

the **dental** surgeon

November 2013

+ PLUS

REPORT OF FDI ISTANBUL 2013

By our President

DR KEN HARGREAVES

SDA's Masterclass Speaker for IDEM 2014

10TH ANNIVERSARY OF THE OHM

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FEATURE

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^{1#} Compared with the result of CPC (0.07%) after a single use

1. Pan PC, et al. 2010 J Dent;38,S1(2010),S16-20. (Compared with selected daily-use mouthrinses in a single 30-second treatment.) 2. Fine DH, et al. 2007 J Periodontol;78(10):1935-1942. 3. Pianotti R, Pitts G. 1978 J Dent Res;57(2):175-179. 4. Charles CH, et al. 2000 J Clin Dent;11(4):94-97. 5. Charles CH, et al. 2001 J Am Dent Assoc;132(5):670-675. 6. Charles CH, et al. 2004 J Clin Periodontol;31(10):878-884. 7. DePaola LG, et al. 1989 J Clin Periodontol;16(5):311-315. 8. Overholser CD, et al. 1990 J Clin Periodontol;17(8):575-579. 9. Lamster IB, et al. 1983 Clin Prev Dent;5(6):12-16. 10. Gordon JM, et al. 1985 J Clin Periodontol;12(8):697-704. 11. Sharma NC, et al. 2002 Am J Dent;15(6):351-355. 12. Sharma N, et al. 2004 J Am Dent Assoc;135(4):496-504. 13. Bauroth K, et al. 2003 J Am Dent Assoc;134(3):359-365. 14. Grossman E, et al. 1989 J Periodontol;60(8):435-440.

LISTERINE

Editor's message

2014 is coming to an end with a blink of an eye; cliché but so true. Indeed it is heartening to hear that *DentalSurgeon* has been receiving good reviews as well as constructive feedback that have helped us to grow and become a better publication for our profession. Thank you for making us more valuable to you!

Few months back, one of my close friends headed over to Seoul for a 2-day botox course for dental practitioners. He commented that there are not many certified orofacial aesthetics courses available here in Singapore.

South Korea has become the heart of medical tourism for cosmetics procedures and now orofacial aesthetics as well; a place where changing the shape of your nose or eyes is as common as getting orthodontics. Parents reward their daughters with cosmetic surgery as a graduation gift before they go to college.

And it is time that Singapore catches up in training our dental professionals in the field of aesthetics Dentistry to be on par with our overseas colleagues and to meet the increasing aesthetics demands of our patients.

With that, one would wonder if that would translate to higher premium for our dental insurance. Would there be a difference in risks management and insurance coverage between clinicians who perform aesthetics facial procedures and those who don't? What are our guidelines and the extent that we can treat? Find out more in this issue!

Look out for our very own certified orofacial aesthetics course recognized by SDC!

I would like to thank all my colleagues and friends whom have contributed to *DentalSurgeon*; without which there won't be articles and nice pictures. Thank you to everyone who has helped me in one way or other and I really appreciate that.

Lastly, I would like to thank Kelvin Chye who helped to see through the drafts of this issue of *DentalSurgeon* while I was away on my first Europe trip.

Happy holidays!!!



President's message

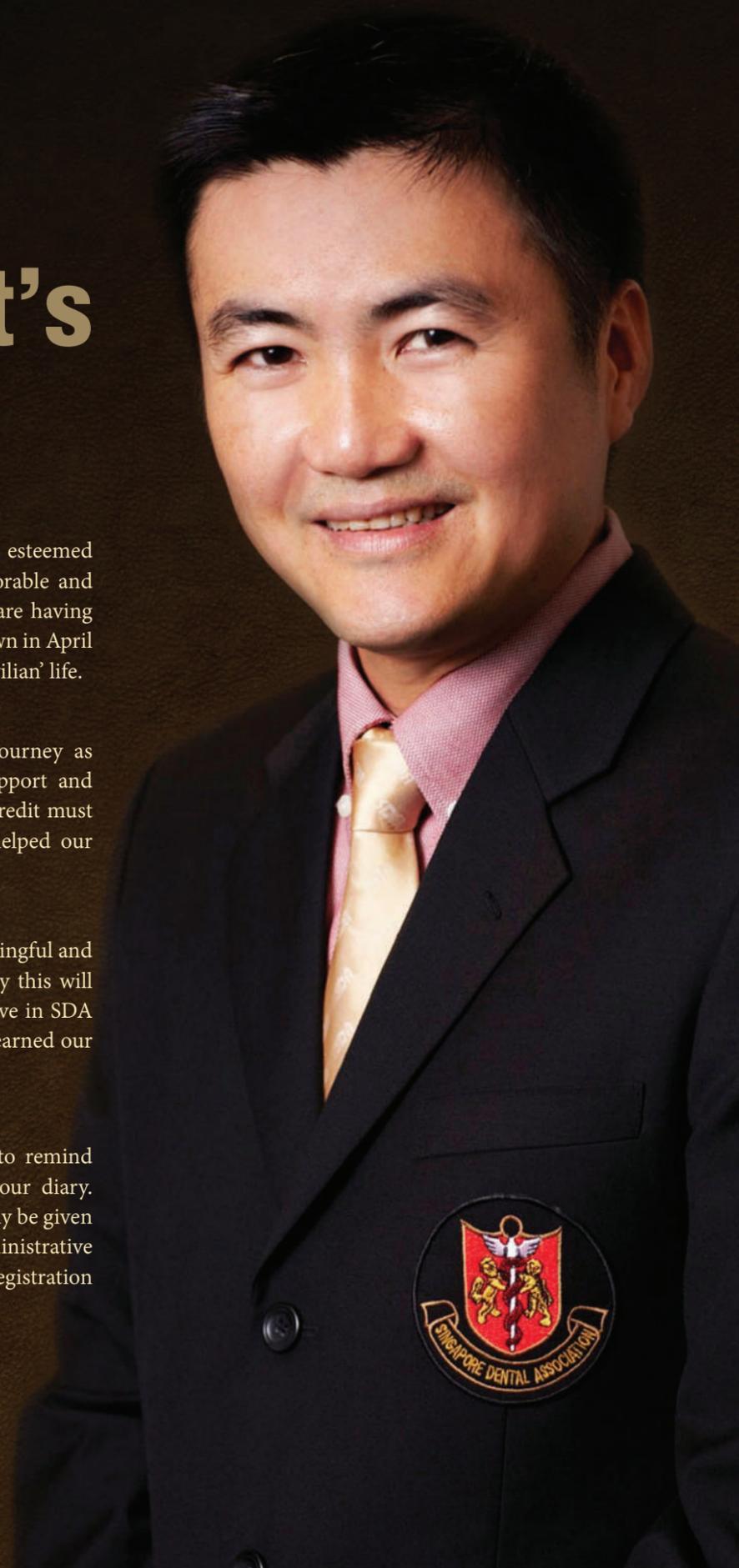
As we move closer to 2014, I hope all esteemed members have experienced a memorable and fulfilling year. Time flies when you are having fun and soon the current Council will step down in April 2014. I look forward to settle back into the 'civilian' life.

I thank my lucky stars for a memorable journey as SDA President because of the immense support and encouragement from all our members. The credit must go to all these members who served and helped our Association progress.

I sincerely hope our activities have been meaningful and beneficial to you as SDA members. Hopefully this will inspire more members to step forward to serve in SDA especially in the Council. I dare say we have earned our well-deserved rest.

Inching towards IDEM 2014, I would like to remind members again to pencil in the dates in your diary. Secondly, the \$100 rebate for IDEM would only be given after the conclusion of IDEM. This is for administrative reason because some may want to cancel their registration at the last minute.

Finally, I wish you a safe and happy holiday.



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Elvin Ng
MediaCorp Artiste



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



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new

1 COMPLETE SENSITIVITY TOOTHPASTE

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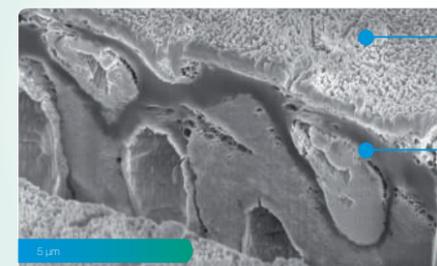
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In vitro studies show that a hydroxyapatite-like layer forms over exposed dentine and within the dentine tubules.^{7,9,10,12,13}



Hydroxyapatite-like layer over exposed dentine
Hydroxyapatite-like layer within the tubules at the surface

Adapted from Earl *et al.*, 2011 (A).¹³ *In vitro* cross-section SEM image of hydroxyapatite-like layer formed by supersaturated NovaMin® solution in artificial saliva after 5 days (no brushing)¹³



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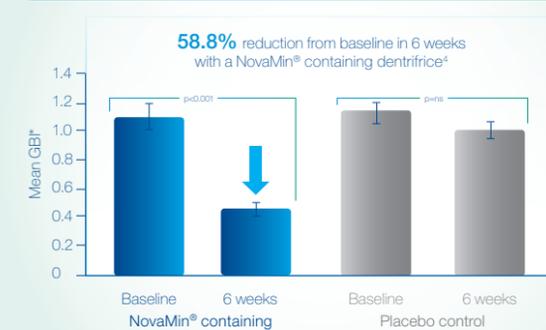
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In clinical studies, NovaMin® containing dentifrices have shown up to 16.4% improvement in plaque control as well as significant reduction in gingival bleeding index, compared to control toothpastes.⁴⁻⁶

Significant reduction in gingival bleeding index (GBI) over 6 weeks with a NovaMin® containing dentifrice⁴



Adapted from Tai *et al.*, 2006.⁴ Randomised, double-blind, controlled clinical study of 95 volunteers given NovaMin® containing dentifrice or placebo control (non-aqueous dentifrice containing no NovaMin®) for 6 weeks. All subjects received supragingival prophylaxis and polishing and were instructed in brushing technique.⁴ *GBI scale ranges from 0-3.



