

the **dental** surgeon

March 2013



SDA Meritorious Award Recipients

Dr George Soh and Dr Raymond Ang

MERCURY:

Its Future In
Amalgam Restoration

Toothwhitening Woes!!!

What are the Guidelines

Dr Wong Libeng
talks about...

Project Lokun

2012

Gourmet Safari

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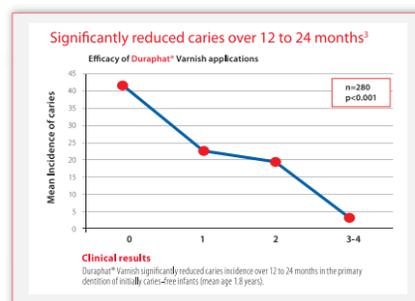
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References:
1. Grobler SR, Ogaard B, Rollo G. Fluoride uptake by sound enamel after in vivo Duraphat application. J Dent Assoc S Afr. 1983;38:55-58. 2. Tewari A, Chavla HS, Utreja A. Caries preventive effect of three topical fluorides (1.5 years clinical trial in Chandigarh school children of north India). J Int Assoc Dent Child. 1984;15:71-81. 3. Weintraub JA, Ramos-Gomez F, Jue B, Shain S, Hoover CI, Featherstone JD, Gansky SA. Fluoride varnish efficacy in preventing early childhood caries. J Dent Res. 2006;85:172-176. 4. Skold UM, Pettersson LG, Lith A, Birkhed D. Effect of school-based fluoride varnish programmes on approximal caries in adolescents from different caries risk areas. Caries Res. 2005;39:273-279. 5. Papas AS, Clark RE. Accrued desensitization with repeated Duraphat treatment of hypersensitivity. J Dent Res. 1992;71:628. 6. Gaffar A. Treating hypersensitivity with fluoride varnishes. Compend Contin Dent Educ. 1998; 19:1089-97.

the**committee**



Looking back at the dental headlines in our national newspapers in 2012; highlights include; wrong tooth extraction, the litigation case of an investment guru on his prosthetic treatment, Singapore Dental Council's disciplinary inquiry of our colleague's professional misconduct, public's concerns on the use of mercury-containing amalgam restorations and the cost of tooth whitening that drives patients to seek over-the-counter products or cheaper alternative procedure by untrained personnel in beauty salons.

And it makes me wonder how many of us are guilty of providing a less than ideal treatment plan due to an oversight, delivering substandard restorative procedures done in a limited time span, extracting a wrong tooth, or commenting on how inferior another colleague's work and that you could have done a better job?

In my short 8 years of dental career, I am guilty of one, if not more.

Indeed, dental school has provided us with the basic as well as specialized training in knowledge and skills to serve our patients. However, the intricacy of making fair clinical judgments and the delicacy of delivering our opinions to both patients and colleagues are what we have to learn in our journey of our career. It is certainly not easy as complacency, overconfidence and authority often creep and develop in us silently and at times, even unknowingly.

Humility is one of our greatest teachers. However, the guru will only appear when the student is ready.

In my 8 years as a mediator and current Convenor of the Ethics and Management committee, I have the good fortune and opportunity to learn from the complaint cases that come in; be it genuine or asinine.

It has taught me to develop more empathy, patience; and to stop, listen and understand that when one makes a mistake, it does not mean that one has failed. Instead, it is important to learn from our errors. In addition, maintaining a healthy respect for differing views by our fellow colleagues allows the betterment of us.

However, all these are easier said than done. Again, I am guilty of not able to practice the above at all times.



(Adapted from the 17th March Sunday Life!, CHEW on IT! illustration)

PS: There are many undiscovered talented colleagues out there who can contribute to DentalSurgeon in many ways and I hereby urge that flair and passion of yours to be liberated, and join me and my team in bringing news and information to our profession!

Seow Yian San

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Presenting the launch of the Dental Services Directory

Visit the SDA website at <http://www.sda.org.sg> for future updates
For enquiries, kindly email to cmc@sda.org.sg

SDA 75TH ANNIVERSARY GALA DINNER AND FUND RAISING FOR FACULTY OF DENTISTRY DEVELOPMENT FUND



Dear Esteemed member,

In an earlier letter, I have announced details about SDA's 75th Anniversary Gala Dinner and that the Minister for Health, Mr Gan Kim Yong, will grace our event as the Guest of Honour.

The details of the Gala Dinner are as follow:

Date : 20th April 2013, Saturday

Time : 6:30pm

Venue: The Ritz-Carlton, Millenia Singapore Hotel's Grand Ballroom

Concurrently, the Faculty of Dentistry Development Fund was recently established to support the development of the Faculty of Dentistry's Centre for Oral Health. In conjunction with SDA's 75th Anniversary and in support of NUS Faculty of Dentistry, SDA will donate an initial sum of \$75,000.

To further raise fund, the SDA Council has decided to treat all Gala Dinner ticket sales as your personal donation to the Fund. In other words, any SDA members could buy the Gala Dinner ticket and the entire purchase price will be considered as donation in your name to the Faculty of Dentistry Development Fund. If you are a Singapore tax resident, you will enjoy a 250% tax deduction for the donation made.

For the many members who have already purchased the tickets, I extend my heartfelt thanks and we will be contacting you to facilitate the donation process. For the members with complimentary invitation, I encourage you to show support to the Faculty of Dentistry by voluntarily donating \$200 (or any amount) to the Faculty of Dentistry Development Fund and enjoy the same tax benefits.

Steps to purchase the Gala Dinner tickets and enjoy the tax-deductible benefit:

1. Fill in the Order Details Form from SDA office
2. Write the cheque payable to "National University of Singapore"
3. Indicate at the back of the cheque your name, NRIC, mailing address and contact number to facilitate the tax benefit processing.
4. Send it back to SDA (Address: 2 College Road Singapore 169850).

For members paying via GIRO, your tax benefit will be processed accordingly.

For more information, please do not hesitate to contact us. On behalf of SDA and NUS Faculty of Dentistry, I thank you for your generosity and kind support.

Gong Xi Fa Cai!

Yours sincerely,

Dr Kuan Chee Keong
President
Singapore Dental Association

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- Multi-disciplinary Approach to Dentistry • Management of Sleep Apnoea

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- **Mark Bartold**, Professor, University of Adelaide, Australia (Periodontology; Stem cell research)
- **Dean Morton**, Professor, University of Louisville School of Dentistry, USA (Prosthodontics; Implantology)
- **Will Martin**, Associate Professor, University of Florida's College of Dentistry, USA (Prosthodontics; Implantology)
- **John O Burgess**, Professor, Asst. Dean of Clinical Research, University of Alabama at Birmingham, USA (Restorative Dentistry; Vital Pulp Therapy)
- **Barry K. Freyberg**, Technology Director for the Scottsdale Center for Dentistry, and Consultant to the American Dental Association Council on Dental Practice, USA (Technology for the Dental Practice; Management of Sleep Apnoea)

For list of speakers and their topics, visit www.idem-singapore.com

With these renowned speakers helming the conference, you can expect the 2014 program to be every bit as spectacular as the 2012 conference program. So **Save the Date** for the conference today!



Sessions for Dental Technicians, Oral Health Therapists and Dental Hygienists. Details will be available in August 2013!

Co-organizer



Dear Esteemed Members,

The Straits Times Editorial headlined "Time for more to do pro bono work" which urged more to do charitable deeds. The word *pro bono* means done or donated without charge and it is derived from Latin words *pro bono publico* meaning for the public good.

For many years, many of our members have been unassumingly performing mission trips to underprivileged areas. There are no shortage of volunteers and sponsorships. There are some dentists in Singapore who remained anonymous as they carried out their charitable work in the same unassuming manner without fanfare nor publicity. These are the unsung heroes of SDA. I regard serving in the Singapore Dental Association as a form of *pro bono*

work as well because there is a public service component to our SDA work. Our primary responsibility in SDA Council is always towards our own members but it is tempered with meeting public expectation as well aligning with national interest.

Speaking of *pro bono*, we have invited a group of distinguished speakers at the SDA Convention cum 75th Anniversary celebration. They have agreed to contribute their invaluable time to add to the prestige of the 75th Anniversary celebration and words could not describe how grateful I am.

It is only right to give due recognition to our own members (*in order of lecture appearance*): Dr Loh Fun Chee, A/Prof Kelvin Foong, Dr Chen Nah Nah, A/Prof Chung Kong Mun, Dr Myra Elliot, A/Prof Jennifer Neo, Dr Asher Lim, Dr Wong Keng Mun, Dr George Soh, Dr Raymond Ang and Dr Ng Jing Jing. In addition, we also thank Dr Myint Soe, Dr Arunee Laiteerapong, Prof Rahimah Abdul Kadir and Ms Cecilia Chu as non-SDA speakers.

We are also encouraged by the participation of Prof Chew Chong Lin, Dr Myint Soe, Dr Raymond Ang, Mr Palaniappan Sundararajand Dr Asha Karunakaran in a Roundtable Discussion on *Informed Consent*. Our gratitude to the group of Oral Surgeons assisting Dr Shawn Goh in the *Wisdom Tooth Circuit Workshop*: Dr Winston Tan and Dr Wee Tze Haur.

