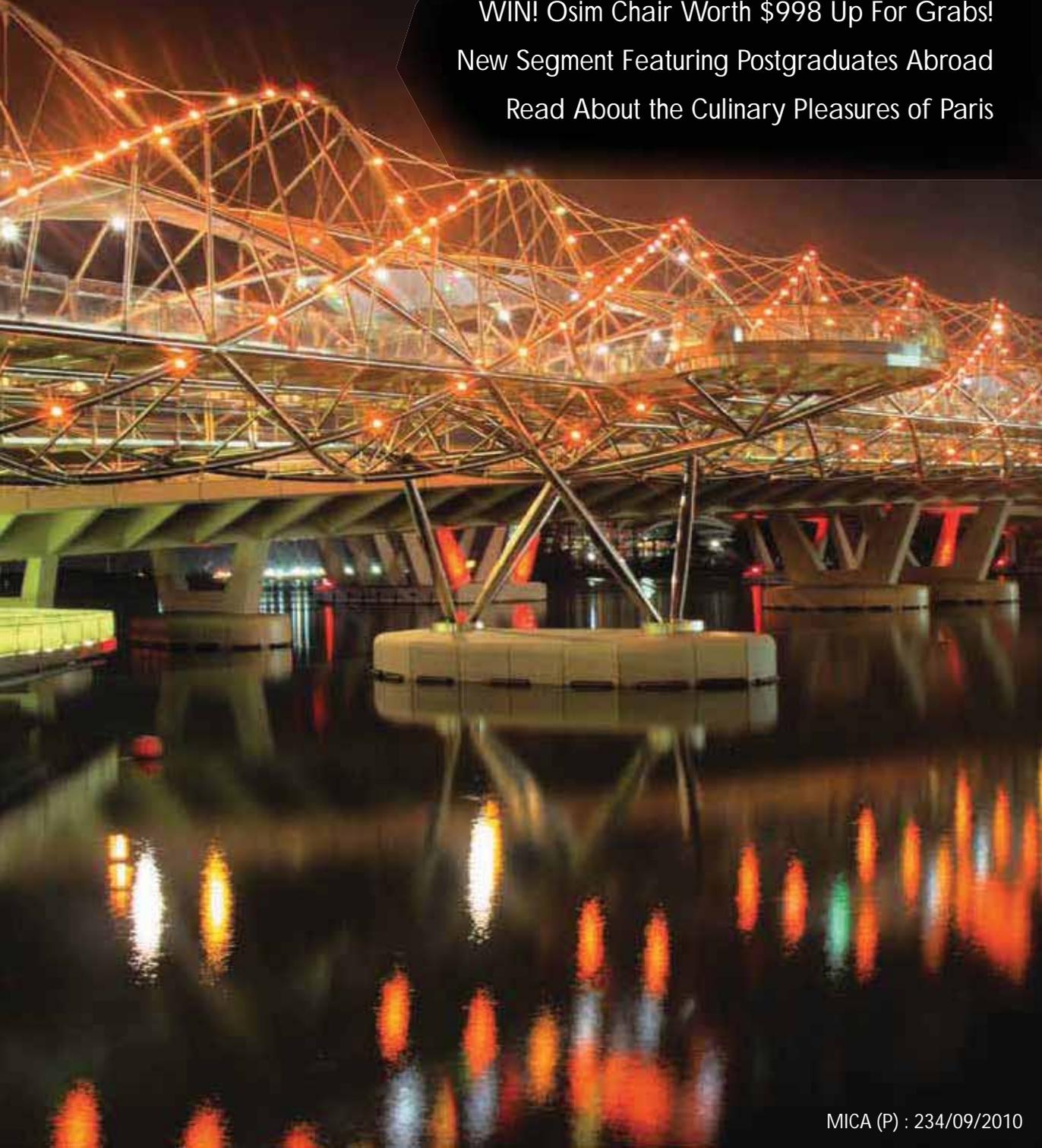


THE DENTAL Surgeon

NOVEMBER 2010

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Sensitive Pro-Relief™

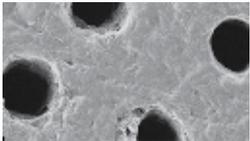
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AFTER¹



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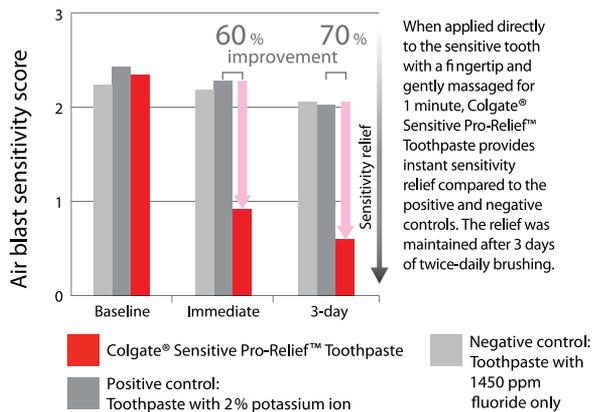
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Scientific works cited: 1. Petrou I et al. *J Clin Dent.* 2009;20(Spec Iss):23-31. 2. Cummins D et al. *J Clin Dent.* 2009;20(Spec Iss):1-9. 3. Nathoo S et al. *J Clin Dent.* 2009;20(Spec Iss):123-130.

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Editor's note

Season's greetings everyone!

Christmas marks the end of year 2010 and we hope you will end the year with all, if not most of your resolutions fulfilled!

It is our great pleasure to be given this opportunity to be part of the editorial team and with a new team on board, we hope to present you with a refreshing look and feel for the final issue of Dental Surgeon in 2010.

As part of the revamp, new columns have been added to this edition: *Education, Postgraduates Abroad and dentalSURGEON Contest*. With the little we contribute in producing this magazine/newsletter, we hope to provide more insight and inspiration to our readers at large.

We are grateful to volunteer writers for contributing to the Dental Surgeon and we welcome more of you budding writers out there to step forward to share your knowledge and experiences with us. Always looking at how to make the magazine better, we welcome all feedback and suggestions. We would like to thank Charlene, Ivan and their committee for their effort in producing past issues and for their continual support for the Dental Surgeon.

As a final note, we would like to wish everyone a blessed Christmas and a smashing 2011!

