

THE DENTAL

NOVEMBER 2009

Surgeon

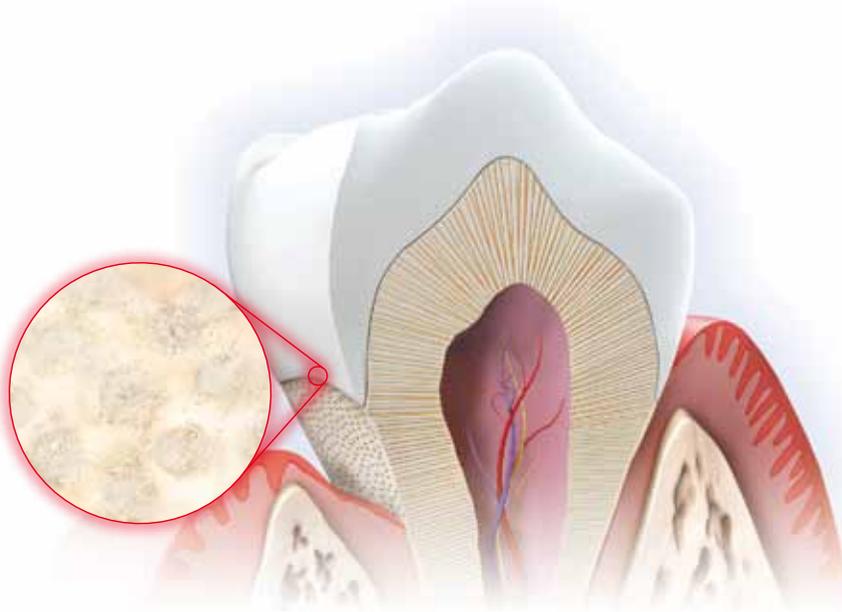
Inside:

- The Flying Dentist in Lumbhini
- Insight speaks to the Travelling Gourmet™
- Virginia Moore and Debbie Castagna on Practice Management



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1 Nathoo S et al J Clin Dent 2009; 20 (Spec Iss): 123-130
2 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 115-122
3 Schiff T et al J Clin Dent 2009; 20 (Spec Iss): 131-136

4 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 17-22
5 Ayad F et al J Clin Dent 2009; 20 (Spec Iss): 10-16
6 Docimo R et al J Clin Dent 2009; 20 (Spec Iss): 137-143

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dentalSURGEON

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

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

Letters may be edited for clarity and length.

Advertising/Sponsorship Enquiries:

The dentalSURGEON is the official newsletter of the Singapore Dental Association and is mailed to all members thrice yearly. To find out how you can see this newsletter maximise your advertising budget and reach a specially targeted audience, please contact us at the above address for more information.

Congratulations!

dentalSurgeon would like to congratulate the following National Day Award 2009 recipients. Thank you for keeping the Dental flag flying high!

The Public Administration Medal (Silver) 2009 and Public Service Medal 2009

Prof Tan Beng Choon Keson

Dean, Faculty of Dentistry & Associate Professor, Department of Restorative Dentistry
National University of Singapore

The Commendation Medal 2009

Dr Wong Mun Loke

Deputy Director, Youth Health Programme Development
Youth Health Division
Health Promotion Board

Long Service Medal 2009

Assoc Prof Keng Siong Beng

Associate Professor, Department of Restorative Dentistry
Senior Consultant, National University Hospital, National University Health System

We also would like to congratulate **Prof Chew Chong Lin**, National University Health System, on receiving the **2009 National Outstanding Clinician Mentor Award** from the Ministry of Health. The annual National Medical Excellence Awards recognise excellence in the fields of clinical research and medicine.

Thank You!

The SDA Council would like to thank all members who donated their \$100 FDI rebate to our adopted charity, Singapore Children's Society.

Ang Ee Choon Richard
Adachi Minoru
Ang Wee Kwan Justin
Asha Karunakaran
Chan Thian Sang
Chang Hui Sing
Chee Kuan Hock Alexander
Chee Yen Seng
Chen Chi Ling
Chen Chok Mang
Cheng Chuo Fei Alfred
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Lam Yew Seng Andre
Lau Hinly
Lau Puay Tse Jolene
Lee Ai Ling
Lee Ek Chong
Lee Hoon Hwee
Lee Jee Mui
Lee Kee Kai Victor
Lee Kwee Jin
Lee Moh Hiong Johnny
Lee Ping Geraldine
Lee Woon Oi Teresa
Leng Lian Shin
Leong Ann Joon Joel
Leroy Mccully
Li Chung Tai Trevor

Li Shanshan Angela
Lim Kian Tong
Lim Pui Hong
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Lim Sor Kheng
Lim Tien Sung
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Loh Thien Shen Benjamin
Lui Jeen-Nee
Luke Mesenas
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Madeliene Gunaratnam
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Neo Tee Khin
Ng Chai Hoon Clarisse
Ng Chin Ang
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Ng Ghim Chew Shawn
Ng Keng Howe
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Ong Cheong Hock, Kevin
Ong Siew Lan
Ow Kok Seng Richard
Ow Tjin-Chiew Andrew
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Pang Kok Thai
Phoon Pui Mei
Poh Seng Chuan Raymond
Quake Tiang Chye Matthias
Quek Li Wei
Si-Hoe Kok Soon

Sim Peng Chuan Timothy
Soh Hung Cheow
Tai Han Min
Tan Hwee Hiang
Tan Jin Bee Elizabeth
Tan Kok Liang
Tan Kok Siang Russell
Tan Kwong Leen
Tan Meng Kok Dennis
Tan Tet Fock
Tan Thong Kwan Benjamin
Tan Ying Han
Tan Yoke Meng
Tang Kok Weng Eugene
Tang Yick Fan
Tatiana Luebke
Tay Khoon Mei
Teh Kiat Seong
Teo Marlene
Toh Joo Hua
Uy Joanne
Vaz Stefan
Willy Chang Shian Wei
Wong Dai Chong
Wong Lian Ji Emily
Wong Mei Ngan
Wong Seng Luen
Yeo Choon Poh Aidan
Yeo Tye Cheh

Singapore Children's Society

We have decided to adopt the Singapore Children's Society (SCS) as our charity for the Year 2009 – 2010 to support. To start our charity drive, a cheque of \$10,000.00 together with the gate proceeds of \$987.00 from the public forum held during FDI AWDC were given.

Founded in 1952, Singapore Children's Society helps protect and nurture children and youth of all races and religions, especially those who are abused, neglected, and/or from dysfunctional families. Each year, they reach out to more than 16,000 children, youths and families in need through their six service categories of Caregiving, Preventive, Remedial, Public Education, Developmental and Community

Throughout the year, other donation initiatives will be carried out. One such initiative is the donation of the \$100.00 rebate that individual members get from their FDI AWDC registration.