All-round care for dentine hypersensitivity patients¹⁻⁶

“

DENTISTRY IS WAY BEHIND IN EMBRACING NEW TECHNOLOGIES

”

The CAD/CAM and Digital Dentistry International Conference organised by CAPP Asia will again be held in collaboration with the Singapore Dental Association this year. Dental Tribune Asia Pacific spoke with the president of the organisation and Q & M Dental Group shareholder Dr Kuan Chee Keong about the association's decision to support the event and what it will do to advance dentistry in the city-state.

Q & A

with
Dr Kuan Chee Keong

“ Other countries in the region are catching up and it is a mistake to assume that Singapore will always be the leader in health care. We have to make an effort to stay abreast of the latest technologies. ”

DT Asia Pacific

This year CAPP Asia's CAD/CAM and Digital Dentistry International Conference will be held in Singapore for the second time. What was the response to the first event in 2012 from the dental community here?

Dr Kuan Chee Keong

The inaugural symposium was well attended, which was a pleasant surprise for all of us. When CAPP Asia first approached us with its proposal to organise a CAD/CAM symposium in Singapore jointly, there was uncertainty among members of the council whether to proceed. A few of us however made a strong pitch for it and fortunately we made a commitment to collaborate.

Feedback from dentists so far has been mostly positive and encouraging. However, we shall also be looking out for areas that need improvement.

DT Asia Pacific

What made you decide to support this event in the first place, and what in your opinion are its prospects?

Dr Kuan Chee Keong

When we were debating whether to collaborate with CAPP Asia, one argument was that CAD/CAM is a new and relatively unproven technology compared with conventional prosthodontics and therefore the Singapore Dental Association should not be involved in a CAD/CAM event.

Computerisation and advanced technologies however have become the future of dentistry. When I was in dental school, I never used a laptop but now it is an essential tool. A paperless dental office, digital imaging, online transactions and many other advances are just some examples of commonplace computerisation.

Shouldn't we face up to CAD/CAM? In fact, dentistry is way behind in embracing new technologies. High-tech industries are using 3-D printing and we are still struggling with digital impressions. Dentistry needs to be evolving constantly too.

DT Asia Pacific

Singapore dentists are usually among the first adopters of new technologies in Asia. How common is the use of dental CAD/CAM, and for what clinical purposes is it used the most to your knowledge?

Dr Kuan Chee Keong

Perhaps this question is better answered by suppliers like Fondaco Dental and others. There are no official statistics about the use of CAD/CAM to my knowledge. At Q & M Dental Group, we make use of it with CEREC 3D for fabricating crowns and bridges primarily.

DT Asia Pacific

In your opinion, what are the benefits of using dental CAD/CAM in clinical practice?

Dr Kuan Chee Keong

Less time is needed for the production of fixed prostheses. In addition, we do not need to fabricate customised trays or use impression materials, so waste can be reduced. This is a step in the right direction to be more environmentally friendly.

DT Asia Pacific

Singapore is poised to become an important hub for dental tourism. Will the use of dental CAD/CAM help to support this development in the long run?

Dr Kuan Chee Keong

Providing excellent dental care in shorter treatment time holds significant appeal to dental tourists. With travelling costs going down constantly, more people from the region will be able to fly to Singapore in the morning, have some porcelain prostheses fabricated using CAD/CAM and fitted almost immediately, then do some shopping before taking the late flight back home.

Singapore is not alone however. Other countries in the region are catching up and it is a mistake to assume that Singapore will always be the leader in health care. We have to make an effort to stay abreast of the latest technologies. The CAPP Asia conference is a good example of that.

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SDA - VOSA

Memorandum of Understanding

by Dr Kuan Chee Keong

On August 1st 2013, a MOU Signing Ceremony between the Vietnam Odonto-Stomatology Association (VOSA) & the Singapore Dental Association (SDA) took place at the Cultural Palace in Hanoi.

This momentous milestone is a culmination of the relationship gradually built up over the years between VOSA and SDA. This MOU is the first and very significant step towards closer ties between our Associations.

VOSA President, Professor Trinh Dinh Hai, and SDA President, Dr Kuan Chee Keong, inked the MOU in conjunction with the VOSA Scientific Convention in Hanoi. The occasion was completed with toasting of champagne and exchange of gifts.

VOSA and SDA share warm ties and IDEM has seen strong Vietnamese representations over the years. This congeniality and the mutually beneficial nature of the collaboration will ensure that this relationship forged by this MOU will last for a very long time.

It also helps that Professor Trinh and Dr Kuan share a close bond as their respective Associations'



▲ Professor Trinh showing his dexterity with a traditional Vietnamese bamboo string musical instrument.

Presidents. Having met many times at conferences and meetings, they had discussed many common issues on matters of the associations, dental healthcare and training, welfare of our respective members.

With this collaboration, we hope to bring benefits to both VOSA and SDA as we pool knowledge and resources to bring Continuing Professional Education to dentists in our countries.

▼ Cultural Performance on VOSA night

The 6th National Scientific Dental Congress & International Exhibition
Hà Nội, 1-3/8/2013



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FDI Annual World Congress at Magical Istanbul

Istanbul, the magical meeting place between the East and West, is the only city straddling both European and Asian continents. Just across the Bosphorus Strait and you are on a different continent. Many Istanbul residents live on the Asian side and commute to work on the European side of the city. The FDI Annual World Congress (FDI AWC) was held at the Istanbul Convention Centre on the European side of the city.

Istanbul's strategic geography has attracted many marauding armies on the march over the centuries. In the ancient time, Istanbul was the final stop of the legendary Silk and Spice Routes that linked Asia and Europe. Nowadays, Istanbul attracts friendly commerce visitors and tourists. In the Association Meetings Market survey in 2012, Istanbul hosted 128 meetings and was ranked 9th globally. (By comparison, the worldwide ranking of Singapore is 6th with 150 meetings and Vienna topped the list with 195 meetings.)

The 2013 Annual World Dental Congress turned out to be a tremendous success as it was not only the most successful FDI Congress in over a decade but also the largest ever Health related congress held in Turkey! The success of

AWDC 2013 was definitely the result of a team work, with the Turkish Dental Association lead by Professor Taner Yücel, FDI and our their local partner K2.

Professor Dr Taner Yucel reported FDI attendance which exceeded 15,000 with a record breaking 1650 abstract submitted. There were 29 hands-on courses and 103 lectures spread over 3 days.

It will be a hard act for Indian Dental Association to follow for the FDI New Delhi next year but the IDA President was confident because they have already received registration from 10% of their local dentists. The fact that they have 50,000 dentists in India really helps! Subsequently FDI will move on to Bangkok in 2015.

The Franchise Model will guarantee a few hundred thousands Euros income annually to FDI's coffers (Istanbul and New Delhi hosting franchise fee costs 400,000 Euros each). It is a model which I thought ought to be named 'Fixed Income' model. This model does not favor small countries like Singapore that are constrained by a small population of local dentists and which lack a manufacturing base. FDI will review this model again after the FDI Bangkok.



FDI Good News and Significant Development

The good news about FDI Treasurer was that the financial situation has stabilized and there was budget surplus for the first time in a few years. This has been mainly due to the efforts of FDI Treasurer, Kathryn Ann Kell, who introduced many austerity measures, for example, economy class travel, no per diem allowance and requesting host countries to sponsor FDI President's travel expenditure. To further reduce operating expenses, FDI will be relocating to another office which will be smaller and cheaper to run.

Another significant development that affects all dentists worldwide was the phasing down of amalgam. Fortunately, the targets of the FDI Resolutions on Dental Amalgam set forth in September 2010 were met by the Minamata Treaty to be signed in October 2013. It is worth to note that Dental Amalgam is the only product to be granted 'phasing-down' status. Another category of products for military purposes was granted exemption.

FDI delegate led ably by British Dental Association's Dr Stuart Johnston who had put in tremendous effort and he aptly used this as an example to stress the importance of FDI as one unified representation all National Dental Associations worldwide. He also stressed the value of working with partners like International Association of Dental Researchers (IADR), International Dental Manufacturers (IDM) and World Health Organization (WHO).

Throughout the Inter-governmental Negotiating Committee (INC) meetings, anti-amalgam lobbyists were mostly noisy irritants who played up catchy media-savvy messages which are devoid of science but unfortunately, they took up enormous amount of time and attention. In

addition, INC has agreed to delete clauses in the Minamata Treaty prohibiting use of amalgam in pregnant women and children because of lack of scientific evidence.

Political unrest in Turkey was generally absent throughout FDI but when Turkey's Health Minister gave his speech at the FDI Opening Ceremony, the tension was palpable. Large sections of Turkish dentists clapped, whistled and jeered throughout his entire speech. His bodyguards looked really tense with one hand on the earpiece and the other permanently tucked inside their jackets.

The Opening Ceremony at FDI is usually the highlight of visiting delegates especially the roll call of nations. The other Singapore delegate present was Dr Bertrand Chew. I managed to recruit Dr William Cheung together with his wife and daughter (who is a newly graduated dentist) to be Singaporeans for 10 seconds. When Singapore was announced, all 5 of us jumped up and cheered as loudly as we could. It was another memorable FDI experience until next year's FDI in Greater Noida, New Delhi "A billion smiles welcome the world of Dentistry".