Dr Kelvin Chye & Dr Seow Yian San
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**Sources:
(1) Periodontology 2000, Vol. 44, 2007, David, W. F. Nadine, B & Timothy C. N, 113-126;
Bryan S. M & Robert. D, 103-112; Brian L. M & Gloria L. O, 127-153
(2) <http://www.ridental.com/perioinc/gumdisese.pdf>

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November 2010 Issue

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DentalSURGEON

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Case Study: Are OHTs “Junior Dentists”?

It has come to our attention that there are clinics which allow Oral Health Therapist to treat patients or do regular maintenance for patients without the dentist doing a proper Examination & Diagnosis first. Some Oral Health Therapists also do procedures outside their scope of work.

Please take note that this is not allowed under the Singapore Dental Council Guidelines, as it states that the Dentist must examine the patient first before prescribing the treatment to the Oral Health Therapist.

To illustrate this point and to reinforce the message, we will be examining a Case Study relating to this topic:-

Background:

Dental Clinic

- Mother brings her 9 year old child to the clinic for filling on the upper right deciduous canine.
- Patient was attended to by an Oral Health Therapist who did a filling on a small class 3 cavity on the canine.
- The supervising dentist was about 1.5 meters away in the next room, separated by an open doorway between the 2 treatment rooms.
- The next day, the parents brought the child back to the clinic complaining of significant facial swelling and fever.
- The dentist immediately attended to the patient, took an Xray, prescribed Augmentin and wrote a referral letter to refer the child to a specialist at the hospital.

Hospital

- The parents brought the child to the hospital and were attended to by a Senior Consultant.
- An OPG was taken and the right deciduous canine tooth was extracted.
- Both the swelling and fever did not subside after the extraction.
- Over the next 5 days the child was repeatedly brought back to the hospital for Incision and Drainage, stronger dose of antibiotics and changing the drainage tube.
- Patient only started recovering 1 week after the extraction.

The Complaint:

The father wrote a complaint to Singapore Dental Council against the Clinic, Dentist and Oral Health Therapist. His primary complaints are as follows:

- The dental treatment by the Oral Health Therapist was not acceptable, leading to the subsequent pain and suffering for the child over the next 5 days.
- The ordeal suffered by the son would not have happened if he had been examined and treated by a dentist.

The Consequences:

Warning from Singapore Dental Council

- The Clinic, Dentist and Oral Health Therapist all received a warning letter from Singapore Dental Council stating that The Dentist must examine the patient and prescribe the treatment for the Oral Health Therapist – “they must get clearance or have a confirmed treatment plan from their supervisor”.
- Dentist and Oral Health Therapist “may also face civil action from patients”

Demand for Compensation from Parents

- The Parents also demanded compensation of \$5000 from the Clinic, Dentist, and Oral Health Therapist.

Advice from MPS/DPL Lawyers

- Legal advice was obtained from the lawyers with regards to this case.
- Clinically there was no mistake – a filling was done on a 9 year old child presenting with a small cavity on the deciduous canine. This is within the scope of work for a registered Oral Health Therapist.
- Furthermore, once there was swelling and fever, the child was attended to by the dentist who took X-rays, prescribed antibiotics and referred the child to see a Specialist at the hospital.
- However, there was a mistake procedurally – The child should have been examined by a Dentist first before prescribing the filling to be done by the Oral Health Therapist.
- It was the advice of the lawyers that attempts should be made to try to resolve this case amicably without resulting in litigation.

Mediation

- After mediation and negotiations, the case was resolved for \$3,135.
- A Settlement and Discharge form was signed between the parties and the case was resolved amicably.

Conclusion:

- Oral Health Therapists must practice within their scope of work.
- The Singapore Dental Council Guidelines require patients to be examined by the Dentist before prescribing the treatment for the Oral Health Therapist.
- Even if the treatment by the Oral Health Therapist is clinically correct, it is still an error if the Dentist did not see the patient to do a proper Examination & Diagnosis first. †

Dr Raymond Ang



▲ Photo of child the day after the filling was done



▲ Periapical radiograph of #53 showing small Class III restoration

Dental therapist/hygienist job scope:

1. Cleaning and polishing of teeth.
2. Scaling of teeth.
3. Root planing of teeth.
4. Application to the teeth of solutions of sodium or stannous fluoride or such other similar prophylactic solutions as the Council may from time to time determine.
5. Application of fissure sealants.
6. Application of rubber dam.
7. Extraction of primary teeth of persons of 18 years of age or younger.
8. Restoration of teeth of persons of 18 years of age or younger using direct restorative materials.
9. Exposure of radiographic films intraorally or extraorally for the investigation of lesions of the mouth, jaws, teeth and associated structures.
10. Usage of infiltration anaesthesia in procedures such as scaling, root planing, direct restorative procedure and extraction.
11. Taking alginate impressions of the upper and lower dentition.
12. Giving of advice on matters related to dental hygiene.

Inauguration of the NUS Graduate Dental Implantology Alumni

The Inauguration Ceremony of the NUS Graduate Dental Implantology Alumni took place on 6th September 2010 at the St Regis Hotel. The inauguration ceremony was performed by Guest-of-Honour, Professor Tan Chorh Chuan, who is the President of National University of Singapore (NUS).

The ceremony also saw the installation of Dr Shahul Hameed as the Founder President of the Alumni. The Alumni is made up primarily of Diplomates of the NUS Faculty of Dentistry Graduate Dental Implantology programme.

The Alumni aim to maintain strong bonds and links with both the Faculty as well as the University. Its objectives include maintaining communication, consultation and co-operation between the Alumni and NUS, strengthening ties among Alumni through the Alumni's social and professional activities and providing services to Alumni including professional development programmes undertaken independently or conjunction with NUS.

The Alumni also plan to significantly contribute positively to dental implantology in Singapore from both the professionals' as well as patients' perspective and in this respect have a very strong team in place and hope to make a difference as the Alumni mature with time.

Those present to witness the inauguration ceremony included the Dean of Faculty of Dentistry A/Prof Grace Ong, Vice Dean A/Prof Jennifer Neo, Chief Dental Officer Clinical A/Prof Patrick Tseng, Director, Division of Graduate Dental Studies and President of Singapore Dental Council Professor Chew Chong Lin, Chief Executive of NUHS A/Prof Benjamin Ong, past and present students, staff members and members of the dental fraternity.