We are indeed encouraged by the participation of so many speakers from diverse fields and the strong support shown by the Faculty of Dentistry, Singapore Dental Council, Ministry of Health's Dental Branch and other organizations like SDHF. Their support has shown made our *pro bono* so much rewarding!

A very warm and sincerest Thank You from the bottom of our hearts.



Yours truly,

Kuan Chee Keong
On behalf of SDA Council 2012-14



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SDA MERITORIOUS AWARD RECIPIENTS

Dr George Soh and Dr Raymond Ang



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Elvin Ng
 MediaCorp Artiste



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* As compared to ordinary round-ended bristles. * As compared to ordinary toothpaste.
 * When used together with toothbrushing. Source: Journal of Japanese Society of Periodontology 78:258 (1975).



Defining the Singapore Dental Association's mission and its pursuit

Dr. Kuan Chee Keong is currently the President of the Singapore Dental Association. Despite his achievements, he considers himself a humble servant of the dental association who sees himself adherent to the principles that govern the dental society.

Each have their own unique style of leadership but SDA has always adopted a policy of pursuing long-term, consistent plans for the benefit of the Association. Many of our current projects were undertaken as a result of long-term strategic planning in the past. In this sense, we prefer to adopt forward-looking plans which are consistent for the benefit of our members, the community and the nation," Dr. Kuan states.

Apart from being a council member of the association for 3 consecutive terms, he held office as Acting Honorary General Secretary of the Singapore Dental Association in 2008-2010.

"I feel very fortunate that I am well supported by my strong team members. Our primary goal is to ensure SDA remains cohesive and relevant to all our members," Dr. Kuan expresses.

He continues recollecting his early experiences with the SDA during the FDI in 1990 when he was a dental undergraduate volunteering as a helper in one of the committees. He recounts the SDA members experienced a period of major disagreement.

"When I became an SDA member, I began to take keen interest in the Association's activities. The experience shaped my vision and as a result, I have been very prudent when dealing with potentially divisive issues."

Continuing the leadership

"Past Presidents have set high standards which I hope to emulate.

He adds that members of the dental association are very fortunate that the SDA has maintained good governance among its members and communities as a result of a consistent, strong leadership in the past.

A strong bond of fellowship

Owing to this success, SDA now enjoys a special relationship with the Faculty of Dentistry, National University of Singapore. Despite being a small country, Dr. Kuan believes it is a blessing in disguise having only one dental school.

"Since most of our members are graduates of NUS, we share a strong and warm bond. All the past Deans of the Faculty have been great supporters and A/Prof Grace Ong is no exception."

Moreover, Dr. Kuan voiced out the mutual support between SDA and the regulatory bodies. In fact, he discloses that Chief Dental Officer, A/Prof Patrick Tseng is a Past President of the Singapore Dental Association.

SDA members in action

One of the most important committees in the SDA is the Ethics and Practice Management Committee headed



by General Secretary, Dr Lim Lii. This committee is said to provide mediation in situations where the treatment outcome is deemed unsatisfactory. Through this, it will assist both the patient and the dentist to reach a mutually agreeable solution. Dr. Kuan relates that one of the greatest benefits from this mediation is that both parties will be spared from anguish and lower cost as well.

"The SDA is also very active in our community outreach programs for example, we organise highly participated Public Forum to increase the knowledge and understanding of dental diseases. Together with our corporate partner Colgate-Palmolive, we have been organising the Oral Health Awareness Month for many years."

Recently, SDA started planning a Pro Bono Dental service together with the Singapore Dental Health Foundation (SDHF). This initiative complements the existing SDHF outreach project where volunteer dentists serve the residents of certain old folks' homes. SDA's intention is to serve those who have fallen through the safety welfare nets as already provided by the government.

Currently, SDA is working with the Agency for Integrated Care (AIC) on a related outreach program. AIC was set up by the Singapore's Ministry of Health (MOH) to oversee, coordinate and facilitate all efforts in care integration. SDA, SDHF and AIC are planning to make enhancements to a community healthcare policy known as Community Health Assist Scheme (CHAS). To put it simply, CHAS allows patients to seek selected treatments at subsidised rates in private medical or dental clinics instead of polyclinics.

"We are helping AIC to promote CHAS to patients who have yet to apply for this scheme as well as to dental clinics that have yet to register as CHAS providers. Together with SDHF, we are planning to mass register residents in elder homes so that they can enjoy the subsidy as well."

In due course, Dr. Kuan hopes to complement their efforts to start the Pro Bono dental project with the limited number of dental treatment subsidised under CHAS.

With the growing population in the country due to its increasing demand for workers, we asked Dr. Kuan if the ratio of their dentists is proportional to the population in Singapore.

Dr. Kuan expresses that this is under the purview of the Ministry Of Health and the Ministry of Employment. The

fact of the matter is Singapore's population is increasing, thus the need to increase dentists; the Faculty of Dentistry is gradually increasing the yearly intake.

The IDEM Singapore and the SDA

The IDEM Singapore 2012 was graced by the Ministry of Health Mr. Gan Kim Yong who encouraged the SDA to produce a "green

"Our plan is to launch this project officially during our 75th Anniversary in April next year. We have already earmarked 20th to 21st April 2013 for our 75th Anniversary celebration with a 2-day Scientific Program, Gala Dinner and trade exhibition at The Ritz-Carlton Hotel."

Health Minister Mr. Gan Kim Yong will be



book" that gives clarity to the rates and unbiased information that will be available to patients. Dr. Kuan reveals the nature of this "green book" and how its community members can benefit from this cause. Dr. Kuan explains the existence of this information has been available for many years. SDA used to publish the 'Treatment Fee Guideline' which gave a rough estimation of the fees for various dental treatments. Unfortunately the Competition Commission of Singapore (CCS) which is responsible for weeding out anti-competitive business practises deemed it a 'cartel' and advised the SDA to remove the guideline.

The CCS was of the opinion that SDA members were being guided on the fees and that without such a guideline, as in a 'free market', the dental charges would likely be lower. The controversy over what amounts to a reasonable fee is currently being played out in the case involving Dr Susan Lim and the Singapore Medical Council.

He further adds that SDA have met with the Chief Dental Officer (CDO) A/Prof Patrick Tseng and decided not to proceed with the fee guideline. However, they are working on the 'green book' directory. Dr. Kuan claims that they already have information pamphlets providing information on dental treatments which will be updated soon.

Together with Singapore Dental Health Foundation (SDHF), SDA plans to publish such information on dental conditions and treatments on their websites as well as in pamphlet format.

their Guest of Honour at the Gala Dinner and officially launch this project.

Dental Asia clarified if this transparency will help the profession when patients gain access to this greenbook. Dr. Kuan believes that any transparency will definitely be helpful but stresses that this directory has to be simple and concise to be useful.

Looking forward to IDEM Singapore 2014

According to Dr. Kuan, IDEM delegates can expect nothing less than top notch speakers, wide-ranging interesting lectures covering the latest scientific advancements and the warmest hospitality.

With the success of the IDEM show that is replicated every two years, Singapore Dental Association deems itself fortunate to have Koelnmesse as a competent and fair-minded partner and pushes the committee to create a better show for guests, traders and delegates.

"We should expect a revamped venue because Suntec International Convention Centre is currently undergoing refitting to improve the facilities. All in all, an exciting experience awaits IDEM 2014 delegates," Dr. Kuan Chee Keong ends.

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Global Legally Binding Agreement on Mercury

Introduction

In February 2009, the United Nations Environment Programme (UNEP) started negotiation on a global legally binding treaty on harmful substances which include mercury. The deadline for completion is January 2013 in time for the 27th Governing Council/Global Ministerial Environment Forum. UN member nations are eligible to participate in the intergovernmental negotiating committee (INC) while other organizations like FDI may take part as observers only.

The five INC sessions were:

- 7 to 11 June 2010, Stockholm
- 24 to 28 January 2011, Chiba, Japan
- 31 October to 4 November 2011, Nairobi
- 27 June to 2 July 2012, Punta del Este, Uruguay
- 13 to 18 January 2013 in Geneva, Switzerland

Subsequently the treaty will be ratified at a diplomatic conference (Conference of Plenipotentiaries), which will be held in 2013 in Japan.

At press time, the INC5 was ongoing but Achim Steiner, Executive Director of UNEP has set the tone with this remark in his Opening Speech: "To put it bluntly, mercury is a substance that is far more harmful than beneficial to us, and the harmful effects have been well recognized for more than a century."

Summary of UNEP Studies on Mercury

The use of mercury to separate metal from ore in small-scale gold mining is found to be the main source of emissions. This accounted for an estimated 727 tonnes or 35% of the global total. Mercury is found in many rocks including coal. When coal is burned, mercury is released into the atmosphere. The Global Mercury Assessment 2013 estimated coal-burning power generators to be contributing roughly 475 tonnes yearly or about 24% of total global emissions. In the US, it is the largest source of human-caused mercury

pollution which the Environmental Protection Agency estimated at 50% of all domestic mercury emissions.

