



THE DENTAL Surgeon

IN THIS MONTH'S ISSUE:

NOVEMBER 2008

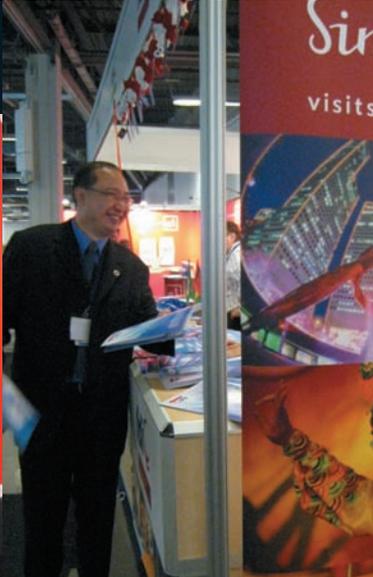
THE FLYING DENTISTS VISIT THE HIMALAYAS



NUS PUBLIC HEALTH SCREENING



ORAL HEALTH AWARENESS MONTH



FDI AWDC STOCKHOLM 2008



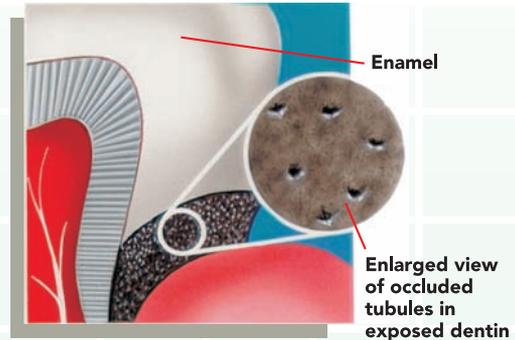
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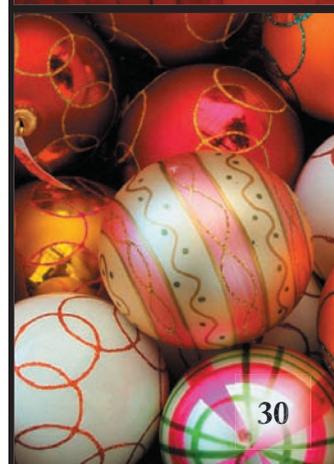
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THE DENTAL Surgeon

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Dr Sok Sugui will be taking leave of the Editorial Committee and the team wishes to give her our heartfelt thanks and do wish her all the very best. At the same time, we welcome Dr Ivan Koh as the new layout designer. Dr Sugui's invaluable contribution to this publication will be very much missed.

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EDITOR'S NOTE

2008 has been one hell of a year. On the global front, we witnessed China's coming-out party at the 2008 Olympics, felt the adrenaline of Singapore's first ever F1 night race, panicked about how much melamine we have consumed and looked on helplessly as our hard-earned savings evaporated in the financial meltdown.

Personally, I can hardly wait for this year to be over. Too much has happened in these past 12 months for me to even begin to comprehend, let alone come to terms with.

On the bright side, when things go wrong, it suddenly becomes crystal clear what really matters in life.

So as this year comes to a close, take time off from drilling and implanting, and show some love to the people without whom, all other things would cease to matter.

From all of us at dentalSURGEON,
Have a Blessed Holiday. ✝

Dr Charlene Goh

We wish to thank our contributors for their time and effort put in to make this month's dentalSURGEON possible:

Dr Sim Chien Joo
Dr James Kwek
Ms Tan ShynLyn

Dr Michael Mah
Dr Veena Pillai
Dr Au Eong Kah Chuan
Dr Kuan Chee Keong

Contact Us

CONTACT INFORMATION

Write us! 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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CONSENT FOR PROCEDURES

The Ministry of Health has recently been receiving more complaints from the public regarding charges by dentists for additional procedures without being informed.

Even though most dentists do seek consent and explain treatment procedures before performing these procedures on their patients, patients are often not informed of the additional or accompanying charges.

With bill itemization introduced in Oct 2007, more patients are now aware of what procedures have been carried out and charged for and thus may query whether their consent had been sought.

The most common procedures that have caused misunderstandings and leading to complaints to the Ministry would be the application of topical fluoride after scaling and polishing.

In many dental practices, fluoride application is routinely performed for all patients after scaling and polishing. This is up to professional discretion and judgment.

However, consent has to be sought from the patient after informing them of:

1. The procedure and its purpose
2. The cost of the procedure

SDC's Ethical Code and Guidelines Section 4.2.2 regarding informed consent states:

“If a procedure needs to be performed, the patient shall be made aware of the benefits, risks and possible complications of the procedure and any alternatives available to him. If the patient is a minor, or of diminished ability to give consent, this information shall be explained to his parent, guardian or person responsible for him for the purpose of obtaining his consent on behalf of the patient. It is good clinical practice that the informed consent be documented.”

Dentists should also always remember to obtain consent from parents of unchaperoned child patients prior to treatment.

The Ministry hopes that all dentists will keep this in mind, ensuring that patients are well informed of the procedures to be carried out and any additional costs involved, and thus reduce the number of complaints and misunderstanding as a result of this. †

Dr Charlene Goh

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SDA & SMC WORKSHOP 2008

“**Managing conflicts** & resolving disputes effectively through mediation” was a 2 day workshop organised by Singapore Dental Association and Singapore Mediation Centre. Held at the spanking new Supreme Court, this interesting and meaningful workshop took place on 16-17 October 2008 at the Mediation Chamber.

There were 20 participants in total in this workshop and our workshop instructors were Ms Sherrie Lee and Mr Wang Yong, both Assistant Managers at the Singapore Mediation Centre. On the first day, we started the workshop with an exercise where participants were split into groups. Each group was tasked to maximise their company’s annual profit through negotiation and establishing trust with other groups.