Another highlight of the inauguration ceremony was the presentation of Honorary Membership of the Alumni by President Dr Shahul Hameed to Prof Chew Chong Lin in recognition of his outstanding services to dentistry and dental implantology in Singapore. 🌿

Dr Shahul Hameed



▲ ExCo of NUS GDDI Alumni and VIPs at the Inauguration Ceremony



▲ Installation of Dr Shahul Hameed as President of NUS GDDI Alumni

NUS Graduate Dental Implantology Alumni

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Vice Presidents	Dr Tan Chin Hwee
	Dr Alphonsus Tay
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KOBAY



Oh What The Fog!

My first assignment as the Honorary General Secretary of the Singapore Dental Association (SDA) was to attend the British Dental Conference and Exhibition in Liverpool.

It was a bright early morning on the 20th of May when I arrived at Changi Airport, ready to embark on the first solo flight of my life, halfway across the globe. My flight was scheduled to depart at 0930 hours that morning with a transit at Dubai and an on-ward flight to Manchester. Well, that was the plan. But due to delays, ticketing problems and well, a fiasco fit for an entire novel, I arrived to say the least, late.

When I eventually touched down at Manchester Airport, I asked the taxi driver to bring me straight to the BT Convention Centre in Liverpool where the conference was held.



With my luggage in tow, I wasted no time sprinting towards the escalator bringing me to the hall where the opening ceremony would be held. I was late a good 40 minutes. On my way up, I saw a familiar face heading in my opposite direction. Dr Amarjit Gill, the newly elected president of the British Dental Association (BDA)! Instinctively and totally devoid of decorum, I shouted for him across the escalator. I introduced myself and explained my eventful journey. Lack of decorum or not, it was a good ice breaker.

The BDA Conference came to a close on Saturday afternoon. The two days had gotten by well. I took a long stroll back to the hotel and decided to take a good bath before setting out again for a meal by the docks.



I was allowing myself to be lost in a moment of tranquil peace, soaking in a hot bath when suddenly I was jolted out of my dream by the shrill of a fire alarm. Foolishly thinking nothing of it, I doggedly refused to leave my bubble bath. Five minutes later, I heard some frantic knocking at the door, and a voice asking me to gather my belongings and assemble at the open space outside the hotel. By the time I got to the assembly area, most of the hotel guests were already there. If not for the seriousness of the matter, the assembly area would have made for an amusing sight - many guests were half-dressed. It was nearly a good hour and a half before the firemen declared the hotel safe. By then, I had lost both my appetite and my mood, and was getting really tired. I went to bed shortly, praying that I would have a safe and unexciting journey home.



I was pleasantly surprised when I arrived at the airport the next day. Having failed to arrange a seat in business class, the staff offered me three economy seats in a row. Bravo... But as Murphy's Law would have it, this flight would have to be delayed. Tell me this was not an eventful trip! ✈

Dr Kenny Poh

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Braces Awareness Day at KTPH



It was a cool, grey morning that greeted the dawn of Khoo Teck Puat Hospital's first ever Braces Awareness Day. The event, held on 14th November 2010 was the result of months of planning and hard work by the committee.



Braces Awareness Day was planned to achieve the dual purpose of promoting awareness of orthodontic treatment to school-going children and their parents, as well as foster closer rapport between Khoo Teck Puat Hospital (KTPH) and the residents of Yishun. A pre-event forum titled "Having Mixed Thoughts about the Mixed Dentition" was held for the oral health therapists and dental officers on 2nd October 2010.

At 9am, the first of three public forums was well on its way. The speaker, Dr Lawrence Yong, wowed the public with his oratory skills and knowledge. Many questions were asked and answered as the audience participated actively, wanting to know more about orthodontic treatment for their children.



In the meantime, the children were entertained with various "edutainment" activities. One of the most popular activities was the tooth design competition. No doubt the participants were also enticed by the attractive grand prizes, among which included an iPod Nano as well as electric toothbrushes. These fantastic prizes were kindly donated by our generous sponsors. Other fun activities for the children included games such as "Spin the Wheel" and "Fishing".





The educational element was woven into other exciting and interactive stations as well. Participants were taught to maintain good oral hygiene during orthodontic treatment at the “Oral Hygiene Instruction” station. Children were enthralled by the giant model of the lower arch as well as the giant toothbrush used in the demonstration. Parents and children alike also flocked to the three stations, “Eruption Sequence”, Orthodontic Adventure” and “May I ask” to learn about how when permanent teeth erupt and how crooked teeth could be made straight by wearing braces.



However, the most popular activity had to be balloon sculpturing. The balloon sculptor was constantly surrounded by children as he twisted balloons into the most fantastic shapes imaginable. In fact, even the adults were seen asking him for balloons!

Outdoors in the garden, amidst the pleasant greenery and waterfall, the juggler did his best to wow the crowd. The guitarist struck up a merry tune while the dental assistants began an impromptu choir to accompany him. At the far end, the Chinese music orchestra from Chung Cheng High School (Yishun) provided classical Chinese music in the background while the vendors contributed to a festive atmosphere.

At noon, the crowd was treated to a gala of performances. The show was opened with a graceful Tai-chi performance. This was followed by a pair of dancers waltzing across the wooden link bridge, dancing to the tune of Moonriver and Tennessee Waltz. The music was provided by a string quartet who also entertained the crowd with their extensive repertoire. The performances concluded with a traditional Malay folk dance, contributed by none other than our very own KTPH dental assistants.

All in all, it was a fun filled day. Even the rain that drizzled on did not dampen our spirits. ✦

KTPH Dental Team

Oral Health Month September 2010



Oral Health Month 2010, held in the month of September, was a joint effort by the Oral Health Awareness (OHA) Committee of SDA, Colgate-Palmolive, Health Promotion Board (HPB) and Singapore Dental Health Foundation (SDHF). The opening ceremony was held on the 26th August at the Asian Civilization Museum with our Chief Dental Officer (CDO), Professor Patrick Tseng, as our guest-of-honour. CDO highlighted the importance to increase awareness of oral health diseases amongst Singaporeans and its crucial role in maintaining the low Decay, Missing and Filled Teeth (DMFT) index in Singapore through provision of free dental screenings for the public.