"Dentistry used about 340 tonnes of mercury annually and by UNEP's estimate, up to 100 tonnes entered the environment as waste."

Other sources of mercury include consumer products such as electronic devices, batteries, energy-efficient light bulbs and cosmetics. Mercury is also used in the manufacture of poly vinyl chloride (PVC) as well as in the Chlor-alkali industry for the production of chlorine and caustic soda from salt.

In addition to this Treaty and other measures to achieve a sharp decline in demand for mercury, UNEP is also advocating a cut at the supply side as well. The Global Mercury Assessment 2013 states "To achieve this, primary mining of mercury should be ceased as soon as possible, and demand met by investing in improved recycling measures."

The impact on dentistry

The UNEP proposed to completely eliminate mercury in all products and processes. Such a ban would mean thimerosal, which contains ethylmercury, could not be used in any vaccine products worldwide and dental amalgam will not be available as a restorative material. The impact of such a ban is all too obvious to healthcare professionals. In the latest response to the latest draft (October 2012) of the treaty, FDI has warned that if the treaty is adopted, "it could pose serious risks for oral health care".

FDI's position

At the 2010 FDI General Assembly, the FDI's position was clearly spelled out: "Amalgam is a safe and highly effective restorative material. To maintain and protect global public health, a phase down of amalgam will be only appropriate when an alternative and suitable restorative material is available." It is worth noting that FDI recognized the inevitability of mercury ban and



Photo Courtesy of
Dr Kuan Chee Keong

therefore, is targeting a 'phase down' strategy instead of resisting the mercury ban. Unfortunately, FDI is accorded 'observer' status at the UNEP level means the influence is severely muted. "The only influence we can have is through our member associations persuading their government representatives that they have to take the health care aspect into account," commented Dr Stuart Johnson of the FDI Dental Practice Committee.

Phasing down instead of banning dental amalgam INC 5 Dr Stuart Johnson, Chair of the Dental Practice Committee, will be leading the FDI dental amalgam task team at the final meeting of the International Negotiating Committee on Mercury (INC 5) from 13 to 18 January 2013.

The new measures aim "to reduce and manage dental amalgam while allowing for its continued use". This 'phase-down' approach is also recommended by the World Health Organization in its report 'Future Use of Materials for Dental Restoration'.

Global Concerns

Mercury released into the atmosphere eventually settles on the earth's surface where certain microorganisms can change it into a highly toxic form, methylmercury. Methylmercury bioaccumulates up the food chain in fish, shellfish and animals that eat fish. Bioaccumulation in fish and shellfish is the main source of methylmercury exposure to humans.

Although high levels of mercury poisoning can harm the brain, heart, kidneys, lungs, and immune system of people of all ages, research shows that in general, seafood consumption is not a health concern. However, it has been demonstrated that high levels of methylmercury in the bloodstream of unborn babies and young children may harm the developing nervous system. The most tragic was the Minamata incident in the late 1956.



Photo Courtesy of Dr Lih Wei Song

"The new measures aim 'to reduce and manage dental amalgam while allowing for its continued use.'"

The global sentiment was best summed by Achim Steiner who said, "Exposing babies and mothers via contaminated fish or other mercury sources is a cruel and increasingly unnecessary risk given the science and knowledge we have and in a world rich in alternative processes and technologies."

SDA's position

SDA is fully supportive of FDI's initiatives and will be keenly monitoring the progress. However, we have to be cognizant of the global sentiment towards harmful substances and should be prepared for a future where 'ecology-friendly', 'sustainability' and 'renewability' are the key words. With this backdrop, one of the key lecturers at the SDA Convention & 75th SDA Anniversary in April 2013, is A/Prof Jennifer Neo to deliver a lecture titled "Beyond Amalgam" to answer if there is indeed a future for Dentistry without Amalgam. Prof Jennifer Neo is a senior lecturer at the Faculty of Dentistry, NUS and the Director, Division of Graduate of Dental Studies, NUS. We look forward to see you at the celebration of 75 years of SDA.

Dr Kuan Chee Keong
President
Singapore Dental Association
17th January 2013

Sources:
1. United Nations Environment Programme 2. UNEP Global Mercury Assessment 2013 3. United States Environmental Protection Agency 4. Ministry of the Environment, Japan

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In view of patient safety when it comes to tooth whitening/ bleaching procedures, it is strongly advisable for the public to understand the importance to have a proper oral examination by a dental professional and determine the most appropriate whitening treatment to be advised or prescribed under supervision.

SDA recommends the following guidelines for the sale and prescription of tooth whitening / bleaching products:

Guidelines and Recommendations on Tooth Whitening/ Bleaching procedures in Singapore

(Revised as of 21 Jan 2013 in consultation with HSA)

1. Tooth whitening products that contain concentrations **up to 0.1% hydrogen peroxide** (equivalent to 0.3% carbamide peroxide), is allowed in oral hygiene products for application by consumer. This would include products such as tooth-whitening toothpaste.
2. Tooth whitening products that contain concentrations **up to 6% hydrogen peroxide** (equivalent to 18% carbamide peroxide), can only be prescribed by a registered dental practitioner for home use by the patient, and only after consultation with their registered dental practitioners. Such products is not for direct sale to the general public.
3. Any tooth whitening products containing concentrations **above 6% hydrogen peroxide and up to 35% hydrogen peroxide** can only be legally accessed by a registered dental practitioner. Such products should only be used on patients in the dental clinic under the supervision of the registered dental practitioner.

Background Information:

Tooth Whitening / Bleaching procedures are becoming very popular for patients seeking esthetic dental treatment. The sources of tooth whitening treatment can be broadly classified into 4 categories:

1. Professionally applied (In-Office) by a dentist
2. Dentist-Prescribed/Dispensed for patient home use
3. Consumer-Purchased/over the counter (OTC)
4. Non-Dental Options

Traditionally, patients will consult a dentist for tooth whitening treatments or purchase from the pharmacy consumer tooth whitening products that are safe for home use. The latter option is unsupervised and not in consultation with a dentist.

Recently, there is an increasing number of non-dental outlets specifically for providing instant tooth whitening services to the public. These services are provided by "therapists" who do not have any prior



Photo Courtesy of Dr Lih Wei Song

training in dentistry. In untrained hands, the relatively safe bleaching procedure can have potential and significant damage to the teeth. There are concerns about the long term safety of unsupervised bleaching procedures, due to abuse and possible undiagnosed or undetected underlying oral problems.

Although tooth whitening is a relatively safe procedure, there are still increasing reports of adverse effects on hard tissue, soft tissue and restorative materials.

Safety Considerations on Bleaching Material:

Bleaching material consists of a variety of peroxide compounds, including carbamide peroxide, hydrogen peroxide, sodium perborate and calcium peroxide. Currently, carbamide peroxide and/or hydrogen peroxide are used as extracoronal bleaching materials.

Most OTC bleaching products are hydrogen peroxide based chemicals. Typically 10% carbamide peroxide will decompose to release 3.5% hydrogen peroxide in an aqueous medium. In-office bleaching materials contain higher percentage of hydrogen peroxide (15-38%) than at-home bleaching products. (3-10%); however, there are exceptions when home-use bleaching products containing up to 15% hydrogen peroxide.

Bleaching material with 10% or higher hydrogen peroxide concentration is potentially corrosive, resulting burning sensation and tissue damage on mucous membranes or skin. Those damages can be greatly reduced during office bleaching treatment. Up to two-third of users experience hard tissues, transient mild to moderate tooth sensitivity during the early stages of bleaching treatment. This is because the sensitivity is closely related to the peroxide concentration of the material and the contact time. However, under the help of proper techniques, there is no record on long-term adverse pulpal sequelae.

In summary, extracoronal bleaching treatment done in the dental office or at home may result in short-term tooth sensitivity and/or gingival irritation. Higher the hydrogen

peroxide concentration, more severe the mucosal damage is possible. As such the use of home bleaching materials and unsupervised whitening procedures by non-dental professionals at higher hydrogen peroxide concentrations should be prohibited.

Treatment Considerations and Patient Safety:

As tooth whitening / bleaching is a form of dental treatment, it should be stressed that prior consultation and examination with the dentist is vital. It is crucial for a thorough oral examination to determine the cause of tooth discoloration and discuss the various options of treatment with the patient. It is also the responsibility of the dentist to detect any pre-existing periodontal disease, caries activity, presence of defective or discolored restorations as well as presence of hypersensitivity in the patient before recommending the best whitening treatment to the patient.

It is also recommended that the dentist ensure caries control and carry out a round of prophylaxis to remove plaque and stains before commencement of the whitening treatment. Hypersensitive teeth should also be treated and defective restorations changed or repaired.

It is in the interest of patient safety that SDA recommends that tooth whitening products containing concentrations up to 6% hydrogen peroxide be prescribed by a registered dentist for home use by the patient, and only after consultation with their dentist.