▲ IDA reception



AWDC 2013 Key Facts & Figures

Attendance

Registration	8,102
▪ Dentists	5,836 (1,445 international)
▪ Students	826
▪ Technicians	94
▪ Office Staff	265
▪ Industry Representatives	100
▪ Press	148
▪ FDI / TDA Guests	833
Accompanying Exhibitors	1,692
Exhibition Visitors	5,803
Total	16,197



Origin of Participants

Top 10 Origin of Participants		Top 10 Origin of Registrations Only	
Turkey	8,664	Turkey	4,918
Germany	529	Germany	196
USA	312	USA	145
Sweden	270	Sweden	136
China	244	China	122
UK	243	UK	113
Australia	234	Australia	99
Iran	207	Iran	96
Canada	186	Canada	89
Japan	185	Japan	87

Exhibition

Exhibitors	271
▪ International	135
▪ National	136
Square meters (net)	5,825



Scientific Programmes

Scientific Halls	5
Number of Speaker	160
Abstract Submission:	1,586
▪ Oral	472
▪ Posters	1,084
▪ Posters Discussion	30
Industry Lunch Symposia	4
Hands-on Courses	29
Meet the Expert Sessions	16

Revenues

Items	Euros	Equivalent in USD
Registration	€ 1,161,000	\$ 1,550,000
Exhibition	€ 1,818,000	\$ 2,427,000
Sponsorship	€ 421,000	\$ 562,000
Others	€ 100,000	\$ 133,000
Total	€ 3,500,000	\$ 4,672,000

"The 2013 Annual World Dental Congress turned out to be a tremendous success as it was not only the most successful FDI Congress in over a decade but also the largest ever Health related congress held in Turkey"

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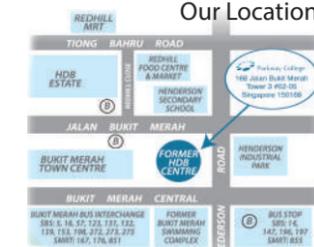
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UPDATES *from* DENTAL PROTECTION LTD



By Dr Kuan Chee Keong
Istanbul, Turkey

Note: For clarity, the term Dental Protection Ltd (DPL) will be used in this article and not Medical Protection Society (MPS) when referring to the professional indemnity organisation. DPL is a wholly owned subsidiary of The Medical Protection Society (MPS) which is the world's leading professional indemnity organisation for dentists, doctors and other healthcare workers. DPL, within MPS, is a mutual membership organisation meaning the mutual fund paid for by members' subscriptions remains owned by the members themselves. For more information, please visit DPL website: www.dentalprotection.org

On 30th August 2013, I had a very productive meeting with DPL representatives Dr Jane Merivale & Dr Stephen Henderson. I updated them on the claims status in Singapore which showed stability and expressed hope that our subscription will remain stable for 2014. SDA statistics showed a decrease in the number of cases and enquiries across the board as compared to 2011 and 2012. DPL's actuary will use these figures as well as DPL's own statistics to calculate next year's DPL subscription rates.

The usual experience we have is a marginal increase mirroring Singapore's inflation rate when the claims frequency and quantum are stable. In Singapore we are fortunate to avoid the sharp increase in claims costs seen in certain other countries. One possible reason for this could be that Aesthetic Dentistry is still in its infancy in Singapore. DPL hopes the dental profession will take risk management seriously and attend the DPL courses provided.

In Singapore, oral surgery and orthodontics has always been responsible for a disproportionate share of the cases and there were suggestions to follow our medical counterparts' example to charge rates according to specialties. It is worth stressing again that MPS/DPL is a mutual insurance company and the subscription is largely dependent on the claims profile all members of that country collectively.

With the recent introduction of SDC's Guidelines on Aesthetic Facial Procedures For Dental Practitioners, unsurprisingly, there have been concerns about the possible impact. Just a few weeks earlier, an oral surgeon wrote to MPS to enquire about subscription rates for Singapore dentists who are doing Botox and fillers, specifically whether they have to pay a higher premium or not. Unfortunately, MPS was unable to comment on this and I put this question to DPL. Dr Henderson replied that DPL would forward all relevant information to the actuary who would then make the necessary recommendations for the DPL Board to decide.

Singapore is a popular destination for expatriates both dentists as well as patients. Thus, the question about overlapping indemnity coverage was also brought up. For instance, a patient returned to his/her home country and subsequently an adverse outcome was discovered. Another example, an expatriate dentist migrated from another country or a local dentist migrated to another country. For DPL, two most important considerations in such situations are 'appropriate' and 'local' professional indemnity cover.

'Appropriate' cover means you have paid for the correct category of indemnity cover be it 'scheme' or 'direct', 'first/second year' or 'full rate', 'restricted practice', 'non-clinical practice' etc. The onus is on members to pay for the appropriate category. 'Local' cover means the geographic coverage where you are practicing. If you are treating patients in Singapore and another country, it is advisable to have indemnity plans in both countries. Our DPL subscriptions only cover our dental practice in Singapore.



▲ Dr Jane Merivale & Dr Kuan Chee Keong at Hilton Istanbul lobby at FDI Istanbul 2013

“
The advantage of using SDA's Ethics Committee is to prevent the spiraling of cost which ultimately will affect our DPL subscriptions.
”

Some expatriate dentists have existing coverage from their home country and it is highly recommended to have appropriate 'local' indemnity coverage. Movement of dentists is not an issue as the coverage still applies even if dentists have migrated or even retired. As long as the appropriate and local subscription was paid for at the time of the treatment which was performed in Singapore, DPL will act for the member.

For most adverse outcome situations, members are encouraged to approach SDA's Ethics & Practice Management

Committee for assistance. Members also have the flexibility of seeking advice from our legal advisor, Dr Myint Soe or any of the appointed panel lawyers or even directly from DPL's Dr Jane Merivale. The advantage of using SDA's Ethics Committee is to prevent the spiraling of cost which ultimately will affect our DPL subscriptions.

Members have also been requesting for DPL subscriptions payment using their credit cards. SDA's bank have requested for a standing instruction from DPL's bank before permitting such transfer. Another problem highlighted to the DPL team was regarding the subscription payment that the DPL office somehow

failed to register and resulted in these members unwittingly practiced without professional indemnity coverage. I found out that even our Malaysian counterparts have experienced a similar problem. Dr Henderson will highlight these operational issues with the head office in London.

Meanwhile, members are strongly advised to check their DPL certificates. Dr Jane Merivale is the country Dento-Legal Adviser for Malaysia and Singapore and she welcomes members' enquiry. You may contact her directly by e-mailing her at Jane.Merivale@mps.org.uk.

Stephen Henderson
LLM BDS
Senior Dento-Legal Adviser

Stephen is a full-time Senior Dento-Legal Adviser and a Specialist in Oral Surgery. He had five years full-time experience in hospital dentistry, followed by eleven years part-time (oral and maxillofacial surgery) and still works part-time in practice. Stephen has more than 20 years experience in general dental and oral surgery referral practice. He was an elected member of Oxfordshire LDC (between 1992 and 2004) and LDC Chairman between 1995 and 2003. Stephen regularly lectures on oral surgery and dento-legal issues. He currently follows the activities of the GDC and CHRE on behalf of Dental Protection.

Jane Merivale
LLM BDS
Dento-Legal Adviser

Jane worked in general dental practice for twenty-six years and owned her own practice for twenty years. She has been involved with Dental Protection since 1997 when she first started working as a Local Adviser. In 2004 Jane became an Associate Dento-Legal Adviser, working in the office on a part-time basis whilst still in practice and studying for her law degree. She began working full-time as a Dento-Legal Adviser in 2008. Dr Jane Merivale could be contacted at this e-mail address: Jane.Merivale@mps.org.uk

FACIAL AESTHETICS PROCEDURES



BY DENTAL PROFESSIONALS

On 22 August 2013, the New Paper published an article titled, "Dentists can do... Bleaching, Polishing, Scaling ... and Botox?" The article reported the move to allow dentists do aesthetic treatments draw strong reactions from the plastic surgeons. A similar report was published on Shin Min Daily News a week later in the local Chinese newspaper.

In The New Paper report, the journalist has sent a list of questions to SDA for comments on the day before and although the Council has provided our SDA's view points on this issue, these had unfortunately been omitted in the article.

SDA Council would like to take this opportunity to share with our members and readers our viewpoints on this issue of Facial Aesthetic Procedures provided by dental professionals.

Answers to the Media

by Dr Kelvin Chye Chuan Hee

Q: What are the SDA's comments regarding this new guideline, do you welcome this change?

A: The Singapore Dental Association is supportive of the new guidelines. However, it is not a change in policy but an evolution of existing guidelines as advances are made in

the field of aesthetic dental treatment. It does not mean dentists were previously prohibited from doing aesthetic dental procedures like Botox and now SDC is allowing it.

Aesthetic dentistry has been performed routinely for a very long time, for example, tooth-whitening or tooth-coloured fillings, veneers, orthodontics(braces) and orthognathic

surgery (braces with jaw bone surgery) and others. Just as modern material and advanced techniques have made tremendous improvements in dentistry over time, advances in knowledge have evolved to incorporate Botox and other aesthetic techniques or material into Aesthetic Dentistry.

These guidelines are additions to existing traditional protocols as adaptation to newer modern technique.

Q: Some plastic surgeons have expressed their concern over qualifications as well as patient safety; does the SDA think it might be an issue?

A: Actually, one of the most outstanding oral surgeons of the 20th century was Varaztad H Kazanjian who is remembered as the father of modern plastic surgery and he began his career as a dentist. He graduated from Harvard Dental School in 1905 and his life story is chronicled in the book titled "Miracle Man of the Western Front".

SDA and SDC understand and share their concern. Similarly, we were (and still are) concerned when we encounter cases of botched teeth-whitening or lip fillers done by untrained personnels in unlicensed premises like beauticians in beauty salons. That is the reason why the Guidelines are set in place to ensure adequate qualifications, proper procedures and

patient safety for those licensed dentists who practice such aesthetic dental treatments. The guidelines and licensing are strictly enforced by SDC which like SMC (Singapore Medical Council) has the power to strip the professional license of errant doctors or impose punishments.

In this sense, the SDC should be commended for their forward-thinking initiatives in providing sa feguards in these invasive treatments which naturally will be riskier than non-invasive types.

SDA on our part is keen to ensure the dentists are adequately trained and competent in providing these services to complement the dental aesthetic procedures that we already provide. SDA is already looking into providing high quality courses as part of our Continuing Professional Education. This is our commitment to the nation in elevating the overall standards of Dentistry and to ensure patient's safety and welfare.

Join us for a whole day symposium on the 15th February 2014 and learn more about facial aesthetics from the dentist's perspectives; co-organized by Singapore Dental Association and Le MinT's Dental Practice.