Following that, we started lectures and were introduced to the seven elements of mediation namely interests, options, criteria, alternatives, relationship, communication and commitment. Learning how to identify these elements helps to resolve disputes by organising the various components of managing a conflict into a basic sequence that can be easily applied in any situation.

On the second day, we had a revision on the seven elements followed by lectures on the stages of mediation. The instructors demonstrated how they would manage a dispute with useful and professional terms in each and every stage of mediation. They highlighted important details like body language, tone used, and certain words



to avoid in a mediation which was then emphasised through 3 cases of role play that we each had to participate in.

In conclusion, this workshop enabled us to understand that differences and misunderstandings can lead to serious conflicts in the working environment. These may have severe repercussions on the parties involved; especially if they are left unresolved or not properly managed. I have gained knowledge on the importance of mediation and different methods of avoiding as well as managing disputes. I am looking forward to the next mediation workshop. †

Dr Sim Chien Joo



TALKING SHOP

Hands up those of you who own a pair of Havaianas. Chances are, you bought those comfy rubber slippers from one of the 14 ubiquitous NewUrbanMale (NUM) stores that have sprouted up around the island.

Starting in 2003 with a modest 25 sq m store in Heeren selling imported sportswear and slippers, NUM with their winning mix of sporty fashion apparel for our sweltering tropical heat, have now even developed their own apparel line!

But did you know that one of its 3 founding fathers is a dentist?

DentalSURGEON tracks down busy Dr James Kwek in-between choir practice and setting up a new NUM store, for a quick interview.

ds How did a dentist get involved in selling slippers and swimwear?

JK Social networking and chance? I got to know Shenzi my business partner after I auditioned for a part in a Mandarin theatre production he was directing. From then on, we hit it off and became good friends. I then got to know Calvin, the other director, from Shenzi's network of friends not long after.

Shenzi already had an online men's portal up and running a couple of years back. We've always liked fashion and sports and decided to marry all these elements and let it materialize into a business opportunity!

I can safely say that NUM has brought back colour to the fashion scene, especially for the men in Singapore.



dS NUM, among various things, was voted the Best Swimwear Boutique Award by CLEO Fashion Awards 2006, received the Patron of the Arts award in 2008 and is the sponsor of various fashion, media and sporting events.
With NUM's huge success, you must be very busy. Do you still practise dentistry?

JK Of course! I will not let all these years of practice and training go to waste. I cannot deny that there may be a time when I have to make a choice, but it doesn't hurt having a piece of each cake now.

dS Which is more challenging, running a business or dentistry?

JK Both fields of work deal directly with people and the provision of a service. I can't say which is more challenging as both cater to very different aspects of the human need. I guess they supplement each other.

dS Any tips for other aspiring dentist-turn-entrepreneur out there?

JK Just take the first step and put your dreams into execution. But only after doing enough homework and laying the appropriate foundation.
Finding the right people to realize your dream with, and having them to share the same passion as well as vision, definitely makes the whole experience more worthwhile.
Also do not underestimate the importance of a good working environment and culture with happy staff. 🙌



Dr James Kwek and his partners from NUM



Deans of Medical and Dental Faculties with Dr Teo Ho Pin

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Dental Awareness

DEN SOC & MED SOC JOINT HEALTH SCREENING 2008

The Dental Society of the Faculty of Dentistry, National University of Singapore, together with the Medical Society of the Yong Loo Lin School of Medicine, successfully organized a Dental and Medical Health Screening cum Exhibition on 4th October 2008 (Saturday) at Jurong IMM Level 3 Garden Plaza from 10 am to 7 pm. Through this community service initiative, we aimed to increase the oral health awareness of the public and to provide them with basic dental health screening services.

With the objective of targeting a different demographic group, the Public Health Screening saw a change of location from Toa Payoh HDB hub where it was held last year. Despite a change in venue, the crowd at the event did not dwindle. We managed to screen nearly 450 participants, including members from Radin Mas Senior Connect Plus Centre and Touch Silent Club from Touch Community Services.

The event was graced by Guest-of-Honour, Dr Teo Ho Pin, Mayor of Northwest District, who helped to give out tokens of appreciation to our sponsors at the Opening Ceremony. During his tour of the event with the Dean of the Faculty of Dentistry, Professor Keson Tan, Dr Teo also received a token Oral Health Education offered by the dental students.

On behalf of the Dental Public Health Screening Organizing Committee, I would like to express my deepest gratitude to the faculty staff, sponsors, my fellow committee members as well as all dental students who have contributed in one way or another in making this a project a success. ✦

Ms Tan Shyn Lyn

Shyn Lyn is a third year dental student at NUS Faculty of Dentistry. She was also Assistant Honorary General Secretary of the 58th Dental Society and Chairman of Public Health Screening 2008.



Dental Awareness

ORAL HEALTH AWARENESS MONTH 2008

This year, SDA, SDHF and HPB collaborated with Colgate yet again to bring to the local “dentally deprived” population free weekly dental screenings during the month of August at road shows held in 4 heartland malls – Ang Mo Kio Hub, Toa Payoh Hub, Causeway Point and Compass Point.

Judging by the sheer volume of pedestrians who stopped in their tracks and veered towards the exhibition area decked out in bright flashy red, not-even-the-blind-would-miss banners and balloons, I would say this month was yet again, a smashing success. But volume does not equate to success. So it begs the question, Does the average Singaporean really get it? Or does he think that merely sitting in a dental chair getting a free consult (usually \$25) would miraculously solve a whole range of dental illnesses ranging from generalized chronic severe periodontitis to rampant caries and a host of other diseases? I get the feeling they really do think so!