There were four marquee venues for this year's event, namely Northpoint, Eastpoint, Compass Point and IMM. We also saw the pioneer launch of the in-store dental checkup unit in four different hypermarkets; NTUC Fairprice, Sheng Siong, Cold Storage and Carrefour. The



in-store checkup venues extends the availability of free dental screening to the public in the different areas of Singapore, reversing a downward trend in the numbers screened as seen in the previous year. More private clinics have also participated in providing free dental screening, further spreading the message on the importance of good oral health in the prevention of oral diseases.

The OHA committee will like to thank all institutions, dentists and volunteers for rendering their support to this annual event, without which, success will not be possible. ✦

Dr Jacintha Lu

Programme Highlights**6th NUS FOD Symposium - Back to Basics****Day 1 (Saturday, 8th January 2011)**

Time	Topic	Speaker
8:10am	Common Oral Mucosal Diseases and Management I	A/P Woo Sook Bin
10:10am	Common Oral Mucosal Diseases and Management II	A/P Woo Sook Bin
11:40am	Management of Tooth erosion – The Oral and Dental Environment	Prof Ian Meyers
2pm	Management of Tooth erosion – Conservative Restorative Options	Prof Ian Meyers
3:45pm	Bisphosphonates and Osteonecrosis of the Jaws	A/P Wong Soo Bin

Registration begins at 7am

Day2 (Sunday, 9th January 2011)

Time	Topic	Speaker
8:15am	Occlusion on a Rehabilitated Dentition I	Dr Stefano Gracis
10:30am	Occlusion on a Rehabilitated Dentition II	Dr Stefano Gracis
2pm	Simplified Instrumentation for Occlusal Rehabilitation	Dr Stefano Gracis
3:45pm	Treatment Planning of Different Clinical Cases	Dr Stefano Gracis

Registration begins at 7:30am

There will be tea and lunch served between the talks
A trade exhibition will be running throughout the entire 2 days

Interview with Dr Myra Elliot
By Dr Christine Lee



Christine: We know that as an advocate of humanitarian missionary work, you have been famous for trips to remote areas to provide dental care. Where have you been and not been so far... and was there a special occasion that has encouraged you to start and continue on with these trips?

Dr. Elliot: It started in 1997 when there was an economic downturn in Asia and the people living nearby in Bintan became deprived of medical care. Previously, doctors from Manila came to give medical care to rural people but that subsequently ceased so the authorities approached doctors from Mt. Elizabeth to set up a medical group. Subsequently, a dental mission group was established to look into the oral health

needs for the poor and deprived. Thereafter, there were 4 organized trips per year to Bintan. We used to go on Friday night and come back on Sunday night.

In 1999, we were invited to the Myanmar refugees. We formed a group of dentists and dental assistants to the refugee camp and provided basic routine dental care for the refugees. Thereafter, I went to Sulawesi in Indonesia. It is a spider shaped island East of Java and the bus journey was 10 hours long! It just blossomed after that. I was invited to perform cleft lip and palate surgeries at Kalimantan which is on the west of Borneo, Madagascar camp in 2005 and Zambia in 2007.

Christine: It all sounds very interesting. What would be the most memorable trip/experience you had?

Dr.Elliot: It would have to be the time when I was in Zambia. It was a real wildlife reserve with non-emergency care. We found a man savaged and attacked by a crocodile, and he miraculously survived with severe abdominal lacerations. We immediately put him on a mattress on the ground, and hook him on a drip. Fortunately, there was an anesthesiologist in our group to administer anesthesia for the man and the rest of the medical team worked round the clock and managed to save his life. This was the most striking and the most memorable experience for me.

Christine: Wow, it must have been a life changing experience. Now, was there any difficulties on occasions in preparing for these trips?

Dr. Elliot: The main thing is on preparation with equipment. Dentistry is very much equipment based and just the luggage was well over 200kgs and it is always to find enough space to store the equipment. We have to carry forceps, compressors, high speed, low speed drills, disposable supplies and lots more!

Christine: Why do you think there are disparities in dental needs across the some parts of the community and some parts of the world?

Dr.Elliot: I think the main issue is that there is not enough awareness. The government needs to take on a more proactive role and allocate more resources for the healthcare of the people. There are a lot of charitable or-

ganizations and volunteers providing medical and dental care, but it should not be solely dependent on them.

Christine: Do you think we can encourage every dentist and doctors to become missionary workers?

Dr. Elliot: Going out of their comfort zone and providing care is something that is not part of our day-to-day lives. However I never had trouble recruiting for volunteers. People just appeared and they were all always enthusiastic. Nowadays, we don't have to beg for volunteers anymore!

Christine: What qualities do you expect in a volunteer who are willing to participate in such trips?

Dr. Elliot: You need to be adaptable and know you are not in the most comfortable place. Often you have to work standing with no air conditioning and trying to practice dentistry as best as you can. Most of the time, the living quarters are acceptable and you cannot expect a 5 stars resort room!

Christine: That sounds really interesting Dr. Elliot. Well I hope we all gained some inspiration from this mini interview.

Dr.Elliot: There is fulfillment and satisfaction after every mission although it may sound very difficult...You just feel you are doing a service. 🙏

Interview with Dr Philip Goh By Dr Kelvin Chye

Kelvin: Congratulations Dr Philip Goh on heading the helm of the Singapore Dental Association, what are your feelings and how do you find the make up of the new Council?



Dr Goh: Almost 6 months have passed and I am still trying to get use to this role. Although I have been serving in SDA since 2004 and been in the council in the previous term, I have to say everyday is still a learning experience.