Do look out for further details at our SDA website: <http://www.sda.org.sg/en/index.php>



Local Newspapers Write-ups on aesthetics procedures done by dental professionals

Dentistry has UNDERGONE a Smile Makeover

by
Dr Myles Holt

Dr Myles Holt discusses new developments in Cosmetic Dentistry.

Dentistry has changed dramatically over the last few decades and I don't just mean through advances in materials and technology, patient comfort levels, TV's in the ceilings, friendlier Dentists and higher fees! The profession and our approach to treatment outcomes has evolved to epitomise the very essence of a cosmetically based health profession.

No other health specialty, perhaps with the exception of Plastic Surgery, has such a broad range of treatment modalities aimed solely at improving a person's aesthetic appearance. Even basic restorative materials and techniques have developed to be fundamentally based on cosmetics with this aesthetic goal sometimes even taking precedence over achieving the best therapeutic result.

Take, for instance, traditional silver amalgam versus newer white composite resin filling materials. Few Dentists across the globe would dispute that, when directly restoring a large cavity in a decayed tooth, the time-tested silver material provides superior clinical results and longevity – basically it works better! Yet despite this knowledge, very few Dentists use this



superior material (and even fewer patients would let them), all for the simple fact that it doesn't look good.

This is not an isolated case. Take also the choice between traditional gold crowns and newer white porcelain alternatives. Any Dentist worth their molars knows that gold is the grand-daddy of materials yet, apart from a disproportionate number of American rap artists, most patients will not accept having a visible chunk of gold on display for all to see.



▲ Gold is not always a winner

Another major development in the re-birth of Dentistry as a primarily cosmetic creature

has arisen in the realm of orthodontics. Clear, "invisible" braces are all the rage and this is in spite of the fact that, in the majority of cases, more traditional metal "train-tracks" would provide the patient with a less expensive option that achieved better results in less time.

None of this is really all that surprising in a modern world that has embraced baseless celebrity culture and where fashion and looking good have become major driving influences in society and benchmarks of success. Dentistry has merely been evolving to meet patient expectation and demand for the same level of priority to be given to dental aesthetics and the profession answered this call admirably – it is not possible to make teeth any whiter or straighter!

However one thing the profession has widely failed to do until now is to appreciate the fact that patients, and their appearance, are more than just a set of teeth. Cosmetic Dentistry has simply been ignoring the fact that a face is attached to the outside of the mouth and that there is a strong interconnection between facial aesthetics, dental aesthetics and the facial ageing

process. This has meant that the overall aesthetic outcome for patients was not what it could be if a broader picture and more comprehensive treatment approach had been taken by the Dentist.

Thankfully this is now changing with

many leading Cosmetic Dentists now learning to use their considerable aesthetic skills to enhance the appearance of the soft tissues framing a patient's new sparkling teeth by using treatments such as Botox and Dermal Filler injections.



▲ Traditional versus invisible tray braces.

“None of this is really all that surprising in a modern world that has embraced baseless celebrity culture and where fashion and looking good have become major driving influences in society and benchmarks of success.”

CHANGING THE FACE OF DENTISTRY

Patients don't just see teeth like traditional Dentists do. Their faces; their appearance; their smile goes beyond just beautiful teeth and is influenced by so much more – so, therefore, should Dentists when providing aesthetic enhancement in order to achieve overall success.



▲ A patient's overall appearance is only improved to a point by nice white, straight teeth. To complete the picture, Dentists must now treat the surrounding soft tissues as well.

Wrinkles, folds, depressions and a loss of volume in the soft tissues around the mouth all detract from the aesthetic appearance of our patients and until now, few Dentists have ever given this any thought.

Indeed many Dentists even proudly post before and after pictures (see below), on their websites with claims of making patients look 10-15 years younger just by treating the teeth. While there is no doubt that these teeth are now healthier, stronger and more attractive than before, we are kidding ourselves if we believe we are turning back the clock just by treating the teeth.

As a profession we have really come as far as we can to improve the appearance of teeth. In fact, often the whiter and straighter you make a person's teeth, the worse they can look and the more obvious and out of place our dentistry appears because we fail to account for what is happening immediately outside the mouth and to truly see what the patient, their friends, and family sees - the bigger picture of full facial aesthetics.

By incorporating simple, safe and effective facial injectable techniques, Dentists are able to use their understanding of aesthetics and their intimate knowledge of the facial region to achieve results for patients like never before. Dentists are the only health



▲ The teeth look younger, but does the patient? Using dermal filler to soften facial lines and Botox to reduce the gummy smile could have further enhanced results with a minimum of further effort.

professionals perfectly positioned to offer such a comprehensive, holistic approach to aesthetic facial treatment as we already work closely with the aesthetic aspects of the face all day, everyday; coupled with a superior understanding of facial anatomy.

In a nutshell, the new philosophy of Cosmetic Dentistry is about changing our view of what a smile is and creating true "smile" makeovers, not just the "tooth" makeovers of the past. Patients and Dentists should be striving to integrate facial injectable techniques to maximize treatment results.

Learn While You Cruise

Sign up for an enlightening course while taking on the aesthetic sights from Hongkong to Singapore.

**"TRUE SMILE
MAKE-OVERS,
NOT JUST TOOTH
MAKE-OVERS"**

The concept of complete dento-facial aesthetics accepts that we can achieve great results for the teeth, but that we must now go further to enhance these results for patients by using materials like Botulinum Toxin and Hyaluronic Acid to complete the picture – like framing our masterpiece – the Mona Lisa wouldn't look as good in a frame from Ikea!



▲ A simple lip enhancement and softening of the lines and depressions around the face, creates a more relaxed, healthier, more vibrant appearance in which shiny white teeth do not look out of place.

Traditionally, lines appearing on the forehead; between the eyes (glabellar region); and around the eyes (crow's feet), have been the most common areas treated with Botox in order to soften a patient's overall look, today numerous dental conditions can also be addressed using these injections.

Facial pain and discomfort caused by Temporomandibular Joint Disorders (TMD), clenching and grinding of the teeth, have previously been troublesome and complicated to treat. Often patients are forced to endure irreversible, destructive adjustments to their teeth and bite, only to find that this brings limited relief. The use of nightguards to protect against nocturnal grinding is often poorly tolerated by patients and does nothing to protect against day-time clenching or grinding.

Botox injections now offer a simple, safe and predictable alternative that can have the added benefit of reducing Masseter

muscle hypertrophy, making it useful to soften down a "square" jaw appearance that is common amongst Asian populations.

In the same way, a "Gummy Smile" traditionally required costly, painful and destructive surgery and can now be quickly and simply improved through the use of Botox injections outside the mouth.

Perhaps one of the biggest areas of advancement for Cosmetic Dentists has been in realizing the value and necessity in restoring volume and proportion to the lips that directly contact the teeth.

Dentists are perfectly positioned to be providing lip enhancements with Dermal Fillers and to correct areas of volume loss in the skin around the mouth. This is because Dentists are able to provide profound anesthesia to the peri-oral structures (unlike other health professionals), simply by administering local anesthetic as they normally do - in fact, such facial aesthetic procedures can even be performed during routine dental appointments, saving patient's both time and money.

Cosmetic Dentistry has only now really come of age. Accepting that we can make



▲ A square jawline caused by hypertrophic Masseter muscles can be softened using Botox injections.



Dr Myles Holt is a prominent Dentist based in Singapore.

A native of Melbourne, Australia, Dr Holt has over a decade of international experience spanning the UK, Europe, North America, the Middle East and Australasia and he is a rare breed of Dentist who understands the important concept of "complete facial aesthetics" and that a smile goes beyond just beautiful teeth.

With this in mind his practice focuses on combining the science of aesthetic dentistry with the art of facial rejuvenation in order to achieve cosmetic results for patients like never before.

Dr Holt is the current Director of the Australasian Academy of Dento-Facial Aesthetics (www.AADFA.net), an organization dedicated to providing education for Dentists on how to successfully incorporate procedures such as Botox and Dermal Fillers into their everyday dental practice for better overall aesthetic outcomes, greater patient satisfaction and increased profits.

teeth look beautiful, we can now ensure we take the broader view and ensure treatment provided inside the mouth harmonizes with the overall facial appearance. At the very least all Dentists should have an understanding of complete facial aesthetics and be able to refer to other facial aesthetic specialists (Dermatologists, Beauticians, Plastic Surgeons), in order to achieve the best results for their patients.

However, increasingly Dentists are realizing that they have the skills and knowledge to be able to offer this convenient service directly to patients themselves.



▲ Simple injections of Botox should be used in conjunction with other dental treatments like tooth whitening or veneers in order to complete the overall picture.

The Australasian Academy of Dento-Facial Aesthetics (AADFA) now runs Singapore's first training course specifically for Dentists on how to use Botulinum Toxin and Dermal Filler injections. This 2-day course is the only accredited training for Dentists, in line with the new guidelines from the Singapore Dental Council.

The face of Cosmetic Dentistry has certainly changed.



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Clinical case by Dr. Fred Calavassy - Veneers



Dr. Fred Calavassy currently maintains a private practice in Sydney, Australia centred around his passion for comprehensive aesthetic rehabilitation. He is a fellow and clinical instructor for the prestigious Las Vegas Institute for Advanced Dental Studies, completing courses in aesthetic reconstruction and advanced neuromuscular occlusal philosophies. He continues teaching for LVI Australia as a featured clinical instructor.