We hope that for future donation drives we can get good co-operation from the members.

Thanking all of you in advance. 🙏

Council 2008-2010



Dr Lewis Lee handing over the cheque of \$10,000 to the Singapore Children's Society.



INTERNATIONAL DENTAL EXHIBITION AND MEETING

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SPEAKER HIGHLIGHTS



Dr. Gerald J. Chiche - SDA Masterclass: "Recipes for Predictable Anterior Aesthetics"



Dr. David Felton - FDI Lecture: "Tooth and Implant Supported Overdentures - Biomechanical Solutions for Success"



Dr. Sebastian Cianco - "Implants: A Periodontal Perspective"



Dr. Ricardo Mitriani - "Dentogingival Aesthetics - An Interdisciplinary Approach to Treatment Planning"



Dr. Keith Philips - "Aesthetic and Functional Concerns for Fixed Implant Prosthodontics"

For a full list of speakers and abstracts, please visit our website.

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Singapore Heartbeat

There was already an excited crowd gathered when the doors of the Convention Halls opened at 6 pm for the Welcome Ceremony. Greeting them were 4 brightly costumed C-spring performers, together with 12 charming students in delightful oriental outfits. All participants were provided with a goody bag containing food items, a souvenir fan and an LED party light-stick.

The crowd was on their feet, gyrating to the actions of cheerleaders, warming up to the commencement of the program. The first part consisted of welcome speeches from the Local Organizing Committee, SDA and FDI, culminating in the hand-over of the FDI President's Chain of Office. This was immediately followed by the Roll Call of Nations with a spectacular display of laser inscription of names of the 134 countries and roller-skaters with LED lighted skates transferring the flags. Singapore as host was last to be called, but was accompanied by a fanfare of lion dance and was applauded with a standing ovation from all present!

As soon as this second segment ended, the Halls were darkened to welcome 4 lighted kites to signify the beginning of dawn for the "Singapore Heartbeat" show. This production, with its elaborate Peranakan stage, depicted the transformation of Singapore from its beginnings as a trading port to its present cosmopolitan city, through sights, colors and sounds in 4 sequenced acts. There was a pulsating drum routine, a soulful and nationalistic song item, a well-synchronized children choir and a colorful cultural dance to contemporary music. Audio-visual images of the past were seen over 4 large screens. Once again at the end, the crowd was on its feet for a display of pyrotechnics and confetti. A percussion band brought the event to a crescendo.

What a party and an impressive welcome ceremony! Cheers! 🍷

Prof Loh Hong Sai



FDI Social Events

In every FDI, there are 2 Official Events on the Social Calendar, The Country Night and the Gala Dinner. These events are always organized by the host country. Our target this year is to make both the Singapore Night and FDI Gala Dinner 2009 the most special and memorable in recent history.

With this target in mind our Social Subcommittee worked tirelessly for almost a year to plan and execute these events. We wanted to set a new benchmark with FDI Singapore 2009. Our difficulty was compounded by the fact that both these events were supposed to be cost neutral, i.e. they had to be supported by ticket sales alone, without additional funding from FDI. With the global economic crisis, our committee had many sleepless nights worrying about the budget. Nevertheless, we soldiered on and the Social Subcommittee is proud to announce that tickets for both events were fully sold and all who attended declared both events a resounding success.

Singapore Night

This event was meant to showcase Singapore, and was held at the Singapore Flyer. Inclusive in the ticket was a ride on the Flyer giving everyone a beautiful, breathtaking and panoramic view of the Singapore skyline at night.

The event kicked off with a traditional Lion Dance, and it was memorable for the guests because the “lions” mingled with the crowd and it was the first time many of them actually got to see and touch the “lions” up close. Food was provided in specially created “hawker stations” showcasing classic Singapore hawker food like satay, chicken rice, roti prata, laksa, poh piah, etc. This gave all our guests a taste of both our cultural diversity and authentic Singapore cuisine.



We also set up stations for audience participation, like Indian fortune telling, Chinese dough figurine making and “dragon beard candy”. Of special mention must be the Caricature Drawing which was extremely popular. All our guests got their caricature drawn with the Singapore Flyer as a backdrop.



FDI Gala Dinner 2009

This event is meant to be the climax of FDI World Dental Congress. It is always held on the last night of the congress, to celebrate the memories and fellowship of each FDI congress. This year's Gala Dinner has been acknowledged by many of the participants as the most innovative, spectacular and memorable in recent years.



This year's Gala Dinner was held at Orchidville, an orchid nursery at Mandai. The guests enjoyed the “back-to-nature” 35-minute coach journey from Suntec to Mandai as it was the first time they actually got to leave the city centre and see the real Singapore. One Social Subcommittee member was attached to each coach as a coach ambassador to give them a running commentary and explain to them our expressways, HDB flats, our National Parks program, etc.

When they arrived, the nursery was transformed into a magical and amazing wonderland, decorated with thousands of different orchids. It was like having 10-course Chinese dinner in a remarkably beautiful tropical rainforest with free flow of alcohol and wine.



Dinner entertainment was provided by a string quartet and after dinner there was a Lindy Hop dance performance and a live band after that to provide music for all our guests to party the night away.



Orchid specially named after FDI Singapore 2009

The orchid is Singapore’s national flower, meant to foster national pride and identity. It is a tradition in Singapore to name newly discovered species of orchid after famous visitors or significant events. Furthermore, the orchid was also the symbol of FDI 1990, the first time FDI was held in Singapore.

Since we were also using the orchid as our symbol and theme for FDI 2009, the Local Organizing Committee for FDI Singapore 2009 decided that it would be extremely meaningful to name a new species of orchid after FDI Singapore. We went through many possible choices before we decided on the Dendro-

bium FDI Singapore.



The flower was officially named and registered with the International Orchid Registrar in the United Kingdom in 2009 to commemorate and celebrate the FDI Annual World Dental Congress held in Singapore.