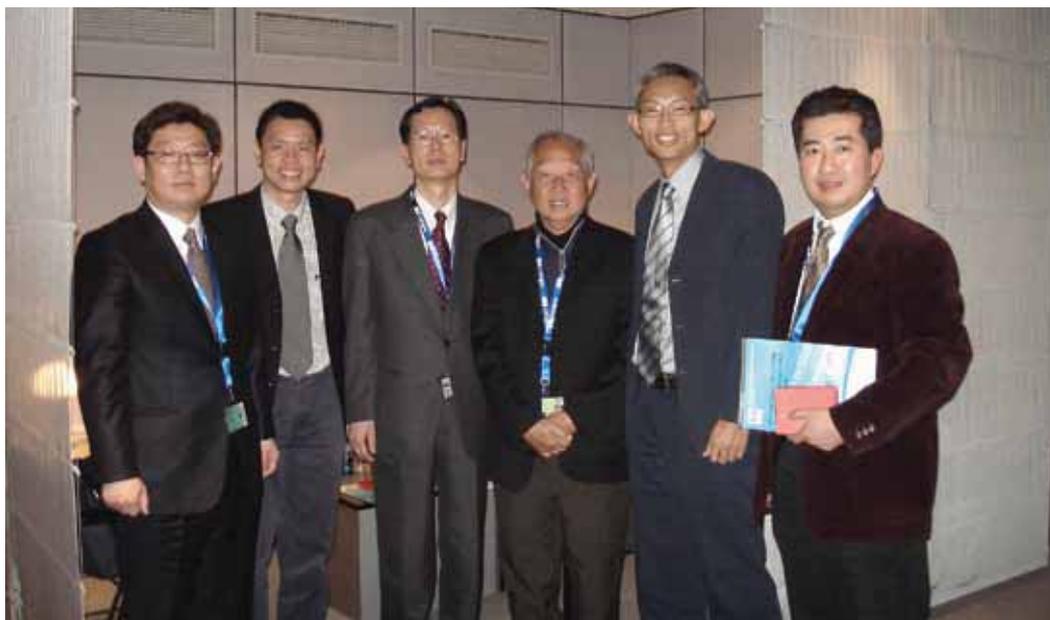
Although the council is relatively young, they are all dedicated and hardworking. All of them are committed to their task and never fail to take up the work when being called upon. It is very encouraging to see the more experienced members helping out the newer ones. Also, not forgetting those that help out in the sub-com, it is truly a privilege to have them volunteering as they have really lightened our load. Together, they have made me so much easier to serve.



Kelvin: What challenges are you expected to face over the next 2 years as SDA President? Please also share with us your visions and objectives for the SDA Council 2010-2012?

Dr Goh: The key word is inclusive, both national and international. As SDA being the national dental organization representing the dental profession, I will be very pleased to see the various societies and institutions co-ordinating and working closely with SDA in organization of events and activities. For a start, it will be very encouraging when SDA approaches the various organizations and they take up the challenge to come side by side with SDA to hold their prime events during IDEM 2012. We will work out a win-win situation so that all our events grow in statue.

In the international scene, Singapore should always be connected and relevant. I would like SDA to have more joint events with the dental associations in our region to create a warm and close friendship.



Kelvin: The previous Council had been involved in 2 major conferences, namely the FDI World Dental Meeting and IDEM 2010, and these have been a great success. What are the major events that are coming up during your term as SDA President?

Dr Goh: At the moment, SDA masterclass/annual convention Aug 13th-14th will be the highlight for 2011 and IDEM 2012 19th-22nd April for 2012.

Kelvin: How will you ensure that these events will do better and outshine the previous events?

Dr Goh: I am sure we will be successful with everyone united and supporting each other.

Kelvin: SDA asides, how do you cope and manage your time with family life and your dental practice?

Dr Goh: My family understands that I need to spend time for SDA work. After sending the children to school, my wife and I will

have a good breakfast together to catch up before I start work everyday. Saturday afternoon and Sunday is family time.

My dental practice is mainly by appointment and I do not usually work at night and weekends (Sunday). As SDA meetings are usually in the evenings, my working time is not badly affected. The appointments are relatively easy to reschedule if I need to be away for only a few days. However, much time is needed to answer emails, make calls and to think and plan the SDA programs. Overall, I am coping well and it's all about good time management!

Kelvin: Lastly, please share with us your tips for keeping fit and maintaining a healthy lifestyle.

Dr Goh: The usual: eat well and moderately, with sufficient time for rest and exercise. I find that aerobic exercises like running need relatively lesser time to obtain general fitness. More importantly, do things that are meaningful for yourself and others around you. †

Many of us may find it a challenge when it comes to making an informed choice of which discipline and school to choose to specialize. It is always fruitful to speak to current postgraduates in the different universities to provide their valuable experiences whilst in the course. I hope this column is able to offer insight to the various postgraduate courses available. In this issue, we speak to Terry and Bi'en who are currently in the Paedodontics residency programme. †

Dr Seow Yian San

Dr Terry Teo Kuo-Yih
Country & City: London, England, United Kingdom
University: UCL Eastman Dental Institute
Speciality Course: Pediatric Dentistry
Length of stay: 3 year



Describe the course in your university

Two years ago on the plane from Singapore to London, a million thoughts raced through my mind. How, having such varied memories of the UK as a child, will I see it as an adult? How will I take to total independence without the support of family and friends? How, having worked for three years after graduation, will I be able to cope with the demands of a three-year academic programme? How will I survive not being mugged, burgled, ran-over or dismembered?

Two years on, with just one more precious year to go, I can safely say that the answer is: very well, thank you.

Devoting three whole years of working life to be a student again in a foreign country is an immense and daunting commitment. But despite all the initial trepidation, anxiety and even paranoia, the promise to broaden my perceptions and experiences was even more demanding. Thus, I leapt at the chance to accept a scholarship from MOH to study Paediatric Dentistry overseas. And with the blessing of my employer NDC, here I am now.

I chose London because I knew that I needed to be in a global city like no other -with all its unique culture, paradoxes and vibe. Also, with the now fantastic exchange rate, there was no better time than this. I chose to study at the Eastman Dental Institute because of its tradition of academic excellence and similarity of practice to that of back home.

As every course is different in structure, scope and people, I won't bore you with the details. Suffice to say that mine has proven to be demanding, rigorous, and ultimately enjoyable. What I do wish to share though, is how I am constantly reminded that we are involved in the business of people, in everything we do.

The challenge and reward comes from being able to find acceptance and common ground with colleagues and patients who come from sometimes radically different cultural backgrounds. My supervisors are from all over the UK, some of my colleagues the Middle East, and my patients from as far as Somalia to Greenland. I now count among some of my closest friends English, Greeks, Germans, and Saudis.

Getting around the place

Other than studying, reading articles or writing my thesis (which is thankfully not that often), I explore the pubs, parks, libraries, museums, and all the hidden charm of London. I use the tube as little as possible, going around town cheaper on a bus, where you can take in all the sights and sounds. London is a confluence of cultures, and sometimes on these bus journeys, I don't hear a single word of English being spoken.

Places to chill out

I have delicious roast duck in Chinatown, eggs Benedict along Notting Hill, curry in Shoreditch or pasta on Oxford Street. I've become quite the compe-



tent cook on the weekdays. Once in awhile, there are restaurants of unbelievable standard, serving lunch set menus that put the prices back home to shame.