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DENTISTRY - THE FUTURE IS NOW

Speaker Highlights:



Gordon J. Christensen
Founder and Director of Practical Clinical Courses (PCC) and Chief Executive Officer of Clinicians Report Foundation (CR), USA



Derrick Setchell
Hon. Professor of UCL and Hon. Consultant, Eastman Dental Hospital, United Kingdom



Nigel Pitts
Director of the Innovation and Translation Centre for the Dental Institute, United Kingdom



Young Guk Park
Deputy Dean and Head of Orthodontics, Kyung Hee University School of Dentistry, South Korea



John Molinari
Director of Infection Control, The Dental Advisor, Michigan, USA



David W. Paquette
Professor and Associate Dean for Education at Stony Brook University School of Dental Medicine, USA



Benoît Philippe
Oral-Maxillofacial Surgeon (MD), France



Chun-Pin Lin
Dean of School of Dentistry, National Taiwan University, and Director of Department of Dentistry, National Taiwan University Hospital, Taiwan



David Bartlett
Head of Prosthodontics at Kings College London Dental Institute, United Kingdom



Samuel B. Low
Professor Emeritus, University of Florida, College of Dentistry, USA



Ken Hargreaves
Professor and Chair of Endodontics, Professor of Pharmacology and Physiology, University of Texas Health Science Center, USA



Barry Freyberg
Technology Director for the Scottsdale Center for Dentistry, and Consultant to the American Dental Association Council on Dental Practice, USA



Dean Morton
Professor, University of Louisville School of Dentistry, USA



John O Burgess
Professor, Asst. Dean of Clinical Research, University of Alabama at Birmingham, USA



Will Martin
Clinical Associate Professor, University of Florida's College of Dentistry, USA



Ray Williams
Professor of Dental Medicine and Dean of the Stony Brook University School of Dental Medicine, USA



Chatchai Kunavisarut
Assisting Program Director, Mahidol University, Thailand

PART OF IDEM SINGAPORE 2014



#NewDentistForum NEW

Aside from the main scientific conference, dentists within 7 years of graduating with a dental degree and final year dental students will enjoy two unique and exclusive sessions to provide them with the foundation for success in the early stages of their career.



Dental Technician Forum NEW

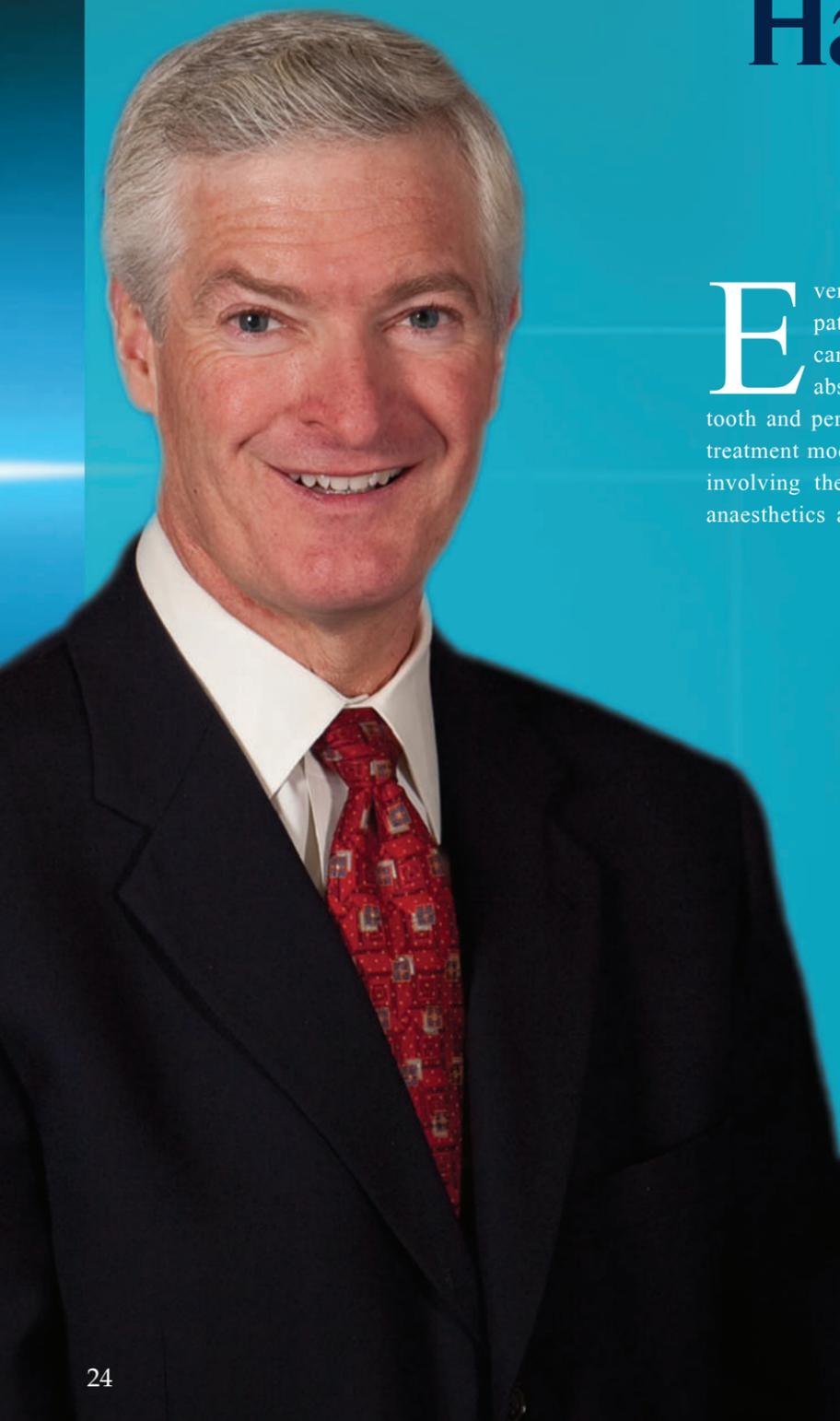
This 2-day dedicated program includes groundbreaking lectures from the industry's key opinion leaders, focused entirely on the latest advances in the dental laboratory.

Dental Hygienist and Dental Therapist Forum NEW

Dental Therapists & Dental Hygienists from the region will have the opportunity to learn about new developments in their field, to meet and network with fellow colleagues.

IDEM 2014 Speaker

Professor Ken Hargreaves



Every day dentists all over the world deal with patients in acute dental pain emergencies. Pain can be caused by numerous conditions such as abscess, irreversibly inflamed pulp, a fractured tooth and periapical disease, all of which require different treatment modalities to tackle the root of the problem often involving the prescription and administration of analgesics, anaesthetics and NSAIDs (Nonsteroidal anti-inflammatory drugs) to manage of pain.

We speak with Professor Ken Hargreaves; his area of research focuses on the pharmacology of pain and inflammation and he will be speaking at IDEM Singapore from 4-6 April 2014 on the latest information on NSAIDs, acetaminophen-containing analgesics and local anaesthetics and their application in acute dental emergencies.

1. What are the factors that can contribute or hinder proper management of acute dental pain emergencies?

Ideal pain control starts before you even see your patient. Developing a logical and efficient plan or algorithm before the dental emergency allows the clinician to be much more efficient when treating these patients and maximizes the results. One great way to develop this plan is to attend CE lectures devoted to this topic, such as the one to be presented at the 2014 IDEM meeting.

2. How important is a proper diagnosis in determining the cause of pain?

Our pain control plan is called the “3D” approach, which consists of Diagnosis, Dental Treatment and Drugs. An accurate diagnosis is the first and essential step for treating the emergency dental pain patient.

3. What else could be done to manage the pain when a proper diagnosis couldn't be reached other than referring the patient to a specialist?

Understanding mechanisms of dental pain and the role of central sensitization in referred pain will greatly reduce the number of cases where a pain diagnosis cannot be made. Using the latest evidence, the vast majority of acute pain emergencies can be rapidly diagnosed and treated. These topics will also be covered at the IDEM meeting.

4. How should NSAIDs, analgesics and anaesthetics be used, on their own and in combination with each other when managing pain?

Fortunately, there are an increasing number of clinical trials demonstrating the analgesic benefits as well as potential adverse effects of different analgesics and anaesthetics for treating dental pain emergencies. Using these studies, one can develop an efficient and logical approach for using these drugs either alone or in combinations capable of producing synergistic relief of acute pain. We will spend considerable time reviewing the conclusions from these studies and summarizing an evidence-based approach for managing pain.

5. To what extent can dentists adjust the prescription and administration of NSAIDs, analgesics and anaesthetics to suit individual patients with different needs and thresholds?

Other than treating children, where dose ranges are highly developed, the primary factor in selecting drugs and their combination is the level of pre-operative pain. The rationale for using pre-op pain as a decision point is based on the finding that pain before a dental procedure highly

predicts pain after the procedure. Thus, the astute clinician can “adjust” their selection of post-treatment analgesics even before providing care to their patient.

6. When using local anaesthetics, why is it important to use long-acting ones?

Long acting local anesthetics help to reduce central sensitization and therefore can reduce pain for days after a single injection. The rationale for this conclusion and tips on how (and when) to use long-acting local anesthetics will be reviewed at the IDEM meeting.

7. What are the pros and cons of pre-treating patients with NSAIDs versus acetaminophen to delay the onset of post-operative pain?

New evidence is emerging on the benefits and potential adverse effects of these drugs when administered alone or in combination. The latest results will be distilled into clinical guidelines at the IDEM meeting.

** We would like to thank Dr Ken Hargreaves for allowing us to publish this Q&A on Managing Acute Dental Pain Emergencies for the publication*

“The rationale for using pre-op pain as a decision point is based on the finding that pain before a dental procedure highly predicts pain after the procedure.”





10th anniversary of the Oral Health Month

by Dr Maung Than Zaw Oo

The Oral Health Month is an annual campaign that aims to reach all Singaporeans via a month-long initiative to promote 'Superior Oral Health' through free dental check-ups and interactive education on superior oral health.

Held in partnership with the Singapore Dental Association (SDA) and supported by the Singapore Health Promotion Board (HPB) and the Singapore Dental Health Foundation (SDHF), the campaign is held throughout the month of August every year.

2013 is particularly significant with it being the 10th year anniversary of the campaign. It also celebrates the decade-long partnership between Colgate and the Singapore Dental Association (SDA). This year's theme is "Let's aim for Superior Oral Health: A healthy life starts with a healthy mouth" – educating the public on the link between oral health and overall health. The event highlights that a healthy

life in general begins with good dental care. The public was provided with oral health care instructions through the various multimedia, in hope to increase further awareness on the impact of oral health on general health and vice versa.