There is a real need here, and it has NOT changed. Singaporeans need to reassess the value of dentistry. The draw of freebies is something no true blue Singaporean can resist; but it certainly frustrates dentists that Singaporeans can't seem to see that spending a bit more for quadrant scaling would do much more for them than that free tube of toothpaste that would probably last no more than a month. I would not be the first to point out that as much as this is all noble and grand, Oral Health Awareness Month does not seem to push your average Joe one tiny inch towards the dental clinic.

I fear the public has overlooked the true emphasis of this event. Could more be done? Yes. Many people cite the lack of dental benefits from their companies as one of the biggest reasons for not seeing a dentist regularly. A recent SDHF survey (see dentalSURGEON July 2008) found that 75% of companies provide medical benefits, with only 54% providing dental benefits. Perhaps next year, the focus should be on creating dental awareness among the management level of companies to include dental benefits for employees and thus promoting regular visits to a dentist.

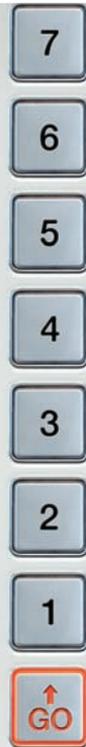
But come; let us end on a higher note. Kudos to all who spent their weekends sitting by the dental chair charting caries and trying their absolute best to get our fellow Singaporeans into one that actually is connected to a compressor.

Cheers! I raise my Colgate sponsored paper cup. 🍷

Dr Ivan Koh



SDA Volunteers at OHM 2008



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Dental Education

FDI AWDC 2008 STOCKHOLM

Lying on the Swedish east coast, Stockholm, an intriguing metropolis of ancient origins was the venue for this year's FDI World Dental Federation Annual World Dental Congress (AWDC). Perched on 14 islands, the city offers spectacular views of azure waterways and historic buildings. Notably, Stockholm also gave the world ABBA, the popular Swedish pop music group formed in the late 1970s.

Playing an important role in the advancement of dentistry, the FDI AWDC comprises of 3 elements. The first element is the Scientific programme featuring expert speakers from around the world lecturing on the advances in Dentistry. Secondly, leading global dental companies come together at the dental exhibition showcasing state of the art dental technologies. Thirdly, the world dental parliament takes place at the congress with a gathering of approximately 350 representatives from FDI member associations to establish the FDI's strategic global direction for Dentistry.

"Pioneering Prevention" was the theme for this year's scientific programme and eminent speakers lectured on diverse topics from coronary heart disease risk factors to new methods of Craniofacial imaging. In addition limited attendance courses with live demonstrations were also held.

With SDA president Dr Lewis Lee and FDI 2009 Singapore Local organizing committee chairman A/Prof Teo Choo Soo leading the way, a contingent of 14 members headed to Stockholm to participate in a series of meet-

ings and to ensure that FDI 2009 AWDC Singapore promotions run smoothly.

Representing SDA interests at the general assembly meetings, Drs Lewis Lee and Seow Onn Choong participated in the adoption or rejection of various policy statements that would influence dentistry globally and also participated in the elections of FDI Office bearers. Our Singapore delegates also participated in the Asia Pacific Regional Organisation, National Liason Officers' and FDI education committee meetings. A breakfast meeting was also held with representatives from Dental Protection Limited (DPL) headed by Kevin Lewis, to discuss various issues with regards to SDA members' MPS subscription.



Dr Seow Onn Choong and Dr Lewis Lee at the General Assembly



Much work was invested in the organization of the FDI 2009 AWDC Singapore promotional booth at the dental exhibition. Every Singapore delegate was tasked to transport promotional items to Stockholm, some of which were kindly sponsored by the Singapore Tourism Board. Mini merlion and chili crab beanie toys together with umbrellas were given as gifts and mesmerized many visitors. As a result, our Singapore delegates who took turns in manning the booth, were swamped and had to make numerous trips to the storage area to replenish the stocks.

No Congress would be complete without a welcome ceremony for the delegates. The FDI Stockholm welcome ceremony was held at the Hovet, which is Stockholm's old ice hockey arena and also used for concerts and



FDI council members visiting the FDI Singapore promotions booth

other events. The ceremony was a showcase of different styles of Swedish music and one of the highlights was ABBA lookalikes belting out Abba's popular hits such as "Dancing Queen", "Mamma Mia" and "Money Money Money". The ceremony ended with the roll call of nations and when Singapore was announced, our Singapore delegates cheered with much fanfare ensuring that the 8000 capacity arena felt our presence!

As host country for next year's FDI World Dental Federation AWDC, a Singapore luncheon was held to publicize the event to FDI corporate partners, exhibitors, dental editors



Dr Seow and Dr Wong delighted with the interest generated for FDI 2009 Singapore AWDC





and other VIPs. For this event, FDI 2009 Singapore Promotions Chairman Dr Wong Yew Cheong together with his promotions team decorated the restaurant with orchids and Mid-Autumn festival lanterns specially flown over to create a Uniquely Singapore atmosphere.

With FDI AWDC Stockholm drawing to a close, our Singapore delegation was presented with the FDI flag in front of all member



association delegates from around the world. This represented a significant step as we look forward to a successful FDI 2009 AWDC Singapore. ✈

Dr Michael Mah



Above: SDA Council Members holding up the FDI flag in anticipation of next year's AWDC

Below left and right: Publicity Luncheon for next year's AWDC in Singapore





Treatment of children also benefits from an improved view

Increased quality requirements in dentistry also apply to the treatment of children and adolescents. In addition to successful caries prevention programs, the early diagnosis of oral illnesses involving primary and permanent dentition was able to achieve a significant reduction in the prevalence of caries (1, 2). The trained and increasingly accurate view through magnifying glasses enables a more precise diagnosis and provides refined, minimally invasive therapy options for the treatment of pediatric patients.
Ulrike Uhlemann