For higher concentrations above 6% hydrogen peroxide and up to a maximum of 35% hydrogen peroxide, it should only be legally accessed by a registered dentist. Such products should only be used on patients in the dental clinic under the supervision of the registered dentist.

*Dr Chye Chuan Hee, Kelvin
Vice President
Singapore Dental Association*

PROJECT LOKUN 2012

Project Lokun is a student-led initiative to provide **free and sustainable medical/dental** services to the people living in the rural aspects of Cambodia. By Dr Wong Libeng



It all began in the wee hours on 14th Dec 2012, when I was frantically getting out of my slumberous mode to rush down to Changi Airport to meet my team of dental surgeons and dental students to set off for Phnom Penh, Cambodia. While many of my friends were out of Singapore during the holiday season to some exotic places, I had made an unconventional decision to be part of Project Lokun 2012, after a 4 years break from my previous 2 overseas community dental services.

I have often questioned myself the reasons behind going on an overseas dental trip and how much of a benefit will be reaped by the receiving end: the villagers. While I truly believed most, if not all, dental surgeons who had to take a few days or weeks off their busy dental practices without income committed with altruism and a heart of gold, a cynical side of me may pop out other possibilities: was it just another “feel good” trip for the dental surgeons to achieve true spiritual fulfillments which they could not find from their existing patients in Singapore? Or worse still, were they just using such a trip as an opportunity to brush up their clinical skills? As for myself, did I choose to go for a short trip simply to take a break from the incessant crying of my 11-month baby daughter? As for the villagers, would they truly benefit from dental services of such an ad hoc scale basis and what is the follow up care after the team has left? These questions went through my mind as the plane from Tiger Airway roared to life after taking off from the runway.

BACKGROUND OF PROJECT LOKUN

Looking into the background, Project Lokun is a student-led initiative to provide free and sustainable medical/dental services to the people living in the rural aspects of Cambodia. It was started in 2007 by Drs John and Priscilla Lee, together with a group of 14 medical students, as a medical mission. Nevertheless, the medical team soon realized the villagers’ need for dental treatment, and a dental team was brought on board from 2011.

START OF OUR JOURNEY

Upon arrival at Phnom Penh airport, we set off to Don Bosco School, where we took over the dental logistics from the previous dental team from Project Sabai. We moved on to CROAP (Centre of Research on optimal Agricultural Practices), a holding base in proximity to the villages before settling down at Pursat Century Hotel, a decent no frills accommodation in the small town.

Real dental actions took place over the next 3 days where we covered 3 villages: Ruluoh, Keov Monih and Takeo. Dental procedures,

“I have often questioned myself the **reasons** behind going on an overseas dental trip...”

mainly extractions and atraumatic restorative treatments were carried out in the classrooms where we converted the teacher tables as the operatories and the student tables as the sterilization unit. On the 17th Dec 2012, the dental students set off on their door-to-door visits to the villagers to promote dental awareness and to distribute free oral healthcare supplies to needy locals in the morning, before ending off the project with an oral health education talk with volunteers from Project Smiling Angels in the afternoon.

OVERALL IMPRESSION

To summarize my overall impression of Project Lokun 2012, I must say that it was a well organized initiative by the student bodies (both medical and dental) and no fine details had been overlooked. Upon registration at the triage, medical history of each villager would be carefully

screened by the medical team before he could proceed for dental treatment. At the end of the screening and treatment, both dental and medical records were filed and stored for future reference and follow-ups. Parental consents were also mandatory for under aged villagers. The student dental team, led by the Year 3 students Ivan and Sharon were a fantastic and enthusiastic bunch to work with. Whatever tasks they were assigned to, be it to assist the dental surgeons, giving oral hygiene instructions or even the most mundane job of sterilising the equipments, all of them would dutifully complete the job with much zest and gusto. I was most impressed by their dedication to promote dental awareness to the villagers and the belief that preventive measures would have a more far reaching impact on the villagers than a single air flown “dental commando operation” to annihilate all carious teeth. My two other

participating colleagues, Dr Shermin Lee and Dr Edwin Oh, both very experienced clinicians who were there for all the right reasons, had definitely left behind their trails of good work not just in the mouths, but in the hearts of all those villagers treated by them. Moving forward, Project Lokun aims to collaborate with the local healthcare system for proper follow-up. It will also continue to maintain close ties with CROAP, allowing the team to disseminate information and to stay in touch with the villagers with greater ease.

For me, the strong desire to get home to see my daughter on my flight back has refuted my initial self-doubt on the reason to leave her for these few days. Before I plan to participate in the next Project Lokun, I shall take this opportunity to thank my wife for taking care of the little one in my absence.





Nominated by Dr Terence Jee:

Dr Raymond Ang has been the Chairman of SDA Ethics Committee for so long that he is affectionately known as the "King of Complaints Handling". He was the one that inspired me to join the Ethics Committee after graduation and I was deeply influenced by the "Ethics Nights" that he organised. Dr Raymond Ang has been very active in the Dental Community, serving as Vice President of the SDA Council and also in FDI Local Organising Committee. We also had the opportunity to serve on SDA NITEC Committee. I am happy and proud to nominate him for the SDA Merit Award.

INTERVIEW WITH DR RAYMOND ANG

...who is nominated for the SDA Meritorious Award, which will be given out during the SDA 75th Anniversary dinner 20th of April 2013. By Dr Yeo Jing Ting

Can you tell us about some of the volunteer activities or causes you are involved in?

I am also involved in the Singapore Dental Council. I have been an Elected Member of the Singapore Dental Council (SDC) since 2009. Currently I am the Chairman of the SDC Audit Committee, Member of SDC CPE Committee and also a member of the SDC Complaints Panel.

Can you tell us some of the vision/aim you have for the Singapore dental community as a whole?

My vision is for all dentists in Singapore to be united and to work together for the greater good of the dental profession. If we are united, we have a better chance of influencing the government to come out with policies to promote oral health awareness and dental care amongst Singaporeans. If we are united, we can also command higher professional fees for our treatment. Hopefully this will lead to a better quality of life for dentists.

How do you feel being nominated for this award?

I am truly humbled for having been given the opportunity to serve the dental profession over the years. I am really grateful to the Singapore dental fraternity for nominating and awarding me with this prestigious honor.

How long have you rendered your service to the Singapore Dental Association? What have you learned from the experience?

I have been active in the Dental Association for more than 10 years in various capacities. Over the years I was fortunate enough to have the opportunity to serve as:

2004 to Present	Chairman Singapore Dental Association Ethics Committee
2004 to Present	Lecturer, Singapore Dental Association NITEC in Dental Assisting
2004 to 2006	Council Member, Singapore Dental Association
2006 to 2008	Vice-President, Singapore Dental Association
2007 to 2008	Chairman, Opening Ceremony & Social Programs IDEM 2008 Committee
2008 to 2009	Chairman, Social Programs FDI 2009 Organising Committee

The most important and difficult thing I learned over the years is how to juggle between SDA volunteer work, Clinical and management work for Q&M and also trying to find time for my family and myself. I had to learn very quickly how to prioritize and to delegate. Furthermore I realized the importance of teamwork, because having effective teams allows me to work on various projects at the same time.



Do you have any advice for the young dentists out there?

I would like to encourage young dentists to spend some time in volunteering in the Singapore Dental Association subcommittees. It is an excellent opportunity to meet and interact with fellow members of the profession in Singapore and overseas.

Interview with Dr George Soh

...who is nominated for the SDA Meritorious Award, which will be given out during the SDA 75th Anniversary dinner on the 20th of April 2013. By Dr Edwin Goh



Can you tell us about some of the volunteer activities or causes you are involved in?

For the past 27 years, I have been working with the Ministry of Social and Family Development (or Ministries preceding it) and voluntary welfare organizations involved in the care of the aged and the homeless living in welfare homes in Singapore. I have also been working with the dental school in nurturing local talent to grow the pool of talented individuals for our dental fraternity.

Can you tell us some of the vision/aim you have for the Singapore dental community as a whole?

The dental fraternity should remain active and participate in developing a strong and well-governed SDA. I strongly believe only a SDA which exuberate operational efficiency, corporate governance and professional integrity can it best represent members' interests, and nurture a dental profession well respected by other professions, by government regulators and by the patients we serve.

Do you have any advice for the young dentists out there?

Young dentists should pick and focus on what they can do best in their practice. Besides doing well professionally, they can also share and care through participating in community programs for the less privileged. They should also support the growth and development of the dental profession through involvement in the dental school and/or SDA because if the profession does well, everyone will benefit.

How do you feel being nominated for this award?

I felt honored and pleasantly surprised because I was not expecting any recognition. I am glad my colleagues who nominated me and approved my nomination saw value in my little contributions to society and to the Singapore Dental Association.

How long have you rendered your service to the Singapore Dental Association? What have you learned from the experience?

I started soon after graduation in a subcommittee organizing the 10th Asia-Pacific Dental Congress in 1981. Through the years, I served in numerous subcommittees as well as assumed various positions in the Council of the SDA. Currently, I am serving as a member of SDA's Internal Audit Committee.