The launch of the 2013 activities this August sets off an entire month of free dental check-ups nationwide. There were five key marquees where the public get to enjoy expert advice, oral health information and tutorials, kids' education zone with games, live tooth brushing demonstrations, and free Colgate product samples:

- Toa Payoh Hub Aug 2-4
- Compass Point Main Atrium Aug 5-11
- Causeway Point Aug 12-18
- Vivo City Aug 19-25
- White Sands Atrium Aug28- Sep 1

Complementing the marquees were 297 participating dental clinics nationwide where the public can receive their free dental check-up.

The Oral Health Month opening ceremony and press conference was held on Tuesday, 6th August 2013, at Compass Point. It was attended by Associate Professor Patrick Tseng, Chief Dental Officer of the Ministry of Health; Dr Kelvin Chye, Vice-President of the Singapore Dental Association; Mr. John Hazlin, Managing Director of Colgate-Palmolive Malaysia, Singapore and Brunei; Mr. Arvind Chintamani, Marketing Director of Colgate-Palmolive Malaysia, Singapore and Brunei; Dr Seow Onn Choong, President of the Singapore Dental Health Foundation and Dr Shyamala Thilagaratnam, Director of Healthy Ageing Division, Singapore Health Promotion Board.



▲ Opening Ceremony of Oral Health Month at Company Point

Dental Officer of the Ministry of Health, said: "Oral health is an aspect of well being that must be considered holistically, with every individual assuming a personal responsibility for his own health and wellness. I urge Singaporeans to take charge of their oral health and to bring the whole family for a dental check-up. This is a great opportunity to learn together and take the first step to a healthy mouth for a healthier life."

Dr Kelvin Chye, Vice-President of the Singapore Dental Association, explained: "If you feel or suspect that something is not right in your mouth, please visit your dentist and have it checked. Better yet, do not wait for pain or discomfort to come up. Visit your dentist regularly. Trust that he has the skills, training and expertise to identify and address all your oral care needs."

John Hazlin, Managing Director of Colgate-Palmolive Malaysia, Singapore and Brunei, said, "Colgate and the partners of Oral Health Month had a vision to give back to the community, so we pioneered a month-long campaign that brings dental check-ups, expert dental advice and oral health education closer to the people. To date, we have reached out to more than 191,253 Singaporeans, stressed the importance

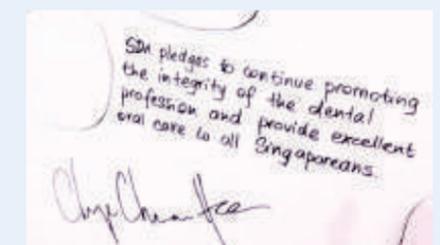
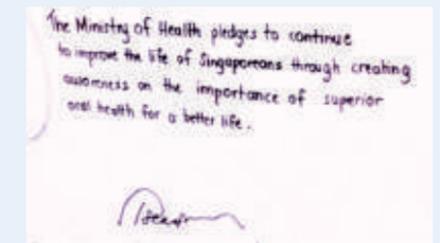
of dental visits in early childhood, and addressed a special needs group - the diabetics."

The highlight of this year opening ceremony was having the various organisations' pledges to improve the oral health awareness of the public.

The Ministry of Health pledges to continue to improve the life of Singaporeans through creating awareness on the importance of superior oral health for a better life.

SDA pledges to continue to promote the integrity of the dental profession and provide excellent oral care for all Singaporeans.

Colgate pledges to continue increasing public awareness on the importance of superior oral health for a bright smile and healthy life.



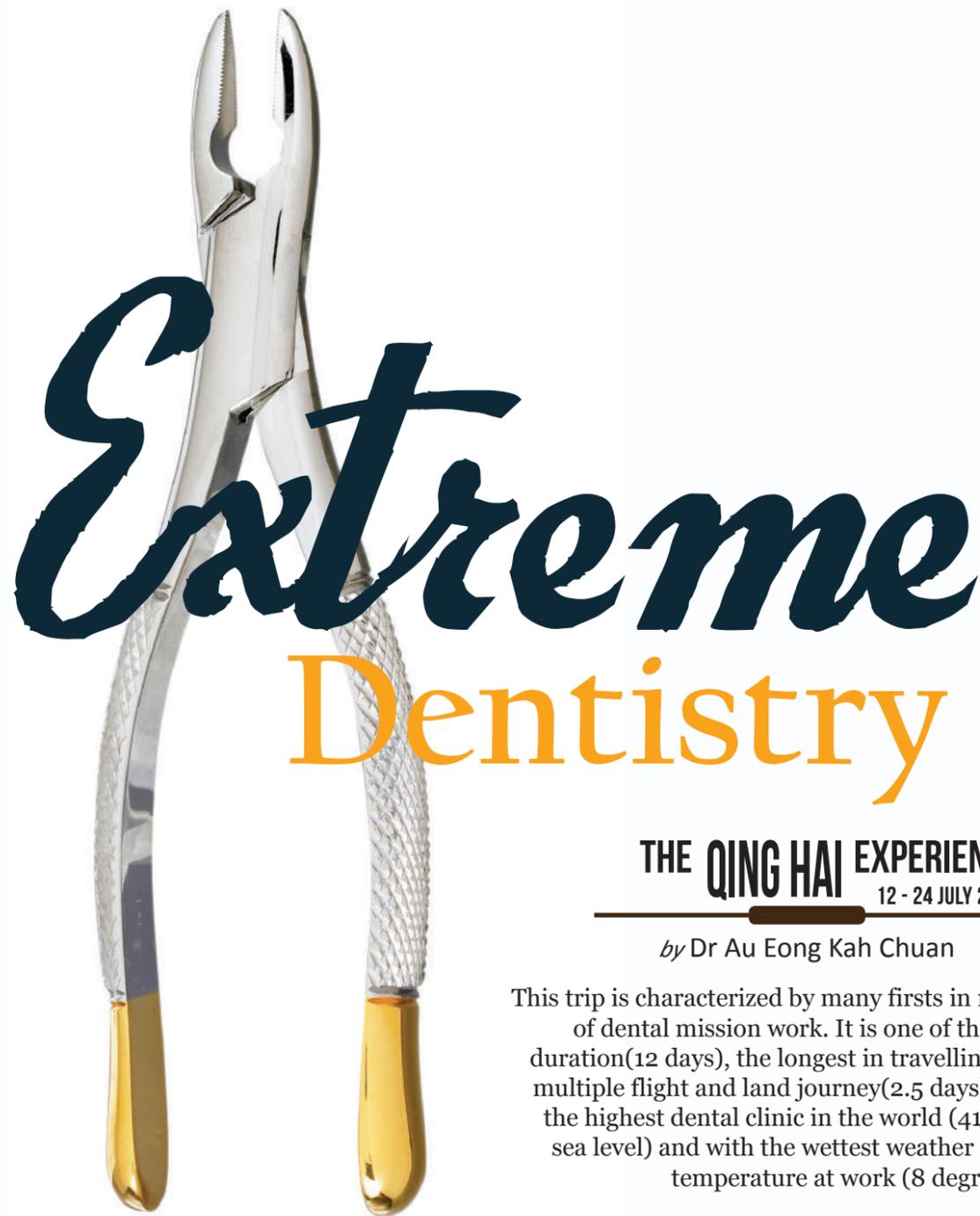
▲ Pledges written by the Ministry of Health and SDA respectively

Public could join in the pledge-making ceremony and receive goodie bags in doing so.

The enthusiastic participation of the public, 3388 of them was indeed very encouraging and it showed that the Singapore population is aware of the need for routine dental check up and its benefit.

Finally, I would like to thank all the volunteers who selflessly spent their weekends for our event. These volunteers don't just do the work, they make it work!

“The Ministry of Health pledges to continue to improve the life of Singaporeans through creating awareness on the importance of superior oral health for a better life.”



THE QING HAI EXPERIENCE
12 - 24 JULY 2013

by Dr Au Eong Kah Chuan

This trip is characterized by many firsts in my 15 years of dental mission work. It is one of the longest in duration (12 days), the longest in travelling time with multiple flight and land journey (2.5 days), probably the highest dental clinic in the world (4100m above sea level) and with the wettest weather and coldest temperature at work (8 degree Celsius).

Qing Hai province is located in the north-west of mainland China and is situated on the Qing Hai-Tibetan plateau. The flight to Yu Shu from Singapore was accomplished with 1 international flight to Ku Ming, and with 3 domestic transfer flight from Ku Ming to Xi An, then to Xi Ning, and Xi Ning to Yu Shu over a period of about 2 days. Yu Shu city was hit by a 7.1 magnitude massive earthquake in 14 April 2010 that killed almost 2800 people and caused widespread damages. The city is currently undergoing extensive rebuilding from last seismic catastrophe. The Yu Shu airport is located almost at 3200m above sea level and is the starting point of another 8 hours road trip through the mountainous terrain of this high altitude region.

The picturesque road trip crosses numerous undulating roads with hairpin loops that transverse mountains with great green plain with grazing yaks and horses. The road condition was extremely comfortable for the first two third of the journey due to the well build infra-structure, but the last one third was rough and bumpy as we had to entered into the raw mountainous terrain of the Tibetan region.

We finally reached the monastery, located at 4100m above sea level that we are supposed to live and work for the next 6 days. The effects of acute mountain sickness (AMS) immediately hit us the moment we exert ourselves slightly like carrying our luggage and climbing up the slope or stairs. The sight of the green mountains in the clouds was “breath taking”, no pun intended, as we enjoy the view while taking extra-deep breath to compensate for the low oxygen content. All of us were worn down by the long journey and thus had to retire early to recover for a long day of work tomorrow.

The weather here was wet and warm because it was summer time. The lowest was about 8 degree and the highest was about 21 degree Celsius. Imagine the temperature in winter freezes to as low as minus 30-40 degree Celsius. Life is hard and harsh as the locals have to tolerate the extreme temperature, altitude and the difficult rough mountainous terrain.