Do not leave the place without trying...

Food aside, you can enjoy an equally dazzling array of musicals, theatre, ballets and operas all for an insanely reasonable price, and there is always a concert going on somewhere. There are clubs and bars only for the faint-hearted, and sub-cultures all with their own identity and vibe like Goths, Punks, and Mods.

Most importantly to me, there are endless and amazing opportunities to travel. Just a few hours by train are the most majestic castles and quaint towns of England, and the breathtaking highlands of Scotland. Not to mention Europe on my doorstep, just a budget-flight away. In the past 2 years, I have gone from Barcelona to Istanbul, and all over a long weekend.

Your advice to interested applicants to the course

You may wonder why I'm describing this, instead of my course in Paediatric Dentistry. The answer is simple: as dental graduates trained and practiced in Singapore, we can excel and hold our own in any country, and any course. We are familiar with the training and academic experience they entail. But what is priceless is the chance to expand one's horizons not only intellectually, but in every other aspect.

My advice to all aspiring to study overseas is this: while it is important to choose training centres of renown, a Master's Degree is not the be-all and end-all. Instead, it should be seen as the means to equip you with the skills and knowledge for continual development as a clinician.

What is also just as important is that you choose a location where you can grow as a person, and truly live your life. And this aspect is wholly dependant on one's personal vision, disposition and attitude. After all, it is three whole years.

I remain totally grateful to be given the opportunity to study in London, and I intend to make full use of my last year here. Right after I head down to the pub with me mates for a pint, that is. 🍷



Dr Bien Lai
Country & City: USA, North Carolina
University: University of North Carolina
(Chapel Hill)
Speciality Course: Pediatric Dentistry
Length of stay: 3 year

Describe the course in your university

The Pediatric Dentistry Program in UNC is among the top programs in United States that focuses on academia. It is not a hospital-based program which means residents need to defend a research thesis in order to graduate. Residents who have gone through the program will be getting at least a Master's Degree and the Certificate in Pediatric Dentistry.

Most residents have to complete a 3-year Master's degree course, but may vary selective candidates who choose to do a combined Master's program in Pediatric dentistry and Public Health, or a PhD program in Oral Biology, Oral Epidemiology or Public Health.

We have a comprehensive and structure course with a good balance between didactic and clinical components. All residents go through a 2-year Principle of Pediatric Dentistry didactic course that cover all the topics in Pediatric Dentistry including behavioral management, medically compromised topics to common childhood diseases. We are also required to attend the Orthodontic didactics with the first-year Orthodontic residents for 1 year on biomechanics, growth and development, and diagnosis and treatment planning sessions. This course is directed by the UNC Orthodontic Department. We are also required to do a full work-up for all our orthodontic cases and to present selective cases in seminars. Other compulsory modules include pediatric diagnosis and treatment planning, ortho-pedo treatment planning, biostatistics, cranio-facial, anesthesia, trauma and maternal-child health.

Clinical training consists of graduate pediatric dentistry clinics, weekly full-day orthodontic clinics and multiple clinical rotations. Rotations include off-site postings to various health departments, pediatric medicine, general anesthesia (where we learnt to in-



tubate and manage airways), sedation clinics (conscious sedation), hospital dentistry rotation with UNC hospital, cranio-facial rotation (weekly meetings with the cranio-facial team) and operating room rotation (usually for 3 months, when we only work on children under general anesthesia). In the 3rd year of residency, the resident will also go on a one-week rotation in the mountains (Cherokee, NC) where he/she will be a graduate teaching assistant to dental students.

All residents are expected to take a one-week call (24/7) every 4-6 weeks, managing children with trauma, abscesses, hospital consults or other dental emergency situations. Residents are required to present and discuss these cases in a weekly trauma seminar together with the endodontic department and dental students who take it as an elective module.

Besides the above-mentioned didactic and clinical commitments, we have the opportunity to teach and hone our leadership skills as the chief resident in hospital administration.

UNC provides a conducive research environment with multiple opportunities to collaborate with experts within the dental school, with other schools in UNC, as well as across the state. Residents are encouraged to participate in research presentations and competitions in interstate and international conferences.

Getting around the place

There is a free bus system that serves the community within and near the UNC campus, with limited bus services in the weekends and after hours. There are a few bus lines that run to Durham, Research triangle park area, Raleigh and Cary.

Most people commute by cars, and there is a park-and-ride system in UNC where people park at a distant parking lot and take the Chapel Hill buses to campus/hospital.

There is no metro system in Chapel Hill.

Places to chill out

This is a difficult question because there are too many to choose from, and it really depends on the time of the day. I like Starbucks when I first came to the States, especially the 2-storeys Starbucks at the new hospital wing. I like the Red Bicycle cafe that is about 3 miles from campus where we chill out after running every weekend. Breakfast is good at Breadmen's (Chapel Hill), Elmo's Diner (Carrboro) and Madhatters (Downtown Durham). Spotted-dog (Carrboro) and Kildare's (Chapel Hill) are pretty good chill-out places with drinks, bar food and burgers. Gulglhupf (Durham) has to be one of my favorite restaurants because it has good brunch, good coffee and desserts. There are a lot of good eating places in Durham and Raleigh too.

What is one place you always take your friends to when they visit you

This is also a difficult question because no one really comes to North Carolina for a holiday. Most people are here for student exchange or interview (or they come to visit me, not really the place). The most common question I get is, "What's there in NC? It doesn't really have anything right?" Anyway, if they do, I will bring them around UNC campus and to visit Duke too. If there is more time, I will bring them to the mountains or the sea. Many people do not realize how beautiful the Blue Ridge mountains are and how it is like to watch sunrise by the Outerbanks. I begin to appreciate the beauty of nature when I come to NC.

What is one thing you must do in your city

You have to watch a live basketball game in the Dean Smith Centre for sure. UNC has a long history of being the national champions in college basketball for many years. It was an amazing experience in 2009 when UNC won the national champions. You simply cannot miss the basketball season!



Do not leave the place without trying.....

I have an endless list; watch a live football game to experience the atmosphere in Kenan stadium, go for a tail-gate party (where people grill and chill out before a football game), watch a hockey match (the Hurricanes) in Raleigh, watch a musical in Durham/Raleigh, go for a Halloween party and tour Franklin street that night, go for the annual NC state fair, go to the farmer's market and maple view farm, eat some southern food (hushpuppies which are basically fried cornbread, shrimps and grits, biscuits), go to the driving range during the lovely fall weather, play some tennis with friends during the US open tennis seasons, go to a friend's place for thanksgiving for the full American experience, running and plan some trips around the region.