Dentists who frequently treat younger patients in their practice know that the much smaller size of milk teeth requires a particularly keen eye in addition to certain special skills. In spite of the satisfactory decrease in caries in older children and adolescents, the diagnosis and therapy of so-called "hidden caries" (hidden dentin lesions involving non-

reason this age group should generally be x-rayed for occlusal caries in its early stages. All too often, the primary dentition in this age group appears to be clinically-healthy. However, because approximately 50% of these children are statistically-free of caries, the non-selective use of x-rays is not justifiable (4, 5).



cavitated occlusal surfaces of teeth) represent a frequently underestimated challenge. 80% of caries in the 13 and 14 year old age group involves fissure caries. The ratio of approximal lesions only increases in the subsequent age group (3). Problems resulting from the small size of milk teeth can at least partially be alleviated with the magnification effect of magnifying glasses. Also, the depth of focus of the binocular loupe assures a constant working distance and a better ergonomic work posture. The benefits become apparent in the diagnosis. In small children between the ages of 4 to 6, the risk of an occurrence of approximal caries involving the deciduous molars increases significantly. For this

Together with the anamnese, the use of the binocular loupe for a better view of the approximal region has become indispensable for the pre-selection of children whom I would like to x-ray. The results of a comparative study involving students reveal a significant qualitative difference in fillings of milk teeth with and without the use of magnification (6).



Because of the risk of destruction of the intact enamel of initial lesions and the transfer of caries to other healthy areas, the use of a pointed probe for the diagnosis of occlusal caries is no longer acceptable. Instead, it is preferable to diagnose - "hidden caries" mainly by visual inspection using the Ekstrand criteria (Ekstrand et al.), which refer to



white and brown opacities on moist or air-dried dental surfaces. The additional use of laser fluorescence and electronic resistance measurements is also recommended. Again, the dentist's precise view is invaluable. Without magnification, I would have difficulty in classifying discoloration of the occlusal surfaces according to the Ekstrand criteria with the same accuracy. The microinvasive therapy of initial lesions in dentin requires the use of precise instruments, which is only possible in a proper manner under magnification of the work area.

Like many colleagues, I can't imagine working without the binocular loupes now that I am used to them. However, the path was not without obstacles. In addition, I was convinced until several years ago that magnifying glasses on my nose would scare the younger and more anxious patients. But I soon realized that the children immediately accepted my explanation that I was using "binoculars."

Another obstacle was the difficulty in finding the proper visual aid right away. Binocular loupes that slide on the nose, or do not provide an adequate amount of light, constantly drain the battery, leave ugly pressure marks on the bridge of the nose, etc. are very distracting.

In my search for comfortable and visually esthetic binocular loupes, I came across the HEINE HR series mounted on the S-Frame. Because they are surprisingly light in spite of the high-resolution optics and fit any head and face shape thanks to individually-adjustable temples and bridge, they provide a secure and comfortable hold even without

a retaining strap which in turn is beneficial for the hair. In my opinion, HEINE binocular loupes are characterized by an extraordinarily large, undistorted visual field and an impressive depth of field, thus making my work easier.

The illumination of the working area is especially precise and shadow-free thanks to the position of the LED between the eyepieces. The loupe bracket can be flipped up easily, enabling me to talk to my patients without removing the loupes.

The HEINE system is customizable like a modular kit to suit your needs and the application. For example, loupe optics with a magnification of 2.5x can easily be switched to 4 or 6x. In addition, any existing ametropia can be corrected with a correction frame fitted to the S-Frame. If the ametropia changes over time, the corrective lenses can simply be replaced by new ones without the need to replace the whole frame. As an added benefit, the loupes can be used by different dentists.

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The Flying Dentist

SHENPEN MEDICAL AND DENTAL MISSION

It was a daunting idea, yet an extremely appealing one to venture out into the unknown with good intentions, a truckload of equipment, medicines, and varying amounts of experience! So began our Shenpen Medical and Dental Mission to Nepal!

The route to the remote village of Depur was a long winding one over 2 days that involved a flight from Kathmandu on Yeti Airlines, a 3-hr bus ride and rocky ride up the mountains in jeeps. As we stepped shakily out of our jeeps, we each turned to face a sea of villagers welcoming us with flower garlands, music and dancing. Finally we took a flight of stairs lined with schoolchildren; some cheeky, some shy to take our seats at the opening ceremony. It was a lovely ceremony and we appreciated the lengths taken to welcome us. We hoped to meet their expectations, given the short time we would be there.

Thence began the first afternoon of real work, a blur of trying to get locations for clinics, sterilization, phar-

macy and registration. Once the kinks were ironed out, we were a well-oiled machine.

On the medical side there was an obstetrician/gyne-

in the city.

The dental team had areas arranged for oral surgery and conservative dentistry. The volunteers were mainly from



ologist, a dermatologist and two medical officers. They ran a clinic for women, children and a general medical clinic and saw an average of 100 patients per doctor each day. The range of disease did vary, but many were of arthritis and gastritis. The former could be due to the backbreaking labor of farming and the latter, the nature of the Nepali diet. They had a portable ultrasound, helping pick up various tumors. The more complicated cases were referred down to the hospital

the school who helped with registration, crowd control and interpretation.

The main difficulty faced appeared at registration. People turned up in the hundreds for consultation, and as we were limited by manpower, lighting, and time, we were forced to turn people away. Other difficulties included limited range and amount of medications, treatment options, and language barriers.

Our living quarters were



simple, but adequate. We slept on the floor, practically side by side; this notwithstanding the dubious squatting toilet outside. Although the conditions were rudimentary, none of us complained as we stood among clouds with the view of the splendid mountains.

While we were in Depur, we were fortunate enough to have the monks from the Shenpen mission cook for us. Nothing tasted better than

these delicious vegetarian meals after a long hard day. The day before we left Depur, the villagers held a party for us. People came from villages nearby, and we were able to witness their celebratory nature firsthand; there was no shortage of song and dance. We were amazed at the enthusiasm of the men and grace of the women. The clinics ran for 3 days and on the last, we opened a Volunteers clinic for volunteers and

their families before heading back down the mountains.