Another special event at the Gala Dinner was the naming ceremony. Prof Teo Choo Soo, Chairman of LOC, and Dr Lewis Lee, President of SDA, presented a special bloom of this orchid and the registration certificate to Dr Roberto Vianna, President FDI, and Dr David Alexander, Executive Director FDI. 🌿

Dr Raymond Ang

Photos courtesy of FDI



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Thank You! SDA would like to thank the following volunteers, and all members who showed their support through their participation, for making FDI 2009 such a memorable event. †

Teo Choo Soo	LOC Chairman
Lee Kim Chuan Lewis	LOC Co-Chairman
Lim Lii	Secretary
Edwin Heng	Treasurer
Keson Tan	Chairman, Scientific
Wong Yew Cheong	Chairman, Promotion
Loh Hong Sai	Chairman, Welcome Committee
Raymond Ang	Chairman, Social Events
Choo Teck Chuan	Advisor
Patrick Tseng	Advisor / CDE Programme
Yip Wing Kong	Advisor
Tan Peng Hui	Military Programme / Chairperson
Kuan Chee Keong	Media & Publicity
Mah Kuan Seet Michael	Hospitality
Loh Poey Ling	Registration
Ong Kheng Kok	Science Sub-Comm
Hien Ngo	Science Sub-Comm
Myra Elliot	Science Sub-Comm
Philip Goh	Science Sub-Comm
Selvajothi Veerasamy	Science Sub-Comm
Tan Shuh Cherh	Science Sub-Comm
Soh Jiansheng, Dennis	Science Sub-Comm
Charles Tan Yew Choon	Science Sub-Comm
Lee Tien Tien	Science Sub-Comm
Chan Liang Bran	Science Sub-Comm
Woo Fengyi	Science Sub-Comm
Bey Yee Hau	Science Sub-Comm
Kenny Poh Choon Chiow	Science Sub-Comm
Wu Siwen	Science Sub-Comm
Kenneth Tan Huan Kiat	Science Sub-Comm
Tiong King Wei	Science Sub-Comm
Seow Yian San	Social Sub-Comm
Mohan Senathirajah	Social Sub-Comm
Chu Khim Thai Xander	Social Sub-Comm
Boey Qing Xia Jasmine	Social Sub-Comm
Rachel Yap	Social Sub-Comm
Keith Liew	Promotion Sub-Comm
Vijayan Loganathan	Welcome Sub-Comm
Kaan Sheung Kin	Welcome Sub-Comm

Seow Onn Choong	SDA Council
Teo Hiow Hoong	SDA Council
Kelvin Chye	Media & Publicity Sub-Comm
Charlene Goh	CDO's Forum
Wong Chin Wee	CDO's Forum
Chng Chai Kiat	CDO's Forum
Geraldine Lee	CDO's Forum
Fan Tai Weng Victor	Chairperson / Speaker
Mok Yuen Yue Betty	Chairperson
Chew Chong Lin	Chairperson
Loh Fun Chee	Chairperson
Yeo Jin Fei	Chairperson / Speaker
Keng Siong Beng	Chairperson
Foong Weng Chiong Kelvin	Chairperson
Ong Hui Lian Grace	Chairperson
Teoh Khim Hean	Chairperson
Wong Keng Mun	Chairperson
Poon Choy Yoke	Chairperson
Neo Chiew Lian Jennifer	Chairperson
Varawan Sae-Lim	Chairperson
Hsu Chin-ying Stephen	Chairperson
Chen Nah Nah	Chairperson
Chung Kong Mun	Chairperson
Tan Wee Kiat	Chairperson
Eu Oy Chu	Chairperson
Wu Loo Cheng	Chairperson
Low Huey Moon	Chairperson
Goh Bee Tin	Chairperson - LAC
Chan Siew Luen	Chairperson - LAC
Winston Tan	Chairperson - LAC
Andrew Tay	Chairperson - LAC
Koh Eng Tiong	Chairperson - LAC
Victoria Yu	Chairperson - LAC
Go Wee Ser	Speaker
Rashid Tahir	Speaker
Robert Yee	Speaker
Sum Chee Peng	Speaker (ISOP/IAOS Forum)

CDOs' Forum

After taking a backseat for far too long, the FDI Public Health Section Meeting for Chief Dental Officers was held on 4th September at the the Ministry of Health (Singapore).

The full day event was an opportunity for the participants hailing from 15 different countries to initiate contact and promote future collaboration. Experiences regarding the provision of dental public health were shared and lively discussion ensued.

Participants were also brought on a tour of the dental facilities in Singapore and were duly impressed with the local public health sector.

Judging from the excellent turnout at the joint World Dental Development & Health Promotion Committee (WDDHPC)/ Public Health Section (PHS)/ Science Committee (SC) Forum titled "Oral Health Through Flouride in South-East Asia" held during the recent FDI, there is greater awareness of dental public health in the dental fraternity and it is hoped that the CDOs' forum will continue to be a mainstay at future FDI congresses. 🙌

Dr Charlene Goh



Dr. Peter Cooney (CDO Canada) & Dr. Patrick Tseng (CDO Singapore)



Touring NDC



Participants from all over the world at the CDOs Forum.

Help is on your way! - Lecture on “Common Musculoskeletal Disorders Associated with the Dental Profession”

Tight. Stiff. Sore. Painful. Do these terms sound familiar to you? Musculoskeletal disorders are occupational health problems in modern dentistry, affecting 38% – 82% of dentists, according to a review by Leggat et. al in 2007. Ayers et. al in 2009 stated that the most commonly reported sites for musculoskeletal problems experienced by dental practitioners in 2008 were the neck (59%), lower back (57%) and shoulders (45%).

Tip:

After sitting down for 20 minutes, one should stand up and walk around for 15-20 seconds.

Dr. Will Kalla, a chiropractor who has his own practice, Precision Spine Chiropractic, presented an extremely informative, interesting and interactive 2.5-hour talk to a group of 62 dentists on October 1, 2009, at Singapore Dental Association Arthur Lim Auditorium. The topic was, “The Common Musculoskeletal Disorders Associated with the Dental Profession”. Other than giving us information on how the musculoskeletal disorders arise, Dr. Will provided the participants with useful tips and solutions to maintaining good posture and improving spinal alignment with the help of the Bambach Saddle chair and few easy to do exercises. There were live demonstrations during a practical session too! †

Dr Dephne Leong Jack Xin



Dr. Will has the following promotion in place exclusively for dentists up to December 2009:

1st Consultation S\$100
And get FREE Neck X-Rays (worth S\$100)

Interested parties, do make an appointment with:
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6737 0515
www.Precision-Spine.com
Shaw House #13-02
350 Orchard Road



Frequently Asked Questions answered by the SDA Ethics Committee

The SDA Ethics Committee is one of the most hardworking committees in the Singapore Dental Association because it is kept busy all year round. So far, there were numerous complaints from patients from January to October, and we really try very hard to handle and mediate these cases.

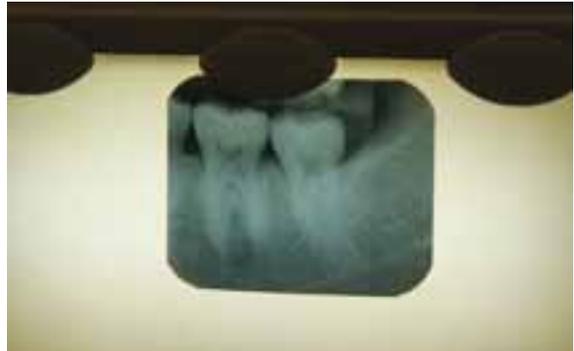
Another aspect of our job is to handle questions from patients, dentists and even the media. We are taking this opportunity to highlight and provide answers for some of the more common questions that we have received. We hope that all dentists can learn from these questions and answers and will find it useful in their daily patient management.