What have you learned from the experience?

I benefitted greatly from my involvement with the SDA. I developed leadership and organizational skills which I put to good use when I later served in the Council of the Academy of Medicine.

Nominated by Dr Sim Wee Kiat:

Tell us why you've chosen to nominate Dr George Soh for this award. In what way have they been a role model to you?

I find Dr George Soh attends our SDA AGM regularly. He never fails to speak up on behalf of our members. He also scrutinized our financial statements which I never do at all. All the time, he is not selfish and he also volunteered in a lot of social work (few people know) but he never boasts. His National Day community award will speak and confirm it. He also had served in SDA council and in the Academy of Medicine as a Bursar before. He also made cash donations especially to Faculty of Dentistry of at least more than \$10K and duly acknowledged on the wall plaque at FOD.



NEPAL Dental Camp 2012

By Dr Sapphire Gan

On the 23rd September 2012, a team of six dentists, two medical nurses and one general volunteer arrived in the picturesque village of Samagaun for the 7th Dental Camp. They joined the group of monks from Ka-Nying Shedrub Ling Monastery who had trekked for five days to get to the village ahead of the doctors, in order to complete the initial preparations. However, the mood in the village was solemn as a tragic avalanche had struck the slopes of Manaslu, the nearby summit earlier that same day and rescue and recovery efforts were underway. The team was quickly thrown into action as the avalanche victims were flown into the village. The medical nurses stabilized the victims as best as they could before evacuation to the nearest hospital.

After this initial flurry of excitement, the dental camp proper got underway for a total of 3 and a half days during which a total of 280 patients were seen and basic dental treatment such as scaling, fillings and extractions were rendered. Each patient was given a toothbrush and dental hygiene instructions were given. Although the patient numbers were not very high as compared to previous camps, their dental needs were soaring as many patients have never seen a dentist before and even a handful who have not brushed their teeth in their entire life!

The team and organizers would like to express our deep gratitude Singapore Dental Association as well as sponsors and well-wishers for supporting our efforts to provide basic healthcare to more than ten thousand villagers, for the past seven years.
Sarva Mangalam!

PUBLIC FORUM (ENGLISH)

HOW YOUR LIFESTYLE AFFECTS YOUR TEETH

Date: 13 April 2013, Saturday

Venue: Orchard Parade Hotel, Antica II Ballroom, Level 2

Dental Screening: 11am - 1pm

(Pre-registration is required & for Forum participants only)

Public Forum: 2pm - 5pm

(Participants not attending dental screening may register for public forum at 1.30pm)



Dr Nora Heng

Gum Disease – It Goes Beyond Your Mouth

- Gum disease – What does it destroy?
- Impact on overall health
- Treatment & prevention



Dr Terence Jee

Why Does My Tooth Hurt?

- Tooth decay – How can I tell I am having a tooth decay?
- Will broken down fillings or crowns give me pain too?
- When do I need a root canal treatment?



Dr Ronnie Yap

Are You Chewing Away Your Teeth?

- Tooth wear – Can it be prevented?
- Clenching, grinding, erosion, cervical abrasions, cracked tooth syndrome
- 5 reasons you should be worried if your teeth is sensitive
- Managing Dentine Hypersensitivity

FREE Dental Screening & Goodie Bag worth \$50 for every registered participant.

Registration Fee: \$8 per pax, bring a friend and pay only \$10 per couple. If more than 2 pax, every participant only needs to pay \$5 per pax.

Kindly email to forum@sda.org.sg for registration. Registration closes on 10th April 2013.

Organised by



Singapore Dental Health Foundation

Supported by



Singapore Dental Association

Sponsored by:



DENTISTS RECOMMEND SENSODYNE

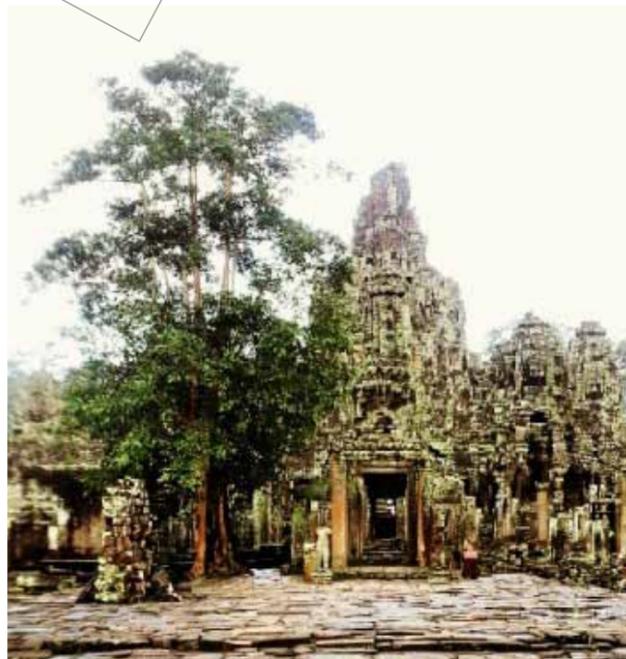
REFLECTIONS ON SIEM REAP MISSIONS TRIP
by Robert Burgess & Willis Lin (Year 3, Faculty of Dentistry)



From the 4th - 11th September 2012, a professional dental volunteer team and a group of passionate Republic Polytechnic student volunteers went to Siem Reap to treat over 600 villagers from 2 villages in just merely a couple of days. We were fortunate enough to have the opportunity to join as helpers. Being our first mission trip ever, we were nervous with anticipation. Our impression of what a mission trip entailed was assembled from bits and pieces of hearsay by seniors or classmates who had gone on such trips. However, amidst all the feelings of foreboding and fear, laid much excitement in the new experiences we would encounter, as well as the question of how what we learnt in school would be relevant in such a trip. Now that we have returned, we can say that much of our nervousness was definitely misplaced, not to mention that our preconceived perceptions of what it would be like were largely incongruent with what it actually was.

We spent several weekends before the trip preparing equipment, stock taking, as well as just breaking the ice with one another. We only realised the importance of this preparatory period later in our trip when we started to run out of supplies towards the last few days. Thankfully, we managed to get some supplies from the local pharmacy and rationed our supplies to last through the final days. The importance of coordination between the different members of the team was also something

we recognized: Lab technicians like Mdm Tan would have to coordinate the equipment with the attending dentists. Similarly, Dr. Au Eong, who has a keen interest in oral surgery, had to ensure that the logistics he required were also accounted for. Beyond this, our pre-trip preparation went rather smoothly and before we knew it, the day that we would depart arrived within the blink of an eye.



From the moment we landed at the Siem Reap International airport, we were overwhelmed by the stark contrast in culture and infrastructure of the country. The lush, largely untouched greenlands of Siem Reap were worlds apart from the concrete cityscape of Singapore that we were so accustomed to. It was the monsoon season then and most, if not all the marshlands were partially flooded and it immediately struck us that such an environment would definitely be a challenge to work in. Our first day was thankfully dry, and setting up our makeshift clinic was smoothly done. We were definitely lost, to say the least, in how the layout should be as well as where items should have been placed. However, with the guidance of veterans like Dr Paul Lim, Dr Noeline Tan, Dr Vijayan and Dr Au Eong, we were shown the ropes and quickly pick up the general concept on how an outfield dental clinic is run. On our second day, we experienced a torrential downpour midway in our field operation. A re-assessment of our surrounding grounds was made and several shifting and relocations were done and the dental work continued ever smoothly. Throughout the entire trip, we felt extremely heartened to see how everyone was helping out in whatever way they could, and their spirits were never dampened by the torrential rain that heaven threw down on us. In addition, we were pleasantly surprised to see the villagers unfazed by the rain as they continued to arrive in threes, eager to see the dentists for treatment.



Much of the trip opened our eyes to the versatility required to be a good dentist. Even though the clinic was less than the ideal dental chair setup we were so used to in school (patients laid on classroom tables whilst the dentists stood over them), the dentists made do with whatever they could with unimaginable improvising, and the work that was done was almost indistinguishable from those done in better equipped environments. For example, using sterile gauze and simply asking patients to spit every now and then were done to overcome the lack of suction drainage for the blood and saliva pooling in the patients' mouth. We were also amazed by how sterilisation protocols were strictly maintained outfield throughout the dental operations, highlighting the very importance of infection control, especially when we treated a HIV-positive villager. Instead of autoclave machines and other fanciful machineries, we relied on pressurised steam pots and standard disinfectants to effectively sterilise the dental instruments. Proper PPE was also enforced at all times during the trip. This definitely reinforced the importance of universal infection control in dentistry regardless of the environment. On an interesting side note, the team also committed to making dentures for selected patients, which was run solely by Dr Vijayan and aided by Mdm Tan. We went away very impressed by how dentures were fabricated within a day (Dr Vijayan's record was 4 partial dentures in a day), and allowing each patient to leave the village with a brand new smile. We felt that this was an incredible feat as it was all done without the fancy equipment we had back in the school.