Our next stop was a Tibetan refugee camp near Pokhara called Yangsa Resettlement Camp.

The set up of this next clinic was in a large hall making it easier to get the flow right from the beginning. This refugee camp had a medical clinic that was open once a week, sponsored by the central government of Tibet. Hence the need to see doctors was not as acute as in Depur, but it was helpful for the patients to receive free medicines as some had trouble affording it despite being heavily subsidized. The women's clinic was especially useful as was the dental team, there being no regular dental services available. We were able to add a scaling section here as well.

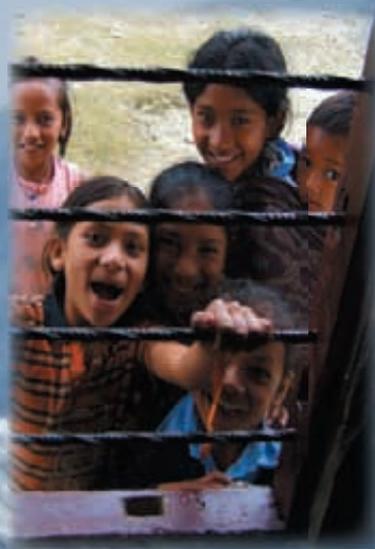
Including the clinics at



Depur and Pokhara, we managed to see an estimated 2800 patients, this erring on the conservative side.

We had dinner that night at a lovely place in Pokhara, sampling the local cuisine and beer. Early the next morning, we set off in rowboats for a small island in the middle of Lake Fewa, on which there is a small Hindu temple. The tranquil lake proved perfect for post-clinic contemplation and relaxation, following which was a flight back to Kathmandu.

Kathmandu, welcoming us with the sight of its quaint bungalows with rooftop balconies was a perfect complement to our mountain-refreshed minds. We toured the ancient city of Patan, where we explored temples and the royal palace-turned-museum.



Thence, we ventured into Pashupatinath temple and witnessed a rather somber sight: a Hindu cremation. Dinner consisted of farewell speeches and mementos from us to our helpers, and guides, and vice versa. It was a bittersweet time, as we knew our trip was coming to an end.

Although morale was high and the camaraderie fabulous, seeing such strife was inevitably emotionally draining. It was wonderful to be able to contribute to the community, yet clearly our treatment had a varying extent of sustainability. Every little bit counts, but unfortunately for the village of Depur, the impact of this single trip would be limited. This is hard to swallow, but hopefully we can use what we have learnt to power further trips, and eventually see set up a rudimentary

healthcare service in the form of community health workers.



Dr Veena Pillai





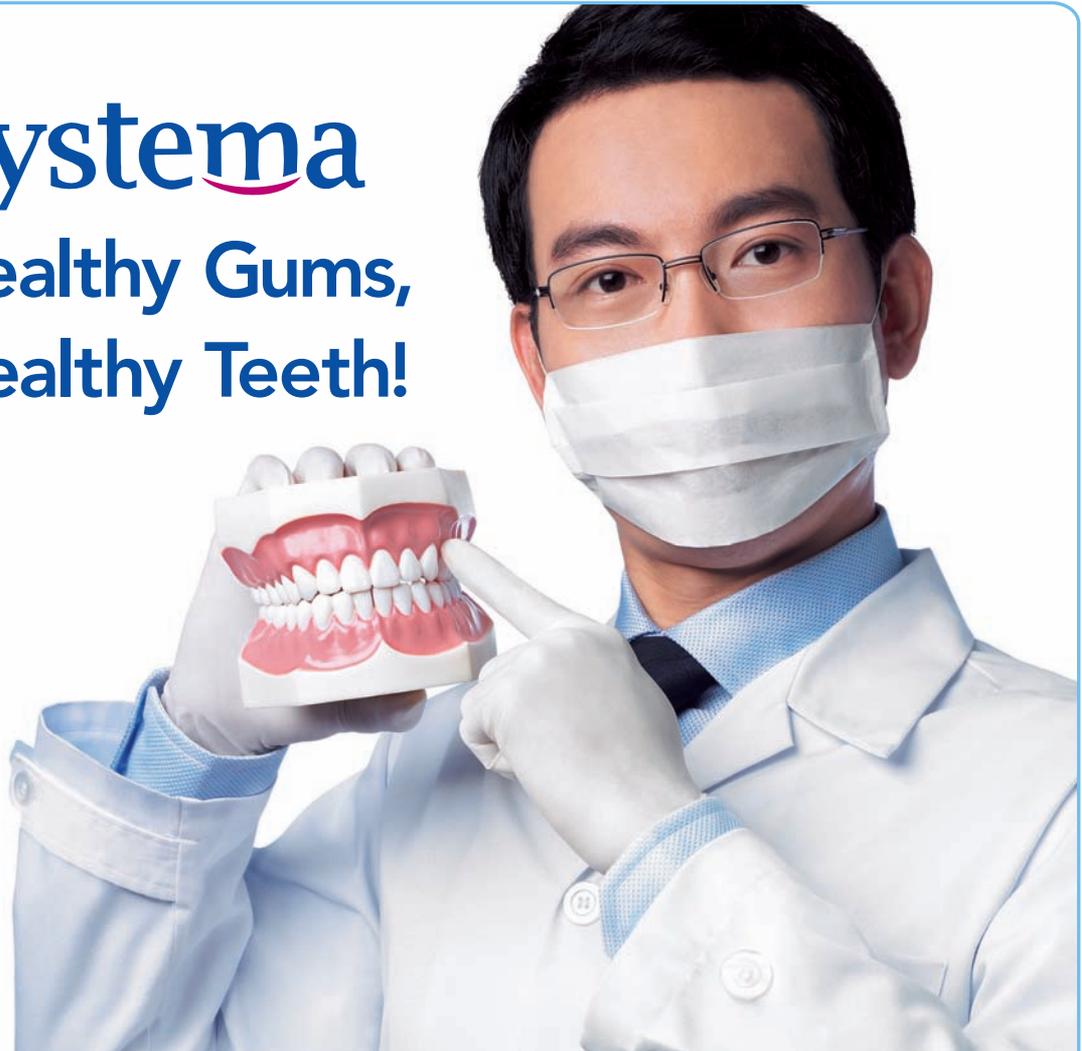
Shenpen Medical and Dental Volunteers welcomed by the children of Depur Village



Minimalist Dentistry at the height of volunteerism

Systema

Healthy Gums, Healthy Teeth!