1. Who owns the X-rays in the clinic?

- It is the opinion of the Singapore Dental Association Ethics Committee and also our Professional Indemnity Insurers, DPL, that the X-rays belong to the clinic.
- When the patient pays for an X-ray, they are not “buying” the X-ray. They are actually paying for our professional expertise to take, develop the X-ray and also to examine and diagnose the X-ray.
- We have had cases whereby patients ask for their X-rays from the clinic and subsequently file complaints with SDA, SDC or even start litigation proceedings against the dentist/clinic.
- In these cases, the x-rays are needed by the dentist to write the report in their defence to SDA, SDC or the lawyers. It is exceptionally difficult to get the X-rays back from the patient once you have given it to them.

2. What should I do if a patient asks for his X-rays?

- As dentists we do have a responsibility to provide a copy of the X-ray to the patient if they ask for it. We advise all dentists to keep the original X-ray with them.
- If you are using a digital X-ray, you can print out or copy to a disk a set of the patient’s X-rays for them.
- If you are not using digital X-rays, you can mount the X-rays on an X-ray viewer and take a close up photo of the X-ray. You can copy this photo (usually in JPEG format) on a disk or email it to the patient.
- It is up to the practice whether they want to charge for this service



PA radiographic film mounted on X-Ray film viewer



Digital image captured with camera and cropped for patient

3. Who owns the treatment notes in the clinic?

- It is the opinion of the SDA Ethics Committee that the treatment notes belong to the clinic.
- If a patient asks for his treatment notes, a dentist does not need to give him the original or even a photocopy of the treatment notes.
- However, you should give the patient a medical report/summary of the treatment notes so that the patient can seek a second opinion or obtain follow up treatment elsewhere.
- It is up to the practice whether they want to charge for this service

4. What do I do when a patient demands for an MC when I don't think he needs one?

Quoting from the SDC Ethical Code & Guidelines clause 4.1.8:

- “The issuance of a medical certificate by a dentist carries with it the responsibility to ensure that it is based on proper medical grounds and that such grounds have been arrived at through good clinical assessment as detailed above.”
- “Medical certificates may neither be post-dated nor back-dated and shall start from the day of consultation or procedure, except where it is clear that a patient’s absence for work prior to consultation is consistent with the patient’s clinical presentation to the dentist and there is clinical justification to issue the certificate.”
- What it says is that there must be clear clinical justification to issue the MC based on the dentist’s clinical assessment of the situation. Furthermore, it is the opinion of SDA Ethics Committee that the patient does not have a right to “demand” a medical certificate. The issuing of medical certificates to a patient is based on the judgement and at the discretion of the Dentist.

5. What is the age of consent for dental procedures in Singapore? Must I get the parent to sign the consent form?

- According to Dr Myint Soe, our SDA and DPL legal advisor, in civil law, the age of consent is the age of majority. In Singapore it is 21 years of age.
- In criminal law, the penal code states that minors above the age of 18 can consent for surgical proce-

dures.

- Although the official age of consent is 21, judges in Singapore would probably rule that consent can be obtained for someone between 18 and 21 if they have sufficient intelligence and understanding of treatment proposed.
- Conclusion: Patients above 21 can give consent. Those below 18 would require parental consent. It is also safer to ask the parents of those aged 18 to 21 although patients above 18 may give their own consent.

6. I do not feel comfortable about treating this patient; can I refuse to treat the patient?

- According to the Dentist’s Pledge in the SDC Ethical Code & Guidelines:
We are not supposed to discriminate against patients based on “race, religion, creed, gender, social standing, financial status or disability”.
- However, many times we see patients that we feel are “too difficult” for us to handle, we have a responsibility to refer the patient to someone more “competent”.
- We can refer the patient to a more senior colleague, a Specialist or even Government Institutions like NDC or NUH Dental Centre.
- All referrals should be accompanied by a referral letter. †

Dr Raymond Ang

Oral Health Month 2009

Oral Health Month (OHM) is an annual activity organized jointly by Singapore Dental Association (SDA), Singapore Dental Health Foundation (SDHF), Health Promotion Board (HPB) and corporate sponsor, Colgate-Palmolive. OHM aims to create greater awareness of oral health among the population.



OHM 2009 Official Launch (From right) Mr Lam Pin Woon, HPB; A/Prof Patrick Tseng, CDO; Dr Lewis Lee, SDA; Prof K Satku, DMS; Dr Burton Conrod, FDI; Mr Issam Bachaalani, Col-Pal; Dr Victor Lee, SDHF

This year's OHM launch, which marks the start of a month long oral health awareness activities for the public, was held at Suntec City Tropics Atrium on 3rd Sept 2009. After the arrival of Guest of honour, Professor K. Satku, Director of Medical Services, A/Prof Patrick Tseng, Chief Dental Officers and other VIPs, the launch programme was kicked off with a welcome speech by Mr Issam Bachaalani, Managing Director of Colgate Malaysia, Brunei and Singapore. "We recognize that for superior oral health to be achieved, it needs to be a collaborative effort, not only between us and our partners, but also the public at large," said Mr Issam in his opening speech.

In his speech, Dr Lewis Lee, President of Singapore Dental Association, revealed that this year's OHM aims to reach 100,000 people and educate them about the importance of oral health.

This year's OHM launch was special in many ways, one of them being that it coincided with the World Dental Federation (FDI) Congress. Dr Burton Conrod, FDI President said in his officiating speech, "Oral Health Month is a great example of how private



VIPs at entrance of OHM marquee

and government initiatives can go hand-in-hand to educate and improve awareness of oral health issues and needs. The choice of Singapore as the location for the FDI conference and Colgate's announcement of its breakthrough product (Colgate Sensitive Pro-Relief Toothpaste) is reflective of the significant stature of Singapore in terms of dentistry."



Detailing session at BSBF marquee

The contingent was led by Dr Adi for a detailing session around the OHM and Bright Smile Bright Future (BSBF) marquees. The OHM marquee featured purpose-designed interactive information on oral health practices in the form of games, videos, interactive tours, and free dental check-ups. The BSBF marquee, in conjunction with the FDI Congress, featured a special, child-friendly site at the Congress' meeting with free tips and take-away items for parents and guardians. 🦷

Dr Lee Tien Tien

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Dental And Medical Camp, Lumbhini 2009 - A Photo Essay



▲Top: Boudhanath stupa in Kathmandu. A UNESCO World Heritage Site.



▲Top: The Korean Monastery in Lumbhini where the free dental and medical camp was held. The temple was yet to be completed but the surrounding buildings where we stayed were. The camp was held from 21st to 24th September.