We used 4 of the tents used by the Chinese government during the rescue mission from the last earthquake as our temporary clinics. These tents were set for general medical treatment, gynaecological treatment, dental clinic and the last for the sterilization cum optical department.

The floor of the dental clinic area was wet and muddy making the ground quite unusable for the purpose as a clinic. Fortunately, we were able to get a few pieces of plywood planks that act as



▲ Great green plain with grazing yaks and horses.

our new floor, like the “pasar malam” style used for our local mobile markets, thus making working in the tent more bearable. We set up 2 stations for restorative work, 1 for scaling and 3 extraction stations to treat the villagers. The coldest and wettest day of our work is about 8 degree Celsius with us wearing our jacket and surgical gown to keep ourselves warm. Holding the cold extraction forceps is quite an interesting experience because it felt like the metal instrument just came out of the refrigerator!

“ It’s not rare to see a 35-45 year old villagers with a good set of teeth with just carious wisdom teeth only. ”

The dental patient pool came from the surrounding mountains are farmers, yak herders, with many nuns and monks from the surrounding monasteries. Some of the villagers had access to

dentistry in the nearest town in Nu Chiang, which is about 4 hours road trip, evidence by the many fashionable gold crowns on their anterior teeth that was so popular in our grandparent days. The poorer villagers will not have the means of money or transport to go the town for treatment. A few of them came with trismus due to pericoronitis, with one lady who presented with trismus that leads to an external facial sinus.

The dental conditions of the locals were not too serious probably due to lack of access to sugar and their vegetarian based diet. It’s not rare to see a 35-45 year old villagers with a good set of teeth with just carious wisdom teeth only. Occlusal wear on the teeth is also a common problem due to the coarse vegetarian diet and compounded by the extremely cold water and air, making tooth sensitivity a common complaint. The other problem complained frequently by the younger generations is the brownish stain of enamel hyperfluorosis on the incisors probably due to the high mineral content of the water source here. One of our dentist, Dr Bey Yee Hau, manage to please some of patients with impromptu micro-abrasion therapy by mixing etchant with pumice

and scrubbing with his gloved fingers on the affected teeth to remove or lighten the unsightly stains. That's what I call "digital dentistry" at work!

The medical doctors helped the villagers with their common ailments of aches and pains due to strenuous farming chores and especially osteoarthritis of the knees worsened by the climbing of steep terrain. Gastritis is another common complaint due to their oily and spicy diet. The gynaecologist managed to see some female patients with menstrual and pregnancy issues. We also set up a free eye glasses for long-sightedness (presbyopia) which is highly important to them as many of the farmers here supplement their livelihood by searching for cordyceps during the spring time. Cordyceps are actually the caterpillars of the Himalayan bat moths that have been infected with a specific species of fungus (*Cordyceps Sinensis*) that parasitically replace the larva with itself. These cordyceps only protrude through the glass land 1-2cm above ground and the hunter has to crawl on their knees to search for these highly priced medicinal products that is almost as expensive as gold in weight. The loss of keen vision to long-sightedness may put an end to their livelihood of these farmers.



▲ Patients at the registration

Every night, almost all of us are affected by AMS with mild to severe nagging headaches, breathlessness and palpitation. Breathlessness is common too as we had to climb some flight of stairs or up and down the treacherous slopes between our lodging and worksite few times a day. We had to take prophylactic Paracetamol to relieve our nightly headaches. The extremely cold weather and water temperature of about 8 degree Celsius make bathing bitterly painful and impossible thus allow me to push my

hygiene limit of not bathing for 8 days, a personal record.

After working the whole day on the mountain, what else can we do in this area other than to spend some time exploring other mountains, enjoying the beautiful sights and smell of the countless wild flowers that covered every mountain slopes. The day is long with the sun only set till it was almost 8.30pm. We spend our rest day doing a morning trek along the rivers with the guidance of a local young Tibetan



translator. We saw some wild mountain goats and hares. I found some goat skulls and a beautiful yak horns along the river bed that I thought would make a great souvenir but to my great disappointment and dismay, they were later confiscated by the immigration officer at Yu Shu airport!

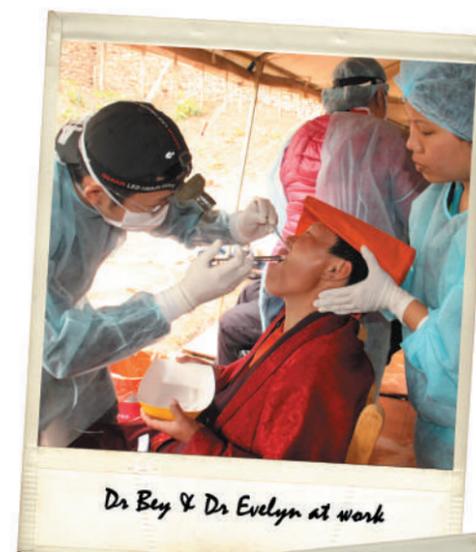
We were fortunate to witness an important religious ceremony during our stay here. The yearly grand and elaborate Tibetan dances by the monks that portray the struggle of good against evil ritual were the main religious event of the year. Many villagers came to the huge tent to watch this significant dance and the atmosphere was that of a kind of festivity with other tents selling food, drinks and household goods. It's like a kind of strange feeling to find such a large religious gathering in the middle of "nowhere" high up in the remote mountain. We were invited by the Rinpoche, means the "precious one", a reincarnated lama of Tibetan Buddhism, to a lunch at his monastery. This gave us a chance to taste their local food like the corn flour mixed with yak milk and butter and other interesting dishes. The best dish of the day was the preserved uncooked yak meat, air-dried, mouldy and tough on the outside yet soft, juicy and tasty on the inside, almost like sashimi of the yak kind, like carpaccio.

Five working days just come and goes with a blink of an eye, treating over a few hundreds of patients that needed our help. The most emotionally touching moment was when at the end of the last day of work, we were all awed by what we saw, a group of 5-6 patients, young and old, walking up the mountain on the way home to their village over the mountains. It was heart-breaking to literally witness such an arduous 3-4 hours journey they took to visit us at the clinic. We took it likely when we causally asked where they came from and they told us "just

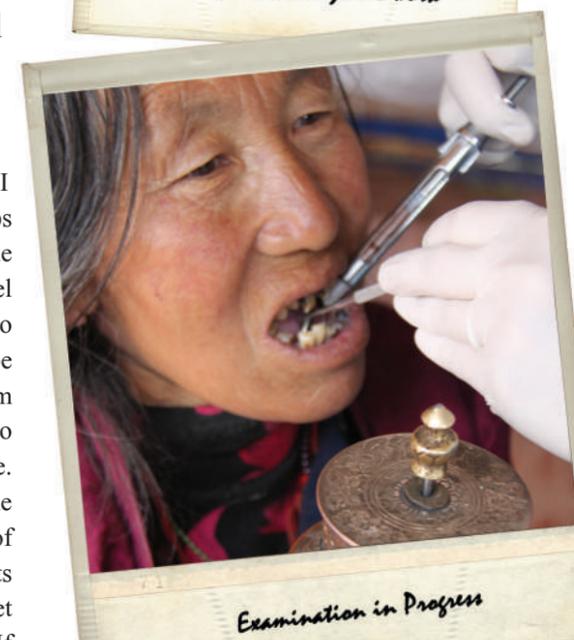
over the mountains". You will not appreciate the meaning of the "just over the mountains" until you had walked the mountains. This sight of them climbing home during that evening was "the moment of the day" and it was so painful that it made one of our dentists literally in tears.

" These are some of the reasons why I keep volunteering for such trips where I will need to walk the mountains" to understand and feel how others feel and lived. "

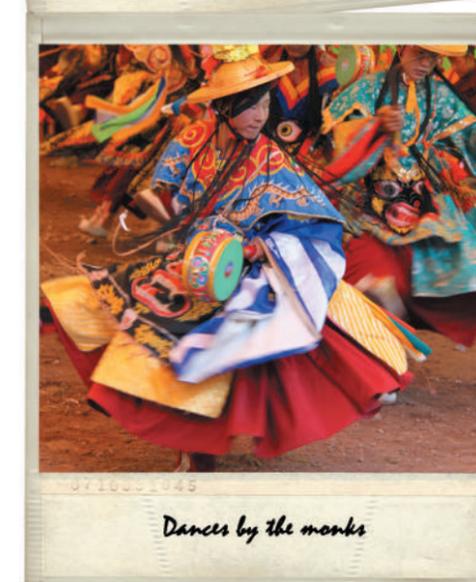
These are some of the reasons why I keep volunteering for such trips where I will need to "walk the mountains" to understand and feel how others feel and lived. And also to feel how fortunate I am to be able to be in a position to help them because helping them allow to me to feel the true meaning of gratitude. The more intimate connection to the people of the world during many of such trips also highlights the facts that we are all so much different yet so much the same in many ways. If we cannot feel the pain and suffering of our fellow human beings, then we shall not be a human being, let alone, being a health-care worker. The day you lose your ability to feel the pain and suffering of another human being, I think that the day you "die" emotionally inside. Health-care professional is an occupation for those with compassion and not for those who want to earn a quick buck. I am deeply disturbed by the current numbers of doctors and dentist that are out there just for the money rather than to take care of fellow human being. Food for thought for all of us, especially those in the health-care professional.



Dr. Bey & Dr. Evelyn at work



Examination in Progress



Dances by the monks

Behind a perfect Smile

“No, my friend, I am not drunk. I have just been to the dentist, and need not return for another six months! Is it not the most beautiful thought?”

*Poirot.
- Agatha Christie, One, Two, Buckle My Shoe*

This article is contributed by Consumers Association of Singapore (CASE)

Anxiety and cost are the two main reasons behind why Singaporeans do not visit the dentist regularly. Faced with the choice of enduring a bad toothache or going to the dentist, we usually try to ride out the bad tooth instead. However, the best method to see less of your dentist is, ironically, to visit him regularly every six months to a year.