Systema Complete Gum Care System from Japan Cares for gums, for stronger, healthier teeth!

The Importance of Gum Care

Healthy gums are the foundation for healthy teeth. But the fact is 85% of Singaporean adults have some form of gum disease* - an infection of the gums and bones that hold the teeth.

Caused by the build-up of bacteria and plaque around the gums, the early stages of gum disease might not cause pain, but you may still experience bleeding, red and swollen gums, and bad breath. Left untreated, your gum tissues will be severely damaged, and no gums means no teeth.



Healthy gums and teeth



Advanced gum disease

Systema Complete Gum Care System

Systema from Lion Corporation Japan provides a complete system that uses advanced dental technology to help prevent gum disease. Systema's unique toothbrush provides superior cleaning, with patented soft, super-tapered bristles that gently penetrate deep into the spaces between teeth and gums.

For best results, combine with Systema's toothpaste and mouthwash, which contain IPMP, an anti-bacterial agent, and GK2 to help relieve red and swollen gums. Used together with the interdental brush and gel, Systema is all you need for healthy gums, healthy teeth!



LION Japan's No. 1
Oral Care Company

*Source: Health Promotion Board Survey, 2003

The Flying Dentist

DENTAL MISSION TO LADAKH

This dental mission was initiated by an appeal to the Singapore Dental Association (SDA) from the Lamdon School in Ladakh located in northern tip of India. Dr Myra Elliott, our team leader responded by forming a team of 15 dentists to provide dental care for the school children.

malayas. We landed on the roof of the world in a heavily guarded military airbase that was located near the border facing China to the north-east and Pakistan to the north-west.

The day of our arrival was a rest day to acclimatize to the thin air at 3500m above sea



After a 6-hr flight from Singapore to New Delhi, followed by a 5-hr transit and another 1-hr flight, we finally arrived in mountainous terrain of Ladakh. As the plane approached Ladakh at sunrise, we were treated to a preview of what was in store for us – miles of beautiful snow capped mountains of the Hi-

level. We were constantly reminded by our bodies of the cold, arid air of low oxygen content with palpitations, panting with light exertion, dry cracked lips and even bleeding noses. Putting on sunscreen lotions with the highest SPF was a routine there as the level of UV rays is 4 times higher than at sea level.

On the first day of our visit to the school, we were given a very warm welcome with performances of song and dance by the students. The people of Ladakh were very friendly with strangers greeting each other with a smiling julley (hello) everywhere.

The school hall was the venue of our clinic and we were supplied with beds to use as our dental chairs and generators to power our equipment.

This trip was dedicated entirely to the children of Lamdon School. Different types of dental treatment performed included scaling, restorations of primary and permanent teeth, extractions of decayed teeth and certain crowded teeth, surgical removal of impacted wisdom teeth and mesiodens. A borrowed portable digital x-ray machine, courtesy of Osstem, allowed us to perform root canal treatment and diagnose impacted teeth and mesiodens.

In the period of 5 working days, we treated over 750 patients. The local students and teachers were in full force to help out with the planning, arrangement and translation and even sterilisation of instruments. This trip was made in conjunction with the United World College of South East Asia (UWC, Singapore) student exchange programme. Some of the UWC students even assisted us by helping out with the mixing of dental materials and carrying instruments to the dentists.

One of our goals here was to select a senior female student who would be trained in Singapore to become a dental therapist. This would allow self sustainability and continuous dental care for the students of Lamdon School. Dr Hema, the clinical director of the dental therapy course in Nanyang Polytechnic was there to conduct interviews and manual

dexterity tests with the potential candidates. The selected student will be sponsored for the course by the United World College.

The camaraderie and team work on this trip among the new and seasoned dentists was wonderful and leaves me anticipating future adventures with them, anytime and anywhere in the world!

We would like to thank Mr Bill Kite who was the instrumental person in coordinating the dental efforts in Ladakh, the staff and students of Lamdon School, the staff and students of United World College of South East Asia, the Singapore Dental Association and all our sponsors and well-wishers. †

Dr Au Eong Kah Chuan



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The joy of treating children is to see the smile on their faces.



Who Said Endodontics was Tough?

THE AMALGAM WARS

“It is the opinion of the scientific dentists of the present day, that the teeth of most persons may, by proper management, be preserved to the end of their lives.”

Shearjashub Spooner, *Guide to Sound Teeth* (1836)

The earliest instance of amalgam use as a restoration has never been established but it has been reported that a silver paste was used to restore a tooth in China as early as 659 A.D. In 1603, a German named Tobias Dorn Kreilius described a process for creating an amalgam filling by dissolving copper sulfide with strong acids, adding mercury, bringing the mixture to a boil, and then pouring it into the teeth. In France, D’Arcet’s Mineral Cement was popular, but it had to be boiled into a liquid before being poured on patients’ teeth. Louis Regnart added mercury to the mixture, lowering the temperature required significantly, and for this became known as the “Father of Amalgam”.