◀Left and ▲Top: People from villages all over the district standing in line to register to see the doctors and dentists. An overwhelming response on the second and third days saw the arrival of some locals as early as 6 am.

►Right: The locals registering for medical and dental treatment. The local police had to be called in on the second day to help with the crowd control due to the tremendous response. Monks dispensed water and biscuits throughout the day while the locals waited to see the doctors and dentists as many had not eaten.

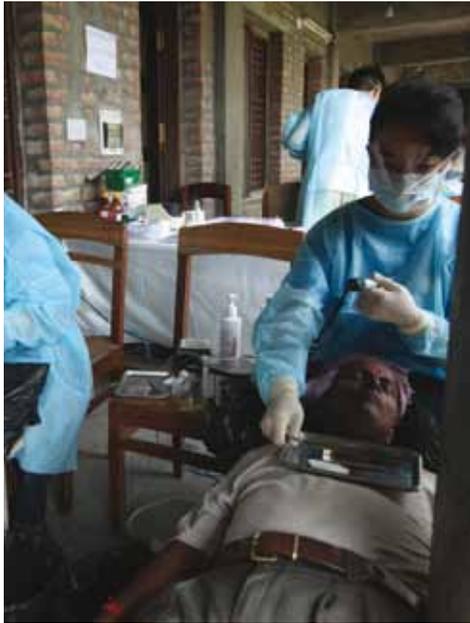




▲Top: The team from Singapore and the volunteers from Kathmandu and Lumbhini in front of the banner publicizing the dental and medical camp.

▼Bottom 3 Photos: Patients waiting to see the doctors, many of whom were women and children. The 3 medical doctors saw an amazing two and a half thousand patients from babies to nonagenarians over the four days. The main complaints were joint and back pain, digestive problems, skin complaints and infections with the more serious complaints referred to the hospital in Bhaihawara.





▲ Top: A nurse from Singapore dispensing medication to the patients.

▲ Top and ► Right: The restorative station. Besides the cavities caused by caries, many patients presented with severely abraded teeth with multiple non-carious buccal lesions probably caused by twigs used as their brushing implement. Toothbrushes were also handed out to the patients at the end of their dental treatment. The scaling station was popular as calculus was very prevalent. Twelve dentists from Singapore and two from Nepal saw over a thousand people for fillings, extractions and scaling. Minor surgeries to retrieve fractured root tips were also done.



► Right: Setting up of the various dental treatment stations. The dental equipment, instruments and materials for the restorative station were laid out between 3 sections, each set up with highspeed and contra-angle handpieces.





◀Left and ▲Top: The vegetarian fare cooked by one of the monks was extremely tasty and satisfying while at the same time healthy.

▶Right: Our happy cooks!



▼Bottom: At the thank you lunch in the Korean Monastery in Lumbhini.





We would like to thank all our supporters, donors and well-wishers for their invaluable assistance and encouragement. 🙏



Text by Dr Selvajothi Veerasamy.
Photographs courtesy of Dr Wong Chin Wee (Canon 5DMKII)

Ladakh Mission Trip 2009

Where again?!

Ladakh is situated in the state of Jammu and Kashmir, bordered by China and Pakistan... Exotic...

Who went?

A team of 16 medical and dental doctors, led by Dr Myra Elliot.



Team with Dr Myra Elliot



View from within a jeep



Nurba Valley

Was it a tough journey there?

Hmm... not really. We took SQ from S'pore to Delhi, another domestic flight into Leh, stayed to acclimatize for a day, travelled 5 hours on a convoy of jeeps through the highest motorable pass, "The Khardung La Pass" into Diskit, Nubra Valley, where we proceeded to set up our clinics in the Lamdon School.

Hey, what about the clinic setup?

Here it is... We had the dental clinic with the triage, exo, cons, scaling stations. The field dental units were amazing, of course there were glitches here and there but we always manage to work things out as a team. We slowly got used to working with headlamps and we were thankful for stoic little kids who bravely withstand multiple extractions. It can be rather backbreaking at times but it's all worthwhile seeing how we manage to alleviate as much pain/discomfort as possible. The locals were extremely friendly and we picked up little bits of their language in the few days of interaction.



Clinic setup

Were there any exciting procedures carried out?

Of course! Dr Myra Elliot carried out excision of lumps and bumps and there was collaboration between the dentals and the eye doctor in minor surgeries.



Instrument table

Back to Ladakh for future mission trips!

So after 3 working days at Lamdon School, we concluded our missions trip 09 at Nubra Valley. It was an unforgettable experience. It brought me a whole new perspective of dentistry. I'll never forget the 15 mins walk to and from school against the beautiful backdrop of the surrounding mountains. I'm glad I took the step to bring dentistry into the mountains and I certainly look forward to returning to "the land of high passes". 🌄



Unforgettable view of surrounding mountains

Dr Lim Wanyi

Practice Management

Debbie and Virginia* each have nearly 2 decades of experience advising and training dentists and their staff. When I asked how their views on practice management had changed during their career, they were unanimous in that practice management is even more important now than 20 years ago.

This is because setting up a dental practice today is more expensive and more complex. Not only does the dentist have larger loans to repay, higher overheads and staff turnover; there are more regulations to comply with, faster changing technology to keep up with, and of course, more demanding patients to satisfy.

They understand well that all dentists start practice wanting to do good work but often find themselves so bogged down with the day-to-day chores of running a practice that they find themselves sapped of energy and time to enjoy their work -- and to get home to enjoy their families. The degree that qualifies them to do dentistry does not give them the skills to run a practice efficiently.

Perhaps it is the recognition of this fact that makes the FDI feature at least one module on practice management in every World Congress.

The two management consultants felt that the dentist who sets up practice must see him/herself not just as a dentist treating patients, but also as the CEO of a business. As the CEO, two vital functions are:



1. Keeping close tabs on the “numbers” of the practice i.e. the financial health of the clinic
2. Developing a well-trained team to serve the patients and promote the practice.

It is essential for the clinic’s owner-manager to know the numbers that impact the “bottom line” or profitability of the clinic. This would include procedures like setting the number of production hours (time when the dentist sees the patient) and the value of that production time (i.e. how much should a patient pay for the doctor’s time?). In their view, the CEO must have her finger on the “pulse of the practice” – how much revenue is being generated? How much should be generated per month, per week to meet expenses?

I asked whether this rather pecuniary perspective to practice would go against the grain of those who would prefer a more caring and compassionate approach to practice. Their response surprised me. “You can’t be caring and do good dentistry if you are struggling to meet your own expenses”. This is an observation made from their experience working with dentists of different backgrounds and scales of practice. They could even quote me statistics to show that a significant number of dentists in America do have trouble making their loan repayments.

Another observation they shared is that dentists often take the stresses of their clinic back home. One way of reducing these stresses is to build a well-trained team of support staff. Indeed empowerment of staff not only reduces the burden of responsibilities on the dentist but it makes work more satisfying for the rest of team.