Your advice to interested applicants to the course

This course has a lot to offer and it depends on how much you want out of it.

I work hard, study hard and play hard, and I'm loving it!

Some people may think NC has nothing to offer because it is not as interesting as big cities, but it takes some time for this place to grow on you. Before you know it, you realize you would not want to leave this place.

If you do not hate orthodontics, love pediatric dentistry, have good self-discipline (very important because it is very easy to get distracted and play all the time) and some kind of self-motivation, want to be inspired by research experts and gear towards the academia route, and a course that develops you into an all-rounder, this is definitely for you! 🦷

Water Fluoridation Part II: The Science and Ethics of Water Fluoridation

This article is the latter of a two part series on water fluoridation. The first part, which appeared in the previous issue of the Dental Surgeon, discussed the reasons for the controversy surrounding water fluoridation. Its sequel will, in turn, examine the science and ethics behind this public health measure.



The natural concentration at which fluoride can be found in our drinking water is usually too insignificant to exert any dental benefit. Water fluoridation is the process of adjusting the naturally occurring levels of fluoride in our drinking water to optimum anti-cariogenic concentrations.

Fluoride in our drinking water is not a new ‘chemical’ as attested by anti-fluoridationists and in addition, fluoride in our water is naturally present, tasteless, everywhere and unavoidable. This is a very strong retort against some of the arguments of anti-fluoridationists regarding, for example, its ‘artificial nature’ and ‘allergenicity’. Being ubiquitous in nature and our diet, it is almost certain that no one is allergic to fluoride.

The literature has shown that the anti-fluoridationists utilize many forms of arguments in

their attack against water fluoridation. The three most common arguments used are as follows: (a) ‘Poisoned water’ – fluoride that is added to drinking water is a toxic industrial by-product; (b) ‘Doctoring the water’ - water fluoridation is portrayed as involuntary mass medication which curtails civil liberties and personal freedom of choice; and (c) ‘Alternative methods available’ – topical fluorides, good oral hygiene and diet practices are touted in place of water fluoridation. I would discuss the literature in order to refute each of these claims.

(a) ‘Poisoned water’

The evidence supporting the safety of water fluoridation continues to be substantiated and affirmed by recent large-scale systematic reviews, spanning decades of research, and no credible evidence exists to show any association between water fluoridation and the large list of diseases linked to it by opponents of water fluoridation.

Opponents of water fluoridation handpick studies, misquote and misrepresent results so as to support their views. Water fluoridation has been implemented in some places for more than half a century – long enough that any dangers would be apparent if they existed. The weight of evidence strongly indicates that water fluoridation is safe.

Fluoride, like many other natural substances such as salt, vitamins, oxygen and water, can be toxic if consumed in excess and high enough doses. However, to induce acute fluoride toxicity or to kill a human adult, the amount of fluoride necessary is 10,000 – 20,000 times the amount

of fluoride that is consumed in a single glass of water.

The only ‘problem’ to which water fluoridation contributes to is dental fluorosis. However, dental fluorosis is only a cosmetic issue and the recommended levels at which public water supplies are fluoridated only result in mild forms of fluorosis, which appear as very fine white lines or flecks. Furthermore, studies have found that teeth exhibiting mild fluorosis may be perceived by the general public as more aesthetically appealing than teeth without any fluorosis.

The reader should be cautioned that water fluoridation is not the only culprit of dental fluorosis – excessive ingestion of topical fluoride by children is the other. Finally, it is important to balance the possible cosmetic disadvantage posed by dental fluorosis against the known benefits to dental health offered by water fluoridation, and that tooth decay itself is very unsightly and poses a recognized health, social and economic impact to those suffering from the disease.

(b) ‘Doctoring the water’

The Strathclyde fluoridation case of 1980-1 involved an elderly citizen of Glasgow (Mrs Catherine McColl) who applied for an interdict to restrain the Strathclyde Regional Council from fluoridating its water supplies. The court passed the verdict that completely vindicated the safety and efficacy of fluoridation.

And in a sentiment which was summed up succinctly by Nuffield in the Nuffield Council on Bioethics (2007): “the value of belonging to a society lies in that each person’s welfare, and that of the community, matters to everyone... The imperative is therefore to support those who do not have opportunities to choose because of, for example, poverty or dependency. Stewardship (by the government) is not exercised simply by following the public vote...” In other words, society should not suffer from dental caries simply because a few people oppose to the addition of

fluoride to drinking water.

Further to this, water fluoridation is only one of many instances where a chemical, nutrient or vitamin is added to our food or beverage for public health benefits. For example, chlorine is added to water to eliminate water borne diseases.

(c) ‘Alternative methods available’

Anti-fluoridationists claim that instead of relying on a magic bullet, we should either target the ‘real’ causes of tooth decay or rely on non-communal means to achieve good dental health, such as visiting the dentist or using fluoridated toothpastes.

However, there is but one preventive measure that has a proven track record of closing the gap in dental health inequality – water fluoridation. Those who are at the greatest risk of dental caries, such as those from disadvantaged socio-economic groups, are also the ones who stand to gain the most from water fluoridation. Water fluoridation exerts its cariostatic benefit without any active role or any financial cost on the part of the individual– just turn the tap on and drink from it.

Despite the evidence supporting its safety, effectiveness, efficiency, cost-effectiveness and equitability, water fluoridation remains a very contentious topic. As a dentist, the reader must be able to respond to questions from genuinely concerned patients. It is hoped that this series of articles would serve the reader well in this aspect. †

Dr Gabriel Chong BDS, MPH (Hons)

This article has been edited for brevity. The full article with references is available upon request from Dr Gabriel Chong through the SDA Office.

Who Went For Community Service?

In December 2009, Dr Simon Jude Chua, graduate of National University of Singapore, led a team of dental practitioners to Cambodia as part of Project Sa'Bai—an international undertaking aimed at providing free medical and dental services to impoverished communities in Cambodia. Recently, we caught up with Dr Chua to talk about his experience in the Land of the Khmers.

What is Project Sa'bai?