In 1833, two Frenchmen by the name of Crawcour came to America to introduce what they claimed was a new material for filling teeth which was essentially a crude form of amalgam, prepared from shavings of silver cut from coins and mixed with mercury. Most reputable dentists at that time used only gold foil.

The Crawcour brothers avoided calling attention to the mercury in their “silver” fillings, giving them fanciful names like “mineral succedaneum” or “royal mineral succedaneum”, which the public associated with gold. The Crawcours’ blatant advertising and irresponsible habit of incomplete caries-freeing before filling the teeth with amalgam incurred the wrath of most dentists. They were forced to return to France after only a few months. Nevertheless, during their short stay, many American dentists saw the solution to their problems with gold foil which was costly, difficult and time-consuming to use.

The American Society of Dental Surgeons (ASDS) was formed soon after the Crawcour brothers had created a stir with their new amalgam. Many untrained and unprincipled practitioners seized upon the new material which was easier to place in a tooth than gold. Organized dentistry, then representing only a tiny minority of practicing dentists, began a campaign against the use of amalgam. In 1843, the ASDS, the only US dental association at the time, declared the use of dental amalgam to be malpractice and forced all of its members to sign a pledge to abstain from using amalgam on threat of expulsion. This was the beginning of what is known as the “Amalgam Wars”.

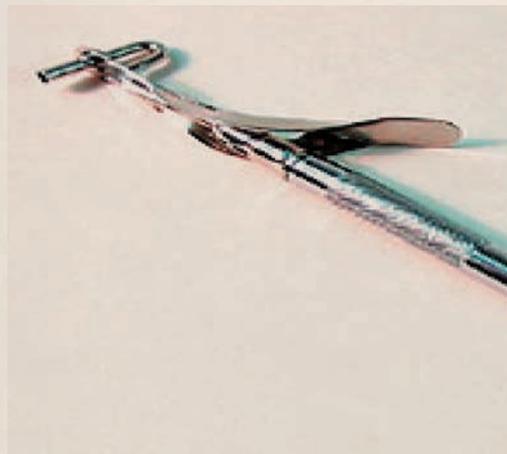
However, this position against amalgam led to the decline of the ASDS, as dental amalgam was much cheaper than gold, easier to apply, and less painful, as it was not boiled. Many den-

tists felt compelled to use it as an answer to certain difficult restorative problems and to serve the needs of those too poor to pay for gold. They were also forced to compete with quacks who were using it widely. So many dentists refused to sign the pledge that in 1850, ASDS was forced to rescind the anti-amalgam resolution which subsequently led to its demise in 1856. Over the next fifty years, amalgam survived in various alloy combinations until 1895 when G.V. Black published a dental amalgam formula that provided the most clinically acceptable performance. In 1959, Dr. Wilmer Eames suggested modifying to the mercury-to-amalgam ratio from 8:5 to 1:1. The standard formula was again changed in 1963, when a high-copper dispersion alloy was introduced.

In 1859, 25 delegates representing 8 different dental organizations met in Niagara Falls, New York, and formed the American Dental Association (ADA). The ADA was intended to be a truly national association but the outbreak of the American Civil War threatened this objective. After the Civil War, the lingering bitterness prevented full integration and culminated in 48 Southern dentists forming the Southern Dental Association (SDA) in 1869. SDA grew rapidly and soon became more influential than ADA with many members from the Northern states as well. To their credit, SDA attempted to reconcile with ADA on many occasions. Finally in 1897, ADA members voted in favour of the merger and the new organization was renamed National Dental Association (NDA). However, the number of members remained pitifully small when compared with the total dental population in the country.

In 1905, Dr Arthur D. Black of Illinois (son of G.V. Black from his second marriage), proposed a bold plan to integrate all societies in each state into a single organization, and members in these state organizations would automatically become members of NDA as well. In 1922, when the NDA membership reached 33,000, the name was changed back to American Dental Association. †

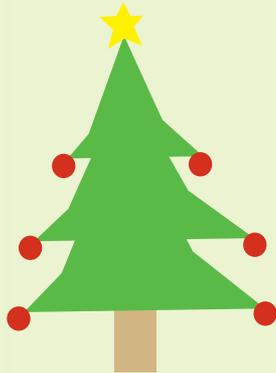
The author would like to acknowledge references from Wikipedia, The Free Encyclopedia and "Dentistry-An Illustrated History" by Dr Malvin E. Ring, DDS (Abradale Press / Harry N Abrams Inc.)



Dr Kuan Chee Keong

Christmas Wish List

DENTAL SURGEON N L VES



With Christmas just around the corner, it's time to get an early start on shopping for gifts for yourself and your fellow dental colleagues!

dentalSURGEON scoops out some interesting gifts for the dentally obsessed.



*Happy Suction
Toothbrush Holder Set*

Aerosol from the toilet during flushing can travel six to eight feet out and up so protect your brushes with this cheerful holder

USD\$4.95 www.tinyliving.com

Yes, something we should all have grown out of a long time ago, but who knows when some bright dental prodigy may appear in your house and call for one?



\$24.90 Toys "R" Us

Monkey Dentist Playset



Kai Dental Floss Holder

At first glance, it's an adorable piranha but it's really a dental floss holder. This Kai Dental Floss Holder is truly at the cutting edge in personal hygiene. The piranha's razor-sharp teeth will dispense the lifeline to your dental health. Available in different colors to jazz up your home or your clinic

USD\$17.95 www.wrapables.com

Inspire your little ones to follow in your footsteps or place one of these in your clinic to help apprehensive children overcome their fear of the dentist.



Dr Drill and Fill

\$23.90 Toys "R" Us



Blue Canopy Toothbrush Holder

This sleek, chrome toothbrush holder is sure to add a touch of class to any bathroom

\$65.99 Blue Canopy Paragon



Doctor and Surgeon Teddy Bears

These endearing bears can be customized using different bear skins, adding personalised voice recordings and even embroidery on the uniforms!