Halfway into the trip, our abilities and clinical knowledge was put to the test when we were sent to do triage (examination and diagnosis). Due to the heavy patient turnover, we were forced to examine a patient and quickly diagnose the problems that required treatment. As all the patients presented with so much indicative work to do, we had to selectively decide the more dire indications so as to give all the villagers a chance for some treatment to be rendered. To add to the havoc, many of the patients were children, which forced us to rack our brains to remember as much as we could from Dr. Mok's pedodontics lectures. The severity of the dental problems presented was much worse than what we see normally in school. It was not uncommon to see teeth that were grossly carious or roots stumps. Their conditions varied in severity: erupted first molars were almost

“Much of the trip opened our eyes to the versatility required to be a good dentist.”

immediately ravaged by dental caries, bringing into question the sustainability of their adult dentition in the long run. The importance of emphasising dental education became even more apparent to us with each passing patient that we examined. There was also a huge burden on our hearts as we knew that the team could only treat the most urgent problems in each patient, and that knowingly, almost every patient would not have all their dental problems addressed.

The language barrier over there was a rather interesting issue. We had a severe shortage of translators and although we knew several phrases in Cambodian, much of the communication was definitely a trying and humorous experience. Through this, we realised the importance of having good local contacts in order to help in issues such as local communication, logistics and manpower during such a trip.



THE TRIP...

Despite all the above learning issues, reflections, rants & raves, the trip to Siem Reap was for us more than just a sum of its parts: it was a way for us to see how dentistry extended beyond the four walls of our faculty, and how it was more than just an occupation, but also a way to help people from all walks of life. This was more than just another experience for us, and with this, we definitely look forward to our next missions trip, wherever the destination.



ADMINISTERING CHAS



The Community Health Assist Scheme (CHAS), formerly known as Primary Care Partnership Scheme (PCPS) was enhanced in January 2012. To generate greater public awareness

of CHAS, Agency for Integrated Care (AIC) embarked on a marketing campaign across media channels such as TV, radio, print and outdoor in June 2012 and it has been well-received by the public. There are currently more than 240,000 CHAS beneficiaries. We are expecting the number of CHAS beneficiaries to reach more than 400,000 by the end of 2013.

AIC also seeks to support CHAS Dentists in administering the scheme at their clinics. We have developed easy-to-use guides to assist the dentists and clinic assistants. Newly accredited CHAS Dentists will receive all necessary collaterals and forms as a welcome pack from AIC to facilitate implementing the scheme at their clinics.

We have implemented several enhancements to CHAS claims portal to make the claims portal more user-friendly and easier to submit dental claims in 2012. We welcome your continuous feedback on the use of the claims system. Look out for further enhancements that will be implemented later this year.

Participating in CHAS is now simpler than expected:

- ✓ There is no cap imposed on clinic charges. The fees are to be reasonable, taking into account that patients are from low to middle income background.
- ✓ CHAS dental clinics are able to directly refer CHAS patients to National Dental Centre (NDC), bypassing the polyclinics, for subsidised specialist treatment using the CHAS Referral Form. Please note that you would not be able to refer to a named specialist.
- ✓ You can potentially retain your regular patients. The number of CHAS cardholders is expected to exceed 400,000 by end 2013.
- ✓ The clinic has up to 30 days from patient's visit date to submit CHAS claims.
- ✓ You only need to obtain patient's consent through patient consent form once, at the first visit.
- ✓ You can contact AIC during office hours for assistance in administering CHAS at your clinic.

Agency for Integrated Care (AIC), which was set up by MOH to oversee healthcare integration in Singapore, is the one-stop contact point for GPs and Dentists for CHAS.



For more details, please contact CHAS Dental Hotline +65 6632 1199 or dental@chas.sg.

Gorgeous Gourmet Safari UK!

Dr. Michael Lim

Story & photos by Dr. Michael Lim - The Travelling Gourmet

THE IRREPRESSIBLE TRAVELLING GOURMET GOES TO "MERRY OLDE ENGLAND TO EXPLORE... WHEN ENDOSSEOUS IMPLANTS & VENEERS GET TOO TEDIOUS, FLY TO LONDON AND TAKE TIME TO SMELL THE ROSES. LIFE IS TOO SHORT FOR BAD FOOD & MEDIOCRE WINES. ENJOY!





Countess of Warwick & Confidant

for raunchy tales of dark desires and depraved debauchery you must see the true...

SECRETS & SCANDALS OF A ROYAL WEEKEND PARTY IN 1898

Scandalous tales of 'Daisy' Countess of Warwick, who entertained the elite of Victorian society in Warwick Castle, include the 'casanova' Prince of Wales, later King Edward VII. The Countess of Warwick is most certainly the 'Lola Montez of England'! Lola Montez was the notorious 'femme fatale' who brought down the King of Bavaria. Daisy even had a torrid love affair with Winston Churchill's father, Lord Randolph Churchill. **Furnishings and fittings are the real ones from that time period!**

Wickedly Wonderful Warwick Castle

More than one thousand years of history can be experienced in magnificent Warwick Castle. Built in 1068 by William the Conqueror, it was the ancestral home of many Earls of Warwick. If you have enjoyed movies of dashing Robin Hood and King Arthur and his swashbuckling Knights of the Round Table, THIS is the kind of mystical castle you see in those movies. It is titanic!

Climb the towers and ramparts...

One of the things I really enjoyed doing was climbing up and down all 530 steps of the dark & narrow spiral staircases to explore the castle's towers and ramparts. Be warned, it is not for the unfit or those who suffer from claustrophobia. In one area, I was startled by loud coos from a pair of plump pigeons nesting in a dark corner.

I thought for a moment it was the cries of a ghostly damsel in distress...At the top of Guy's Tower, my personal Victorinox Swiss altimeter told me I was 185m high.

The Kingmaker...

A must-see is the KINGMAKER exhibition. This tells the tale of Richard Neville, Earl of Warwick... better known as 'The Kingmaker'. The fascinating exhibits show the frantic preparations for the Battle of Barnet in the Spring of 1471. See the blacksmith preparing and making the protective armour, while the arrow maker gets the sharp & deadly arrows ready for action. The famed English longbows are

carved from the Yew tree. The best archers could fire 15 arrows a minute! There is also a medieval cannon with cannonballs made from cast iron or carved sandstone. One cannonball weight 7kg!

Captivating Castle Tour

The tour of the castle & state rooms is also very enlightening. In the Green Drawing Room, I was amazed by the life sized exhibit of gargantuan King Henry VIII and his many wives, some were beheaded, others divorced but thankfully, some survived! They were the ones on whom fortune smiled. Look out for the cleverly hidden secret door in the far corner on the right where William the 7th Lord Brooke brought the maid servant who he had made pregnant, kicked her down the spiral staircase behind the secret door, and then drowned her in the river! All because he did not want to have an illegitimate heir to his title. What a blackguard!

Food, glorious FOOD!

After exploring the marvellous castle I felt a rumble in my tummy so I headed to the Undercroft Carvery. A yummy lunch of moist Bacon slices, meaty Turkey with Sage & Onion Stuffing, lashings of rich gravy, well roasted hunky golden potatoes, crunchy Brussel Sprouts, tender green Peas & naturally sweet Carrots was most delightful! The piece de resistance is undoubtedly

the dark amber brown Yorkshire pudding with its crispy outside & fluffy innards...to soak up all the absolutely yummy Beef 'jus' & appetising gravy...

Warwick Castle
Warwick, Warwickshire,
England, CV34 4QU
www.warwick-castle.com

Breathtaking Blenheim Palace

Most probably England's finest & largest stately home, this Palace is amazing in its historical significance plus priceless collection of artifacts. It is a stunning example of English Baroque architecture & a UNESCO World Heritage site. Opened in 1722, is also the stately home of the 11th Duke and Duchess of Marlborough.

It was a cold, icy winter's morning with sunny, sapphire-blue skies when I visited this historic icon. The sun had just woken up from its slumber. Located 8 miles from Oxford, the famous University town, 2,000 acres of 'Capability' Brown landscaped parkland surround this titanic Palace plus the great lake & charming formal gardens. I had seen it before in the hit TV series "Brideshead Revisited" but the real thing took my breath away.

Entering though the huge oak doors dating from 1715, I headed straight for the Winston Churchill Exhibition. The "British Bulldog" who helmed Great Britain & defeated that demented, malignant Nazi midget Hitler in World War 2, has always been one of my heroes.

Blenheim Palace was a gift from Queen Anne & a grateful nation to John Churchill, 1st Duke of Marlborough following his famous victory at the Battle of Blenheim in 1704. Visit the gilded State Rooms, which house one of the finest collections in Europe, and the fascinating

visitor experience, 'Blenheim Palace: The Untold Story'. The Churchill Exhibition includes the very room where Sir Winston Churchill was born in 1874. I was extremely touched by Churchill's letter to his father when he was an Officer Cadet at renowned Sandhurst Military Academy. Major Randolph Churchill, son of Winston Churchill, was in the daredevil Special Air Service Regiment & carried out on missions behind enemy lines in the Libyan Desert during WW2.