In the first of their workshops conducted during the FDI World Congress in Singapore, they listed 5 things that people look for in their work. They are, briefly:

1. A sense of ownership
2. Being able to contribute creatively to the success of the practice



Virginia Moore & Debbie Castagna.....they were in Singapore

3. An understanding of their role and how they need to interact with others in the team
4. Personal and financial rewards
5. Commitment to growth and continuous improvement.

In their workshop, tips were given on how to deliver these five universally desired objectives. One tip I found particularly useful was their format for listing the job requirements for each member of staff. It was not simply a listing of tasks but also a statement of the attitude required for the job. With the right attitude, everything else comes quite easily.

The workshop also had a short exercise to show how different members of the team can bring additional value to the practice. Pointers on how to conduct effective meetings were also given so that individual staff members can “gel together” as a team to achieve the business’ goals.

One more skill needed not just by the dentist-CEO, but also all members of the staff, is inter-personal communication. Their second workshop on managing the new-patient experience

highlighted the importance of both verbal and non-verbal communication.

Both ladies felt that proper training and attitude can empower staff members with the skills needed to enjoy their work. What is essential is for the dentist-CEO to make the commitment of time and effort to provide that training.

The two consultants have seen how poorly organised clinics end up being a “ball-and-chain” around the dentist. Operational, financial and inter-personal problems at the clinic will impact home life. On the other hand, setting aside time on a regular basis to review and revise systems can make for an orderly and satisfying work-day.

In short, the commitment to practice management goes a long way to making your practice healthy and your family relationships happy. 🌟

Dr. Asha Karunakaran

*Virginia Moore & Debbie Castagna are practice management consultants and regular speakers with the FDI.

Dr. Asha Karunakaran had a chat with them while they were in Singapore.

Tōkyō (東京) Redux

The best travel advice is that which have been tried-and-tested, by everyday people and with no commercial links to hotels or beds. With SQ flights to Tokyo hitting rock-bottom in the earlier half of the year, its no wonder 2 dentalSurgeon team members have separately made their way to this crowded city of 12 million people. Here is Shan Shan's & Huijing's step-by-step failproof guide to having a good holiday in Tokyo.

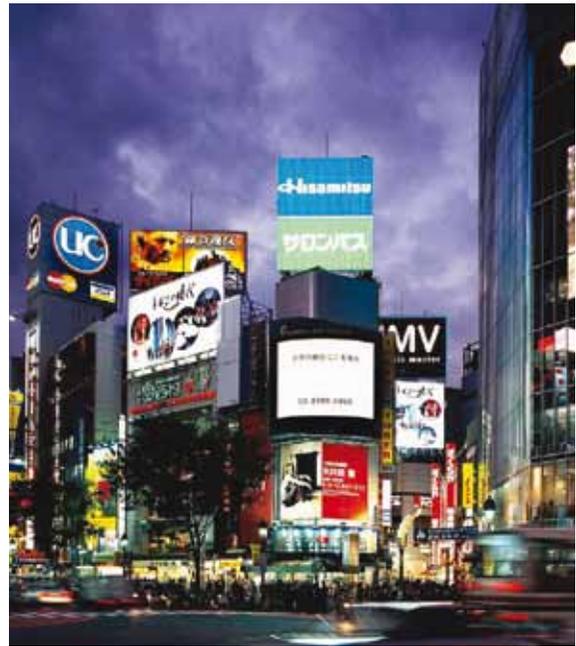
Tokyo has a vast array of sights. The top attractions in Tokyo are the temples in Asakusa, the garden of the Imperial Palace, the Tsukiji Market and the Meiji Shrine. To experience modern Japanese living, Tokyo has many commercial centres for shopping and eating. The Ginza district contains upmarket shopping while Shibuya caters to the youthful crowd. Shinjuku is home to luxury hotels, giant camera stores, futuristic skyscrapers, hundreds of shops and restaurants, and Kabukicho, Tokyo's wildest nightlife and red-light district. The Shinjuku station is one of the busiest railway stations in Japan!

If you're looking for a viewing platform to see a bird's eye view of Tokyo, the Tokyo Tower is the best known but rather overpriced. The highest spot in Tokyo is the Tokyo Metropolitan Government building located in Shinjuku.

To explore the old and new Tokyo, go from Asakusa to Odaiba. Start in Asakusa where a touch of the old Tokyo is still surviving. Visit the Sensoji Temple and the surrounding streets. After that, take the boat on the Sumida River from Asakusa to Hama Rikyu, a nice landscape garden at the Tokyo Bay waterfront. From Hama Rikyu proceed to Shiodome, and hop onto the Yurikamome elevated train over the rainbow bridge to Odaiba, a futuristic entertainment and shopping district on a man-made island.

If you are visiting Tokyo with children, you cannot miss Tokyo Disneyland and Tokyo DisneySea or the more Japanese Sanrio Puroland, home to more Hello Kitties than you can imagine.

Remember to pay Tsukiji Fish market a visit. The famous market is worth a visit for 1600 stalls of bizarre sea creatures, including large blue fin tuna, live shellfish, deep-sea crabs, eels and salmon. As you



might expect, everything is covered in slippery seawater, so choose footwear accordingly. Try a sushi breakfast at Tsukiji. The fish is guaranteed to be as fresh as possible and the prices, while not cheap, are surprisingly affordable given the extraordinary quality. Try out the stores Daiwa Sushi or Sushidai, which are extremely popular.

After all the eating and walking in Tokyo, do enjoy a soak in a local "sento" or public bath. Or visit one of the onsen theme parks such as Oedo Onsen Monogatari in Odaiba.

If time permits, here are some sides trips out of Tokyo.

Yokohama is Japan's second most populated city, only half an hour south of Tokyo. It makes a good one-day trip from Tokyo.

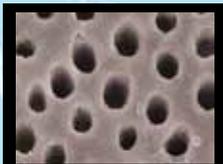
Hakone is part of the Fuji-Hakone-Izu National Park, two hours west of Tokyo, offering beautiful nature, good views of Mount Fuji, a few historic sites and many hot springs. Hakone can be visited in a one-day trip, but an overnight stay at a ryokan with hot spring baths is recommended. Pay a visit to the outlet mall Gotemba Premium Outlets for shopping. Visit Owakudani Valley and be sure to try the black sulfur eggs sold there. †

Dr Phang Huijing

Sensitive teeth?

Now you can do more than just numb the pain!

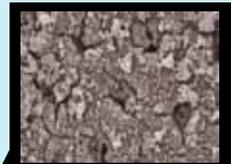
MOST OTHER SENSITIVE TOOTHPASTES



Potassium Nitrate numbs pain but dentine is still exposed.