Project Sa'bai (Sa'bai means 'happy' in Khmer) is an annual expedition that brings together medical and dental professionals in an effort to provide free healthcare services to the children in Cambodia. The idea for Project Sa'bai was conceived a few years ago by a medical friend of mine, Dr John Lee. In the beginning, the core team consisted only of medical professionals. Eventually, after a few trips, the organisers realised there was also a need for dental services. Besides dental and medical professionals, we have over 100 volunteers fulfilling a variety of roles such as cooks, teachers and professional goody-bag stuffers!



Ground Zero for Project Sa'bai 2009

In 2009, I brought my team to two schools in Don Bosco, Tuek Thla and Chreh. Both schools



are in Phnom Penh and are run by Catholic nuns. Getting to Don Bosco was an adventure in itself. The journey leading to our destination was rather bumpy and uncomfortable. To make things worse, some of our drivers did not even know the routes as the schools are located in remote villages. Some of the teams ended up being driven in circles before finally arriving at Don Bosco!

A Polyclinic in a rural village

We tried to replicate the model of a typical polyclinic on-site. We had all the basic setup including extraction forceps and ultrasonic and hand scalers. The only equipment we needed but did not have was an X-ray machine. We also brought a suction unit and portable dental machines with high and slow speed functions. With the help of a local dental surgeon who is also a member of the Cambodian Dental Council, we managed to get an autoclave machine and some field chairs from the University of Phnom Penh. Throughout the entire expedition, our dental team performed a large number of extractions and fillings as well as periodontal treatments. We also had volunteers who helped screen students and teach them basic oral hygiene programs. Plaque discolouring solutions were used to demonstrate to the children

where plaque can typically be found, in an effort to impart proper brushing techniques to them. In total, we saw over a thousand students throughout our stay there.

Plans for the next trip

I'm already planning my next trip which is in December this year. This time round, I will be



Were there any incidents that moved you in a special way?

It felt really good to see all the kids we had helped. There was a 13-year old girl who was initially terrified when we took out a root stump of her lower molar but she was smiling and jumping after the procedure was done and even returned immediately after lunch to take out the root stump on the other side of her mouth!

What did you learn from this experience?

The treatment rendered in this trip may be basic, but our ability to help them in any slightest way makes a significant difference in the lives of the Cambodians.

leading a team of 7 dentists and numerous dental students—a much larger team as compared to last year's. We look forward to making this a sustainable effort where we can see significant improvements to the oral health of the Cambodians. ✦



The Travelling Gourmet's Adventure in the City of Light



Recently, I made a Gastronomic Safari to France where I discovered some culinary gems & other treasures to share with you. As a gastronomic capital, Paris has a constellation of Michelin-starred restaurants, and renowned Chefs abound to tempt gourmets.

Palatial Pleasures

The palace where Marie Antoinette learned to play the piano is now a hotel, namely, the Hotel de Crillon. Since March 1909 it has been the hangout of numerous affluent, famous & powerful personalities. Royalty like to stay there, including Britain's King George V, King Hassan II of Morocco and Japan's Emperor Hirohito and not to be outdone, Hollywood glitterati like Mariah Carey and Madonna lived it up in this chateau overlooking the majestic Place de la Concorde. So as not to understate it when one intones luxurious, let's just say the marble bathroom is bigger than some hotel guest rooms!

Location wise, a better spot is hard to find. The US Embassy is found right next door. Open your eyes and you wouldn't miss it.



Gourmet's Delight - Les Ambassadeurs

Dinner the first day found me in the Crillon's temple of gastronomy. Chef Jean-Francois Piége, 40, has had two "macarons" since 2004. The superb wine list of mainly French wines from all the important regions simply tantalizes you.



I sat in the Comte de Crillon's former 18th Century Ballroom, with a view of the gigantic Place de la Concorde. Marble floors, cute frescoes of cherubs, über-high ceilings with powder blue skies, five scintillating chandeliers and sky-high mirrors make each meal even more memorable.

And so that fantastic dinner marked the start of my gastronomic journey in Paris! ✦

Dr Michael Lim

To be continued...

This article is the first in a series of articles by Dr Michael Lim of his Food Safari in France

Education CDE Calendar

Date	Topic	Venue	Contact
07 - 09 Jan 2011	Preparation for the Update Series by Oliver Dental Surgery Pte Ltd	The Elizabeth Hotel	Irene Ramaswamy 64440546 irene@posortho.net Gabriel R. Estavillo 98565440 grestavillo@hotmail.com
08 - 09 Jan 2011	6 th Faculty of Dentistry Symposium by NUS FOD	Grand Copthorne Waterfront Hotel, Singapore	Doris Wong 67724965 gdssec@nus.edu.sg Suriati Binte Rabu 67725258 densr@nus.edu.sg
14 - 16 Jan 2011	18th FDI-MDA International Scientific Convention and Trade Exhibition 2011 by Malaysian Dental Association	Kuala Lumpur Convention Centre	Ng Woan Tyng 0125007814 woantying@gmail.com Lim Choong Hooi 0123282922 mdastevellm@gmail.com
19 Jan 2011	Cracked Tooth Syndrome - Key to Successful Management by Singapore Dental Association	Arthur Lim Auditorium, LV 2 Alumni Association, 2 College Road, Singapore 169850	CDE Administrator 62202588 cde@sda.org.sg
23 Jan 2011	BCLS Certification Course by Singapore Dental Association	Red Cross House, 15, Penang Lane, Level 3 RCTC, Singapore 238486	CDE Administrator 62202588 cde@sda.org.sg
18 - 20 Feb 2011	Advanced Series in Orthodontics By Oliver Dental Surgery Pte Ltd	Orchard Hotel	Irene Ramaswamy 64440546 irene@posortho.net Gabriel R. Estavillo 98565440 grestavillo@hotmail.com
18 - 21 Mar 2011	Intelligent Orthodontics - The New Era by Association of Orthodontists (Singapore)	Conrad Centennial Hotel, Singapore	CMC Administrator 62202588 cmc@sda.org.sg
27 Mar 2011	BCLS Certification Course by Singapore Dental Association	Red Cross House, 15, Penang Lane, Level 3 RCTC, Singapore 238486	CDE Administrator 62202588 cde@sda.org.sg

The above is a Continuing Dental Education (CDE) Calendar from January to March 2011. Before attending any of these CDE activities, please confirm event details with the respective course organisers.
Information is correct at the time of printing.

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