Blenheim Place: The Untold Story Exhibition.

The Exhibition covers 300 years of enticing tales. It began with a scandalous scene of life sized figures of the 1st Duke of Marlborough, John Churchill & well endowed Barbara Villiers, Duchess of Cleveland & mistress of King Charles II, in "flagrante delicto", both in their birthday suits! The robots move and even appear to "breathe". The bosom of Barbara Villiers was heaving! Very impressive! It was early in 1671 and according to legend, King Charles II walked in on a passionate tryst between John & Barbara...John was forced to hide in the cupboard. However, when the King discovered him he stated; 'you are a rascal, but I forgive you for you do it to get your bread.'

Devilishly Delicious...AFTERNOON TEA!

After the enlightening Exhibition, it was time for traditional English Afternoon Tea... in The Indian Room. The room is entirely filled with Japanese panelling plus a large mural depicting tiger hunts in India. Hence its name, 'The Indian Room'. The idyllic setting has glorious views of the Water Terrace and the gushing fountains. An effervescent flute of Besserat de Bellefon Champagne NV was placed before me. I sipped the bubbly with persistent tiny 'pearls' plus appetising lemon peel notes. Alchemy porcelain, Utopia steelware & spotless white tablecloths set the stage for a lovely Afternoon Tea. The yummys were temptingly presented on a 3 tier cake stand. Über-chunky traditional Fruitcake with velvety Marzipan & Fondant Icing 30mm thick, irresistible Meringue with Hazelnut Creme, Big Scones with Clotted Cream plus sexy Strawberry Jam, delectable Sandwiches of very tasty Beef & Mustard, Egg Mayonnaise, Salmon & ravishing Roast Chicken, Mini Chocolate Log Cake and



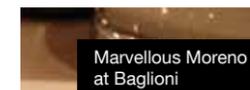
Chef Davide of Amaranto & the Travelling Gourmet



Afternoon Tea at Blenheim Palace



Stringing the Longbow



Marvellous Moreno at Baglioni



fruity Mince Pies! Yummylicious! The slightly crumbly scones were as delicious as those I have enjoyed at The Dorchester in London. With the terrifically tasty morsels, I savoured Twining's aromatic Orange & Cranberry Tea...I was in gastronomic Heaven!

Blenheim Palace
Woodstock, Oxfordshire OX20 1PP, United Kingdom
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MARVELLOUS Baglioni Hotel. This exclusive and luxurious boutique hotel is in the posh residential district of Kensington. Just across is idyllic Kensington Gardens which is part of iconic Hyde Park. The suites here are immaculately fitted and designed and uber comfortable! My suite looked out over pristine Kensington Gardens. Perfect for an early morning jog before breakfast. The small but well equipped Gym is also great for Calorie burning workouts. While here you MUST dine at...

Devilishly delicato MORENO @ Baglioni

Two Michelin Star Chef Moreno Cedroni is rightly famous in Italy, and this is his first restaurant in London. An apt choice because the Italian Baglioni Hotel group is renowned for their stunning hotels. In Senigallia, in the Marche region, his ristorante La Madonnina del Pescatore on the Adriatic Coast, opened in 1984 when he was just 20 years old. Moreno loves to play around with traditional Italian concepts while infusing avant garde ideas and ingredients. The service is very warm & friendly in this elegant fine dining ristorante. Delightfully stylish décor and bespoke furnishings like super comfy gold & satin velvet armchairs, delicate candelabras of Venetian Murano glass plus an imposing fireplace, heightened my expectations of the treat I was in for.

Chef Moreno's philosophy is really very simple: "In the same year I opened my restaurant I went to Cape of Good Hope in South Africa. Whilst watching the waves, of two oceans coming together, I realised that this was the exact style of cooking that I was aiming to achieve; tradition and creativity coming together in each and every dish I conceive."

I have dined all over the world, from street food to 3 Michelin Star Temples of Gastronomy, but this is the only one where each dish the Chef creates has the date of creation on the menu!

Prelude

Tempting Tempura Scallops infused with Cuttlefish Black Ink drizzled with Clam & Zucchini Sauce created in 1997 is outstanding. For a touch of molecular gastronomy, tasty

Tortellini filled with irresistible 24 month aged liquid Parmesan is seriously YUMMI!

Gourmets will discover that there is a marked emphasis on "Meeresfruechte" or seafood. Many of the ingredients used are air-flown fresh from Italy, thereby conserving their original fragrances and flavours. Chef Moreno likes to add a touch of surrealism into his dishes to surprise you.

Another treat is "Polpo cotto a 97°". This is Octopus cooked 'sous vide' at 97°C with Jelly Bread & spiked with its own "mayonnaise". All went so well with apricot flavoured Bellenda Prosecco di San Fermo Superiore Brut DOCG served at the correct temperature of 8C. Yes, I checked with my CIA thermometer. Another "superbo" antipasto is Parmigiano Mousse with Balsamico on a crispy Lavosh just 0.5mm thick...

Concerto

Delightful mains entice and seduce... Super-moist and super-tender slow-cooked Slices of Vitello (veal) on a futon of sweet & sour Cous-Cous with carrot, zucchini & potato brunoise. Bacon wrapped Monkfish bites, Foie Gras, Globe Artichoke & Jerusalem Artichoke Sauce (1997). White Onion Sorbet Fritto Misto. Zesty Raspberry Broth on Quinoa bed & flavoursome Scallop, ever so lightly breaded, when contrasted with cold sweet onion sorbet is favoloso (fabulous)! Sommelier Federico recommends lovely wines like Sassicaia VDT Bolgheri 1985 & Falkenstein Riesling Val Venosta DOC 2008 from Alto Adige. The extravagant wine list has some 250 labels, including an outstanding vertical collection of Sassicaia wines.



Finale

You must try "Fragrance by Moschino" for a sweet finale...exotic Pansy Flower Ice Cream, Spiced Crumble & crunchy Wafer flavoured with citrusy Bergamot! Head Chef Antonio Bufi is in charge when Moreno is in Italy. After my absolutely splendid meal, I felt refreshed, rejuvenated and revitalised. Gourmet food & good wines does that to you. Rich & powerful celebrities who appreciate good service, gourmet food & opulent luxury, like to stay here. When I was here, my neighbour was World No. 1 Tennis Champion Novak Djokovic.

Moreno at Baglioni
Baglioni Hotel London, 60 Hyde Park Gate, Kensington, London.
Tel. +44 (0)2073685700

Amazing Amaranto!

MAGICAL Italian specialitata can be relished here. Amaranto opened on January 31, 2011 but is already a magnet for aficionados

of 'la cucina italiana'. The restaurant's chic decor resonates with different shades of Brunello red & pink. Marble flooring & onyx tabletops reflect the transformation from interior to exterior in the light-filled al fresco conservatory. A rare and special treat in central London is dining under the trees in summer. The hand of Pierre-Yves Rochon is evident here. He also did the interior design for the Four Seasons Paris, one of my favourite hotels. The centrepiece of Amaranto Bar is its wine wall, running along both sides of the bar. Bespoke chrome and glass makes the wine library like a living theatre. The candlelit sommelier's decanting room is visible through the tinted glass walls. Also special to Amaranto is its unique wine-by-the-glass offering. The wine list offers some 250 bottles of fine wines, including wines from 20 different regions in Italy like Piemonte, Toscana, Sicilia & Sardegna.

Cheerful Chef Davide Degiovanni hails from Manta in Piemonte, Italy and has worked in celebrated restaurants & hotels like the Cipriani in Venice. His mouth-watering creations like Scottish Shellfish prepared three ways - Scallops wrapped in Cured Pork on Fresh Pea Purée, Langoustine Tartar seasoned with Yoghurt and Lime, Sliced Raw Lobster with Smoked Tomato, must be slowly savoured to be appreciated. A bubbly Bellini cocktail is so good with the lobster. Slow Cooked Veal Guanciale with Root Vegetables and crunchy Pine Kernels married with Silvio Nardi 'Rosso Di Montalcino' 2008 is modern Italian cuisine at its best. Ripa della More 2008, a tasty red

wine from Castello Vicchiomaggio goes hand in glove with Carpaccio di Fassona (thinly sliced raw beef from Piemonte). The piece de resistance for Dolce (dessert) is Six Little Sins! Oh Madonna! There is Chocolate Fondant, Cocoa Crumble, White Chocolate Ice Cream, Vanilla Cream, Dark Bitter Chocolate & Gianduia Chocolate Sauce! It is a bellissima Dolce to kill for.

In between courses, I went to chat with multi-lingual Chef Davide in his spotless kitchen. Davide pointed out the rear window & told me with a cheeky chuckle, "Over there is the Playboy Club...it can be very distracting sometimes when you see the bella ragazza!"

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TOYOTA 86

Almost 30 years has passed since the legendary AE 86 was launched. The AE 86 had all the hallmarks a proper sports car. Its light weight, front engine, and rear wheel drive was and still is the perfect formula for performance. The AE 86 is still fondly remembered and if you can get your hands on one, driving it will undoubtedly be an absolute thrill.