Only contain Potassium Nitrate, a desensitising agent that penetrates the dentine surface to numb the nerve tissue. However, the exposed surface also means pain-causing stimuli are still able to access dentinal tubules and irritate nerve ends.

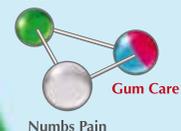
Systema Sensitive



DentinSeal Protection fills and seals dentine surface.

Offers Triple Impact Protection, which includes additional DentinSeal Protection with Aluminum Lactate. This unique ingredient fills and seals exposed dentine surface, building a protective layer for longer-lasting relief.

DentinSeal Protection



Systema Sensitive with DentinSeal Protection builds a protective seal for longer-lasting pain-relief



What Causes Sensitive Teeth?

Teeth sensitivity can result from the recession of gums due to poor gum health, or erosion of the tooth enamel. This exposes the dentine surface and tubules. Cold, sour or very sweet foods increase fluid movement within the tubules, giving pain-causing stimuli access to the nerve ends. The result is the experience of short, sharp pain.

Used together with the complete Systema Gum Care System, including toothbrush, mouthwash and interdental brush & gel, you can enjoy healthier gums and longer-lasting pain-relief!

Triple Impact Protection Against Sensitivity

Systema Sensitive Toothpaste is specially formulated to care for gums and protect against teeth sensitivity in three ways:

- 1. Long-Lasting DentinSeal Protection**
Aluminum Lactate provides additional and longer-lasting relief by filling and sealing exposed dentine.
- 2. Superior Gum Care**
IPMP, an anti-bacterial agent, and GK2, both unique to Systema Sensitive, help prevent gum disease.
- 3. Numbs Pain**
Potassium Nitrate soothes nerve ends for pain relief.

LION Japan's No. 1
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Interview With The Travelling Gourmet™

Maybe it's staring at the oral cavity for prolonged periods of time, but most dentists are passionate about their food and wine. However, not many pursue it with the dedication that Dr Michael Lim has. An established gourmet, his food and wine articles have been published in many international magazines and he is a food and wine consultant to many clubs, companies and embassies.



Trained at the Culinary Institute of America, he also cooks and together with Executive Chef Adam prepared a delectable 4-course dinner for Dental Surgeon at the Marriot Pool Grill.

Q: How did a dentist become the Travelling Gourmet?

My father was a self-taught gourmet with a certain *joie de vivre* and since I was young, he would bring me to a variety of places to eat and thus imparted to me his passion and knowledge of food.

"The Travelling Gourmet" was a nickname given to me by my friends in the press, and it stuck!

Q: What are your favourite restaurants in Singapore?

Pool Grill @ Marriot, The Lighthouse @ Fullerton Hotel, Li Bai @ Sheraton Towers, Basilico @ The Regent and Keyaki @ Pan Pacific.

Q: Hmm.. why do you like hotel restaurants so much?

A lot of people enjoy finding small boutique restaurants thinking that the food will be more unique or better value for money. While some independent restaurants do serve good food, I like the consistency that hotel restaurants provide. The chefs are formally trained and you can be assured of good technique and sanitation. Also the hotels are large enough to use good quality produce and the customer actually benefits from the economies of scale.

Q: Where do you go for good local hawker food?

I like the nasi lemak from a nameless coffee shop opposite Guthrie House on 6th Ave. You see a whole spectrum of people queueing there, from the wealthy tai-tais to the average office workers. They open around 6 am and are normally sold out by 10am!

I also like the Bedok Hawker Centre at Blk 537 for its variety of stalls. It also won the a prize for the cleanest hawker centre!



Q: What aspects do you look at in writing a food review?

Overall taste, presentation, technical skill in cooking that food, innovation and of course the freshness and quality of the produce.

Q: What do you have to say to people who call gourmet food pretentious?

I would tell them, "McDonald's is over there!" Seriously though, you eat with your eyes and brain first, and how it looks affects how you eventually perceive it to taste. Food well done is like a work of art, a culinary portrait.



Q: Any last words?

Das Leben es ist un bestimmt, iss erst den Nachtisch!
(Life is uncertain, eat dessert first!)

Christmas Recipes By Dr. Michael Lim The Travelling Gourmet™

Castellina Champagne Cocktail

This is my original recipe for a 'cool' champagne cocktail featuring the champagne of James Bond, Bollinger.

Ingredients:

- 2cl of Grenadine Sirop de Pomegranate
- 4cl of Bollinger NV Brut Champagne
- 1 teaspoon of freshly scraped pineapple flesh

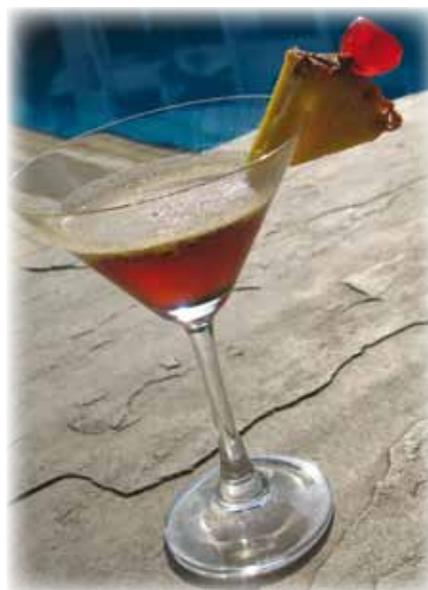
Method:

Pour the grenadine into the bottom of a chilled Martini glass. Open the champagne and pour the champagne into the glass gently.

Top with the freshly scraped pineapple flesh.

This is an example of molecular gastronomy; you will see that as the pineapple interacts with the champagne, a nice foamy 'Espuma' floats on top of the cocktail!

Serve immediately. Enjoy!



Fragole all'aceto balsamico da Lazio (Strawberries with Pepper and Gula Melaka)

This is my own Italian recipe based on what I learned on my extensive travels in sunny Italy with an Asian twist of Gula Melaka. Serves 4.

Ingredients:

- 1 lb of fresh Strawberries
- 15g sugar
- 20g Gula Melaka Palm Sugar
- 75ml Balsamic vinegar from Modena, Italy
- 20ml Prosecco sparkling wine from Italy (Bisol Cartizze)
- Black Pepper freshly ground to taste
- Vanilla ice cream with vanilla seeds inside

Method:

Hull and cut the strawberries into quarters. Sprinkle with sugar and drizzle with the Gula Melaka, Balsamico and Prosecco.

Season to taste with the freshly ground black pepper.

Let the mixture settle for 5 minutes and then serve with a scoop of vanilla ice cream. Enjoy! 🍷



Dr Charlene Goh

Marriot Christmas offer for all dental surgeons:

20% discount off all roast items, cakes & pastries and hampers!
Simply present your SDC card to enjoy the discount.