\$45+ #02-05 Esplanade Mall

This adorable handcrafted wooden dentist from Germany is perfect for any dental clinic. Add a playful touch of class to yours!

\$185 Das Erzgebirge-Haus Raffles City



Traditional Wooden Art

Christmas SMS Draw!

In the spirit of Christmas, we have 5 pairs of limited edition Havianas Metal Logo Flipflops (\$59.90) to give away!

Just SMS your name, NRIC and email address in the following format to 98455848:

[SMS<space>NUM<space>Dental<space>
<Name><space><NRIC><space><Email Address>]



Haviana Metal Logo Flipflops



Contest ends 15 Dec '08

Winners will be notified by phone and email

Participation is free but standard telco charges apply

Parental consent is required for users under the age of 18

Pre-paid card users are not eligible

One entry per user

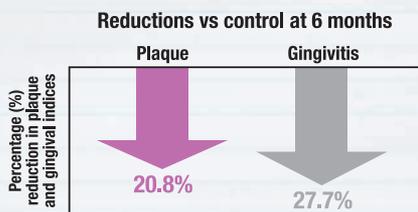
How can patients improve their oral care routine?

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.¹ 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 gingivitis²



Mean scores at 6 months

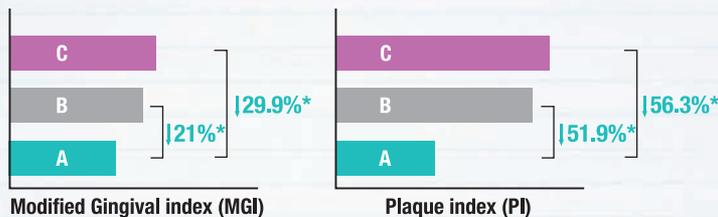
	Plaque Index	Gingival Index
Listerine®	1.929*	1.197*
Control	2.436*	1.655*

- 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 months²

*P < 0.001

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 alone³



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 group³ (Group B)
- reduces up to 29.9% and 56.3% in MGI and PI respectively as compared to the placebo mouthrinse and brushing group³ (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 (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.

Johnson & Johnson

Should you have any queries pertaining to Listerine®, you may send us an email at asklisterine@consg.jnj.com

Start with brushing. Complete with LISTERINE



30 minutes is all you need for Oral Health Check



A regular visit to a medical practitioner involves the routine checking of key health indicators (eg. blood pressure, cholesterol) to check current health status and encourage good health practices. The same opportunity exists for dental practitioners where simple M.I. tests help formulate a clearer picture of a patient's current oral health status. New chair side tools are now available to the dental team to assess and measure the different factors.

To learn more on GC concepts and products, following literatures are available upon request:



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

BASIC ROUTINE SCREENING

As part of initial assessment; which can easily be incorporated as part of a routine dental check-up; are tests for checking acidity of both resting saliva and plaque.

1 minute for...Saliva pH test

The GC Saliva pH indicator measures the pH of both resting and stimulated saliva. A low saliva pH reading indicates an oral environment favouring demineralisation. Patients are therefore at increased risk of sensitivity, erosion or caries.

Results are available immediately.

Saliva pH

5.0-5.8

6.0-6.6

6.8-7.8



5 minutes for...Plaque Check pH test

The GC Plaque-Check + pH Kit measures the pH of plaque. A low pH reading indicates that the biofilm (plaque) is creating a sufficiently acidic environment to demineralise tooth surfaces and it is only a matter of time before lesions will develop.

Results are available after 5 minutes.

Plaque pH

≤ pH 5.5

≈ pH 6.0-6.5

≥ pH 7.0



COMPREHENSIVE ASSESSMENT

A comprehensive assessment which includes the checking of saliva and plaque pH together with other tests, giving the dental team a better understanding of the patient's oral environment.

10 minutes for...Saliva Check Buffer test

The GC Saliva Check Buffer Kit allows the dental team to check a range of salivary functions to determine whether the protective properties of saliva are in place. This will assist in assessing whether the cause of salivary dysfunction is due to lifestyle or life situations or due to systemic reasons.

Testing time and results in approximately 10 minutes.

RESTING SALIVA			
Hydration	Viscosity	pH	
> 60 secs <input type="checkbox"/>	sticky / stringy <input type="checkbox"/>	5.0 - 5.8 <input type="checkbox"/>	
30-60secs <input type="checkbox"/>	foamy / bubbly <input type="checkbox"/>	6.0 - 6.6 <input type="checkbox"/>	
< 30 secs <input type="checkbox"/>	watery / clear <input type="checkbox"/>	6.8 - 7.8 <input type="checkbox"/>	
STIMULATED SALIVA			
Quantity	pH	Buffering	
< 3.5ml <input type="checkbox"/>	5.0 - 5.8 <input type="checkbox"/>	0 - 5 points <input type="checkbox"/>	
3.5ml - 5.0ml <input type="checkbox"/>	6.0 - 6.6 <input type="checkbox"/>	6 - 9 points <input type="checkbox"/>	
> 5.0ml <input type="checkbox"/>	6.8 - 7.8 <input type="checkbox"/>	10 - 12 points <input type="checkbox"/>	

15 minutes for...Saliva Check Mutans test

Saliva Check MUTANS Kit is the first chair side diagnostic test for rapid detection of high levels of streptococcus mutans without the need for incubation. A test strip will register an easy-to-read result line indicating a level of s.mutans equal to or above 500,000 colony forming units per ml (cfu/ml) saliva.

Results are available after 15 minutes.

S.MUTANS Count	
>500,000 cfu/ml <input type="checkbox"/>	
<500,000 cfu/ml <input type="checkbox"/>	