Toyota has promised a new 86 for a while and it has finally arrived. It has faithfully retained the light weight, front engine, and rear wheel drive “gold standard” formula. There is another reason for the name 86, the engine bore and stroke setup is 86mm x 86mm.

The exterior is beautiful in a very subtle way. For a car maker which manufactures safe and reliable (but not terribly exciting cars), who would have thought a Toyota could be so desirable. It has not been over styled and as such, it will probably withstand the test of time. The oversized twin exhausts completes the look nicely.

The interior is graced with red and black. The steering wheel has been kept clean, devoid of any buttons and other controls which many cars of today possess. This is almost a throwback to the good old days.

The first thing you’ll notice when you sit in a Toyota 86 is how low you are. This is obviously a good thing to lower the centre of gravity and provide better weight balance and driving dynamics.

It is amazing how good the ergonomics of the 86 is; with the gear stick is at a great position and the clutch not too heavy, shifting is actually enjoyable, even in traffic. The position of the pedals is conducive for heel-and-toe driving if you are so inclined.

The 86 runs a 2.0-litre, four pot, naturally aspirated, boxer petrol engine courtesy of Subaru with a six-speed manual or optional six-speed auto. A high-tech dual sequential fuel injection system with two nozzles per cylinder feeds mixture into the inlet port and also directly into the combustion chamber. It’s far from the most powerful sports car at 200bhp, but with a 50:50 weight distribution and excellent power to weight ratio, superior even to the Lotus Elise. Driving it certainly is a special experience.

The drive is so fun and engaging, yet the car is so unpretentious and raw. While the car comes in both automatic and manual transmissions, the drive of choice would definitely be the manual. Shifting with the manual gearbox is precise and the throw is short, reminiscent of any decent sports cars. The steering is direct and sharp. For the racing enthusiast, turn off the traction control and it is quite capable of oversteering out of the corner.

The high revving boxer engine and exhaust note does not sound near anything as polished as the Maserati but considering the price point, you can’t complain. The tuning kits are already out on sale and the truth is they do make quite a difference.

Considering it is a Toyota, we know that reliability is not really going to be a big issue. I am sure the 86 is going to be a classic for years to come.

Date & Time		CDE Topic		Venue		Organiser		CDE		Contact	
5 - 7 Apr 2013	Basic Ortho For GP Grp 4 M4	NUSS Suntec City Guild House, Suntec City Mall	The College of General Dental Practitioners (Singapore)	21	Ms Devi, 65362730, devi.cgdp@hotmail.com						
5 Apr 2013	Facilitating Restorative and Implant Success in the Esthetic / Periodontal Interface	T32 Auditorium	T32 Dental Academy	2	Ker Wai, 67331388, kerwai@t32dental.com						
6 Apr 2013	JurongHealth Complications in Dentistry (CID) 2013	Auditorium, Alexandra Hospital	Alexandra Hospital - Juronghealth Services	4	Teresa Wong, 63793923 Chua Pei Ling, 63793758 cde_admin@juronghealth.com.sg						
6 Apr 2013	Clinician Choice Series - Amalgam Free Dentistry	Alumni Association 2 College Road	Aesthete Institute	4	Adeline, 64383811, aida@aestheteinstitute.com						
10 Apr 2013	Dental Ergonomics: From Positioning to Instrumentation	NDC Training Room Level 8, 5.45pm - 6.45pm	National Dental Centre	1	Ms Jenny Lam, 63248865, jennylam@ndc.com.sg						
18 Apr 2013	DENTAL VENEER Expo & Workshop	Fondaco Training Centre	Others	8	Win, 98561213, education@fondaco.sg Anisah, 63922806, fdc@fondaco.sg						
18 Apr 2013	From Roots to Crown Innovations to Optimise Success	171 Chin Swee Road, #02-01, San Centre, Singapore 169877	Smileworks Pte Ltd	8	Dr Quek Eng Yew Christopher, 62389318, chris@smileworks.com.sg						
19 Apr 2013	Circuit Training for Oral Surgery (SDA Convention 2013)	Conference Room 2 Basement 1 Mount Elizabeth Novena Hospital	Singapore Dental Association	3	CMC Administrator, 62202588, cmc@sda.org.sg						
20-21 Apr 2013	SDA Convention 2013	The Ritz-Carlton, Millenia Singapore	Singapore Dental Association	11	CMC Administrator, 62202588, cmc@sda.org.sg						
5 May 2013	Asian Symposium on Advanced General Dentistry	Marina Bay Sands Convention Centre	The College of General Dental Practitioners (Singapore)	8	Ms Devi, 65362730, devi.cgdp@hotmail.com						
5 May 2013	Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	8	CDE Administrator, 62202588, cde@sda.org.sg						
8 May 2013	Direct And Indirect Restoration in Dentistry	Alumni Association 2 College Road	Aesthete Institute	4	Adeline, 64383811, aida@aestheteinstitute.com						
10 May 2013	Regenerative Approaches For the Treatment of Perimplantitis	Marina Mandarin Hotel Vanda Ballroom Level 5	Association of Oral & Maxillofacial Surgeons (Singapore)	1	Dr. Goh Siak Shyong Shawn, 97852162, shawngoh@gmail.com						
12 May 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Administrator, 62202588, cde@sda.org.sg						
18 May 2013	Clinician Choice Series - Amalgam Free Dentistry	Alumni Association 2 College Road	Aesthete Institute	4	Adeline, 64383811, aida@aestheteinstitute.com						
19 May 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Admintrator, 62202588, cde@sda.org.sg						
21 May 2013	Complications of Endodontics	Seminar Room, Level 2, Mount Elizabeth Medical Centre	Mount Elizabeth Hospital, Medical Affairs Department	1	Hwi Ling, 67312021, h_w_lee@parkway.sg Shahirah Niza, 67312091, shahirah.niza@parkway.sg						
26 May 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Admintrator, 62202588, cde@sda.org.sg						
29 May 2013	Successful Implant Dentistry For GPs	Alumni Association 2 College Road	Aesthete Institute	4	Adeline, 64383811, aida@aestheteinstitute.com						
7-9 Jun 2013	Gp 5 Basic Ortho for Gen Prac Mod 2	Fondaco Training Centre	The College of General Dental Practitioners (Singapore)	21	Ms Devi, 65362730, devi.cgdp@hotmail.com Win, 63922806, education@fondaco.sg						
23 Jun 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Administrator, 62202588, cde@sda.org.sg						
5-7 Jul 2013	Ortho for GP 5	Fondaco Training Centre, 7 Kaki bukit Road1	The College of General Dental Practitioners (Singapore)	21	Ms Devi, 65362730, devi.cgdp@hotmail.com Win, 63922806, education@fondaco.sg						
7 Jul 2013	Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	8	CDE Administrator, 62202588, cde@sda.org.sg						
14 Jul 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Administrator, 62202588, cde@sda.org.sg						
21 Jul 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Administrator, 62202588, cde@sda.org.sg						
28 Jul 2013	Refresher Basic Cardiac Life Support (BCLS) Course	Red Cross House, 15 Penang Lane, Level 3 Red Cross Training Centre, Singapore 238486	Singapore Dental Association	4	CDE Administrator, 62202588, cde@sda.org.sg						
The above is a Continuing Dental Education (CDE) Calendar, from April to July 2013. Before attending any of these CDE activities, please confirm event details with the respective course organisers. Information is correct at the time of printing.											

DR KAAN SHEUNG KIN'S LECTURE

By Dr Shawn Goh

Lecture by Dr Kaan Sheung Kin was oversubscribed



The lecture 'Doing Good Orthodontics in General Practice' by Dr Kaan Sheung Kin was oversubscribed, with practitioners ranging from the recently graduated to the very experienced. The topic must have resonated well. He did not teach the audience how to do a new orthodontic technique. He also did not attempt to make orthodontists out of the audience in those 3 hours. What he gave to all those attending was much more valuable. He taught all present how to do Good Orthodontics. All dentists with the requisite training can do orthodontics in some form or other.

However, he explained the importance of being able to deliver what the patient needs and what the patient needs isn't what every dentist can always deliver. He highlighted to the audience examples of types of cases that were potential pitfalls and how to recognize them. The key is recognizing what you can or cannot handle and passing those patients that are beyond your ability on to someone who has the requisite expertise to do so. He defined the relationship between specialists and general dentists as complementary and a good referral partnership between the two will ensure that the patient gets the optimum care that he/she deserves. He felt that training is an important aspect of all specialties, with orthodontics being no exception.

In the increasing world of litigation, it is imperative that all dentists take it upon themselves to update and upgrade themselves on a regular basis to ensure adequate and up to date techniques. Dr Kaan's talk was certainly very inspirational and left lots of food for thought for all those present that evening.

"In the increasing world of litigation, it is imperative that all dentists take it upon themselves to update and upgrade themselves on a regular basis..."



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Reference

1. Amornchat C *et al.* (2004) *Mahidol Dent J* 24(2): 103–111.
2. Lindhe J *et al.* (1993) *J Clin Periodontol* 20(5): 327–334.

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