New Year's Eve Countdown Party at Main Lobby, Marriott Cafe and Crossroad Cafe

EARLY BIRD PROMOTION: 15% discount off package price*

21 to 30 December: 10% discount off package price*

Live entertainment by Douglas Oliverio & band (5pieces) playing Top 40s, R&B, pop and contemporary music. Professional DJ playing top 10 and contemporary music during live band intervals and till 1.00am.

Time: 7.00pm to 1.00am
Enquiry & Reservation: 68314605
Fax: 68314553

*** Package Price**

Gala dinner buffet with free-flow of champagne, wine, beer, juices and soft drinks

Main Lobby	\$208.00++ (Adult)
Marriott Cafe	\$188.00++ (Adult)
Crossroad Cafe	\$168.00++ (Adult)
Child (aged 5 – 12 years old)	\$78.00++



New Dimensions in Periodontal Therapy

An insidious threat to health, periodontal disease has been associated with an increase in systemic diseases such as pneumonia and other respiratory problems, Bacteremia, heart attack, stroke and diabetes. The importance of an effective agent to deal with periodontal disease was presented at a Johnson&Johnson-sponsored symposium at the 8th Asia Pacific Society of Periodontology Meeting, held in Singapore.



Dr Sebastian Ciancio
President
International Academy of Periodontology

Toxic products generated by bacteria trigger an inflammatory response from host tissue, which can lead to progressive periodontal disease. Pathogens such as *P. gingivalis* are most commonly associated with localised active periodontal disease, while *C. rectus*, *P. micros*, *F. nucleatum*, *B. forsythensis* and *A. actinomycetemcomitans* are implicated in both localised and generalised disease.

Supragingival plaque develops when a glycoprotein pellicle is formed on the surface, leading to colonisation primarily by gram-positive bacteria. As plaque maturation occurs, a host of different pathogens make up a community, forming a complex biofilm.

Proactive efforts directed towards the biofilm are needed to prevent periodontal disease - the active agent needs to penetrate the biofilm to kill the bacteria.

Importantly, the product should not only cause a reduction in plaque but also demonstrate a reduction in associated diseases like gingivitis. In addition, with a worldwide increase of an ageing population, it is important to provide anti-candida efficacy as elderly people are often on multiple medications which cause xerostomia and render them susceptible to oral candidiasis. Mouthrinses containing chlorhexidine or essential oils have anti-candida properties which may benefit these patients.

Clinical trials have confirmed that antiseptic mouthrinses containing essential oils or chlorhexidine are able to penetrate plaque biofilm, killing more than 75% of causative bacteria to provide statistically significant and clinically important differences, with no adverse effects on oral microflora.

Antibiotics are effective for the treatment of localised and generalised aggressive periodontitis, including refractory cases; however, they do not play a role in everyday care.

Comparing Oral Antimicrobials:

Chlorhexidine

Amongst the different oral antimicrobials, reported efficacy of chlorhexidine against plaque and gingivitis ranges from 21-61% and 18 -67%, respectively. [Figure 1] Chlorhexidine also has potent anti-candida properties. However, it interacts with ingredients in toothpaste, especially stannous fluoride. Chlorhexidine also stains teeth, tissue and restorations and is known to alter taste. The Japanese, in particular, have a genetic predisposition to chlorhexidine allergy.

Essential Oils

Efficacy ranges from 19-56% and 15-37%, for plaque and gingivitis respectively. Like chlorhexidine, essential oils demonstrate moderate anti-candida effect. They have an inhibitory effect on pathogenic flora, cytokines and other inflammatory mediators. Preliminary findings suggest that, when used in a fixed combination, a specific essential oil combination may be useful in reducing PGE₂ levels in the oral environment, hence producing an anti-inflammatory effect.¹

Essential oils also have an anti-platelet effect. Essential oil mouthrinses have been found to inhibit the platelet aggregating activity of *P. gingivalis* and of *S. sanguis* and to interfere with bacterial cell surface action.² This finding may have a relationship to the oral-systemic connection and deserves further investigation.

Cetylpyridinium Chloride and others

Reducing plaque and gingivitis to a lesser extent with a low anti-candida effect, cetylpyridinium chloride stains teeth in 10% of patients. Its activity is decreased by dentifrice ingredients and serum, with possible reduction of bond strength and discolouration of restorations. Other antimicrobials such as stannous fluoride, triclosan and zinc citrate have reported limited anti-plaque and anti-gingivitis efficacy with no anti-candida effect.

Figure 1. Efficacy of Oral Antimicrobials

	#	Usage	Subj	%PI	%GI	Anticandida
Chlorhexidine	6	BID	1516	21-61	18-67	+++
Essential Oils	9	BID	1737	19-56	15-37	++
Cetylpyridinium	3	BID	450	14-28	8-37	+
Stannous F1	3	BID	913	0	0	
	2	BID	145	0-77	45-72	
	2	BID	744	0	20	
	2	BID	316	0-7	22-26	
Triclosan	9	BID	1400	12-30	20-75	
Zinc Citrate	1	BID	113	25	25	

*Sharma, Unsook, et al World Congress on Preventive Dentistry 2009

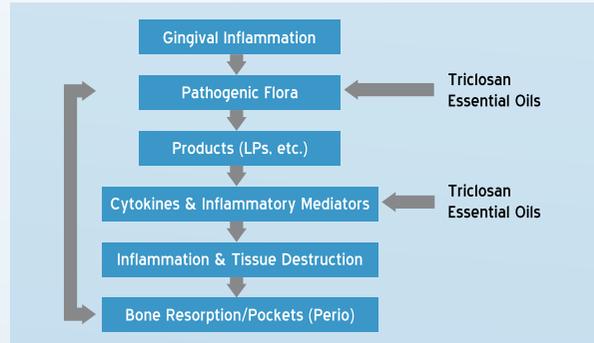
PI = Plaque Index

GI = Gingival Index

Choosing the Right Antiseptic Agent

It is important to treat gingival inflammation by not only inhibiting pathogens but also targeting inflammatory mediators.¹ Selecting an antiseptic agent that is effective at more levels may be more beneficial in reducing disease progression. [Figure 2] Both triclosan and essential oils have demonstrated some anti-inflammatory properties. Therefore these two antiseptic agents may be considered to be dual action antiseptics.

Figure 2. Simplified Pathway for Gingival Inflammation



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SUMMARY

The daily use of an effective antiplaque/antigingivitis antimicrobial mouthrinse is well supported by a scientific rationale and can be a valuable component of oral hygiene regimens. Advances in our knowledge of oral microbial ecology have enhanced our understanding of the role that antimicrobial mouthrinses can play in controlling the plaque biofilm and related periodontal diseases. Several mouthrinse products have been found to be effective against plaque and gingivitis. Only the fixed combination of essential oils (Listerine Antiseptic) received both the ADA and IAP Seal of Acceptance for this indication.

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