	Core
22nd Apr (Wed)	Dr Helena Lee	Periodontics: Where function meets aesthetics. A role for hard and soft tissue grafting.	Periodontics	Core
6th May (Wed)	Dr Neo T K	New Concepts in the Management of the Resorbed Mandible	Prosthodontics	Core
20th May (Wed)	Mr Jason Wee	Title: To Be Announced	Mental Well-Being	Non-Core
3rd Jun (Wed)	Dr Neo T K	Restoration of Endodontically Treated Tooth – A Clinical Update	Prosthodontics	Core

Time: 6.00 pm (Registration), 6.30pm (Lecture)

Venue: 16th & 22th Apr (National Dental Centre Auditorium)

8th Apr, 6th & 20th May & 3rd Jun (Alumni Association Auditorium)

Registration Fee: \$20.00 (SDA Members) / \$40.00 (Non-SDA Members) / \$15.00 (OHT)

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## NOTICE OF RESIGNATION

With effect from 12 February 2009, Dr Bertrand Chew Shen Hui has resigned the position of Hon. Gen. Secretary of the SDA Council 2008 -2010.

He has also relinquished all positions in all SDA Sub-Committees and Nitec due to personal and family commitments.

The SDA Council accepts all these resignations with great regret and thanks Dr Chew for his past work and dedication to SDA.



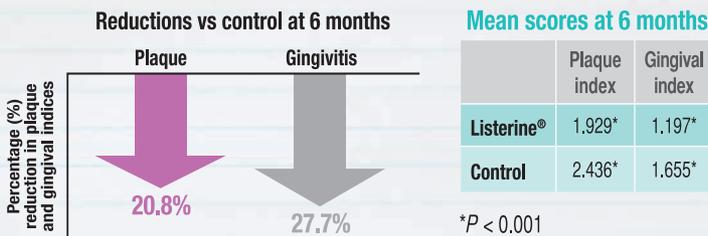
# How can patients improve their oral care routine?

Proper oral care routine consists of brushing and flossing twice daily in addition to regular dental visits. However, statistics have shown that 80% of Singaporeans suffer from gum diseases.<sup>1</sup> This suggests that the daily oral care hygiene process in patients may not be optimal, thereby increasing the risk of plaque and gingivitis. The use of an antiseptic mouthrinse significantly reduces this risk.

Listerine® antiseptic mouthrinse contains four active essential oils which have proven efficacy against a wide variety of bacteria, and are safe for long-term daily use:

- eucalyptol
- thymol
- methyl salicylate
- menthol

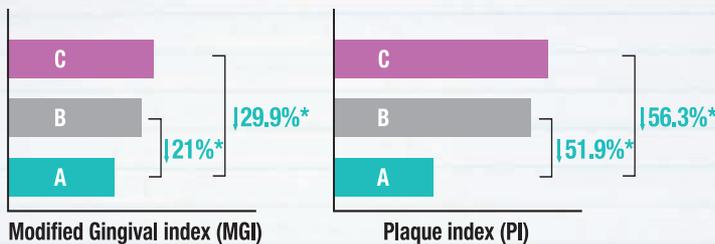
## Efficacy of LISTERINE® on reduction of existing plaque and gingivitis<sup>2</sup>



- Listerine® usage led to a significant reduction of 20.8% and 27.7% in plaque and gingivitis indices respectively as compared to the controls at 6 months<sup>2</sup>

A 6-month, randomized, double-blind, supervised, controlled clinical trial involving 129 subjects who used either LISTERINE® or 26.9% hydroalcohol (as control mouthwash) in addition to their usual oral hygiene regimen

## The adjunctive use of LISTERINE® is highly effective in inhibiting plaque and gingivitis compared to brushing and flossing alone<sup>3</sup>



Listerine® usage together with brushing and flossing (Group A)

- reduces up to 21% and 51.9% in MGI and PI respectively as compared to the placebo mouthrinse, brushing and flossing group<sup>3</sup> (Group B)
- reduces up to 29.9% and 56.3% in MGI and PI respectively as compared to the placebo mouthrinse and brushing group<sup>3</sup> (Group C)

A randomized, controlled 6-month trial involving 237 subjects who were randomly assigned into three groups: A – Listerine®, brushing and flossing, B – Control mouthrinse, brushing and flossing, C – Control mouthrinse and brushing

\*P < 0.001

## Clinical implications

**For your patient's optimal oral health, recommend LISTERINE® as an effective complement to brushing and flossing**

REFERENCES: 1. Health Promotion Board. Health Promotion Board's Oral Health Campaign 2005. At: [http://www.hpb.gov.sg/hpb/default.asp?TEMPORARY\\_DOCUMENT=1786&TEMPORARY\\_TEMPLATE=2](http://www.hpb.gov.sg/hpb/default.asp?TEMPORARY_DOCUMENT=1786&TEMPORARY_TEMPLATE=2) (October 2008). 2. Lamster IB, et al. *Clin Prev Dent.* 1983;5:12-16. 3. Sharma N, et al. *J Am Dent Assoc.* 2004;135(4):496-504.



Should you have any queries pertaining to Listerine®, you may send us an email at [asklisterine@consj.jnj.com](mailto:asklisterine@consj.jnj.com)

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- For daily oral care and caries protection

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\* Clinical Oral Investigations Volume 12, Supplement 1, March 2008.

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