However, not all dental problems are successfully resolved. Occasionally, the Consumers Association of Singapore (CASE) receives complaints about dentists, such as pricing concerns, defective dentures or even a failed wisdom tooth extraction.

From January 2010 to mid-September 2013, CASE handled an estimated total of 44 cases (filed and assisted) involving dental services. The top nature of complaint was unsatisfactory services provided by the dentists or dental clinic, followed by overcharging and failure to honour the agreement between the dentist and the dental patient.

Year	Cases
2010	14
2011	13
2012	10
2013 (Jan 20 - Sep)	7

**Filed cases are cases whereby consumers authorize CASE to handle on their behalf. For assisted cases, CASE will help consumers to draft a letter, and the consumers will approach the vendors themselves.*

So what should you take note of before, during and after visiting the dentist?

BEFORE

Read up on the subject
The Ministry of Health website has a section on dental services (www.moh.gov.sg) that features information such as the average fees for dental procedures at public institutions and private dental clinics. You can also browse the National Dental Centre Singapore’s website (www.ndcs.com.sg) for articles on dental health and treatment, such as pediatric dentistry, bad breath or teeth whitening.

Compare prices
You can compare prices for a specific dental treatment by asking the dental clinic for a quotation. Remember to find out about possible chargeable items, such as missed appointments, additional fillings, etc.

Beware of misleading or false claims
Beware of exaggerated or misleading claims for dental treatments or products. Under the Singapore Dental Association (SDA) Advertising Guidelines, no product by itself is capable of eliminating all oral diseases; therefore, advertisements should be clearly positioned on the concept of the product’s capacity to contribute to oral health within the context of a total oral health program.

Case #1

Lily* was attracted to a poster stating a free dental checkup. The nurse ushered her into the consultation room where the dentist performed a check. The dentist cleared the tartar and polished Lily’s teeth. The dentist also took an X-ray. When her treatment was done, Lily was issued a bill of \$233.80. She found the charges exorbitant and paid in protest. The gum treatment itself costs \$150. This is unjustified as Lily was under the impression that the basic checkup was free. She requested a partial refund and her X-ray documents expeditiously.

Outcome: CASE assisted Lily to obtain a refund of \$117 and a copy of her X-ray documents.

* Please note that names have been changed to protect the privacy of the consumers.

Case #2

Mr Tan* consulted a dentist regarding his tooth problem. An x-ray was then taken. The dentist showed Mr Tan the film and said he needed to have a molar extracted. When Mr Tan queried about the price, the dentist quoted him \$600-800. As it was too expensive, Mr Tan declined. The dentist then proceeded to do three fillings, followed by enamel cleansing and scaling. Upon payment at the counter, Mr Tan was shocked that the bill was \$450. Although the dentist did tell him the type of treatment, the dentist however did not tell him the costs incurred. Mr Tan seeks a reasonable refund of \$200.

Outcome: CASE assisted Mr Tan to obtain a partial refund of \$100.

Case #3

Mohammed* approached a dental clinic for scaling of his teeth and filling for one tooth. Before the appointment, Mohammed called the dentist to enquire on the estimated cost of the scaling and filling and was told that filling would be from \$60 onwards. Mohammed was charged \$450. He requested a breakdown and the clinic sent him the invoice 10 days later. Mohammed realised that he was not informed about the consultation fee and fluoride application fee. Furthermore, the clinic also informed him that the X-ray cost \$40 but Mohammed was billed \$80. Additionally, Mohammed only did one filling but the clinic billed him for two fillings. Mohammed felt overcharged and requested for a refund of \$250.

Outcome: CASE assisted Mohammed to obtain a partial refund of \$100.

DURING

Find out about the exchange/refund policy
Ask the clinic about the refund and exchange policy for long-term specialised dental products, (e.g. dentures). The agreement you sign should have a provision that allows you to return the product to the clinic in event of a need for repair or maintenance.

Be clear about the terms and conditions
Take note of the terms and conditions of the agreement. You should not sign any agreement with medical terms or conditions that you do not understand. You should also ensure that verbal promises are written down in the agreement.

Consult a specialist
Get a second opinion by consulting a specialist who can decide which dental treatment or product is most appropriate for your needs.

AFTER

Know your redress options
If you encounter unfair practices when going for your dental treatment, you can approach CASE for assistance if you are unable to resolve the dispute on your own. Besides CASE, you can also approach SDA for mediation, where trained mediators will encourage both parties to work through the dispute and arrive at an amicable settlement.

In the end, as much as you might dread going to the dentist, dental appointments are still essential for you to maintain a healthy set of teeth. Don’t you think that the pain and inconvenience were totally worth it when you look into the mirror to see sparkling white teeth and a perfect smile?



The indomitable & irascible Travelling Gourmet goes to the Land of the Rising Sun to be...

MESMERIZED by Mickey Mouse & Minnie Mouse in Tokyo Disneyland and Tokyo Disney Sea!



Terrific Tokyo Disney Resort Celebrates its...

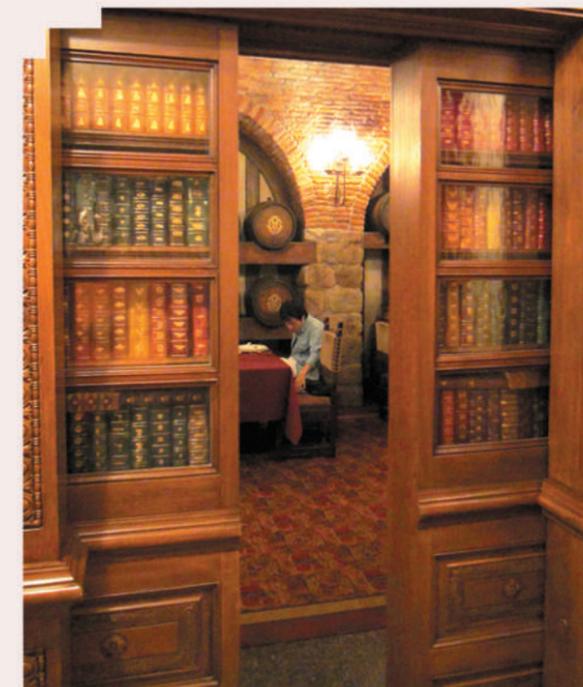
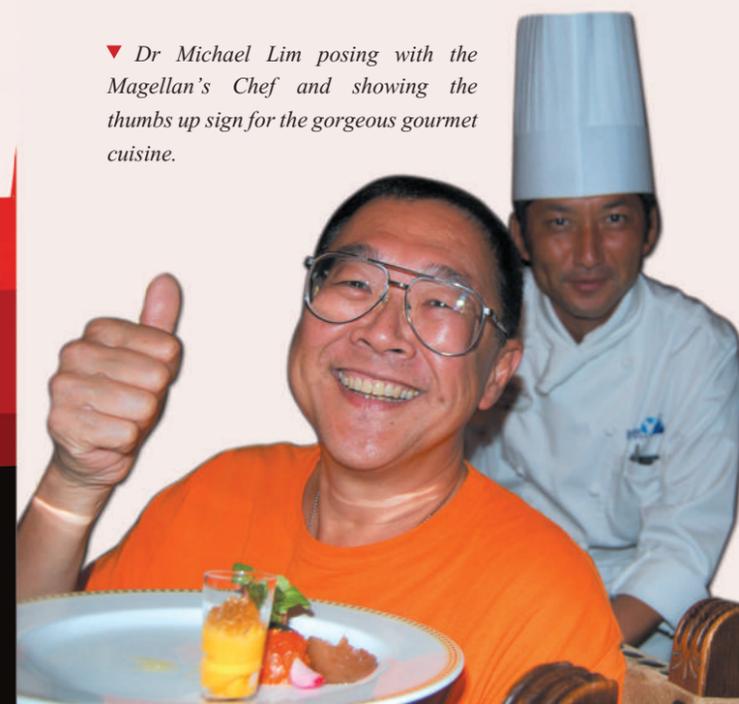
MAGNIFICENT 30th Anniversary dubbed "The Happiness Year" !

Located in Urayasu City just by the mysterious waters of Tokyo Bay, Tokyo Disney Resort comprises Tokyo Disneyland & Tokyo DisneySea! I have been to many Disneylands in Anaheim, California, in Paris and in Walt Disney World Orlando Florida...and this Disney Resort is unequivocally one of the Best! The area of 176 acres has the Arabian Coast, the Lost River Delta, Mediterranean Harbour, Mermaid Lagoon and more.

There is a sense of positive energy and good vibrations here. Everyone has a happy aura. At 9am when the theme park opens, the local Japanese with a sprinkling of expatriate caucasians and some communist Chinese tour groups rush in and literally, I kid you not, JUMP for joy! I did the same and I am not ashamed to tell you this, Ha! Ha! Then it is picture time with Eeyore, Robin Hood the Fox, Friar Tuck, Winnie the Pooh and many other favourite characters!

The parades at Disneyland are gorgeous with all the characters you love like Mickey Mouse and Minnie and Winnie the Pooh! However, wait till you see the seaborne parades and shows at Tokyo DisneySea! The brightly illuminated and ueber colourful seaborne Parades and floats are drop dead spectacular! I have never seen such magnificent and stunning displays like Fastasmic at night with Sorcerer Mickey!

▼ Dr Michael Lim posing with the Magellan's Chef and showing the thumbs up sign for the gorgeous gourmet cuisine.



▲ Secret doors open to reveal a VIP Dining Room in the Wine Cellar of Magellan's!

Gorgeous Gourmet Cuisine!

Bright and early the next morning, I strolled into Tokyo DisneySea to be welcomed by the titanic Aquasphere of Earth balanced on jets of water. As well as Westernland, Adventure Land, Porto Paradiso, Arabian Coast, Venetian Gondolas and much more, there are also many gourmet restaurants in Tokyo Disney Sea. One of my favourites is Magellan's in Fortress Explorations. Before going to dine I love to fire all the cannons on the square rigged galleon anchored beside the Fortress. They are very realistic and when you fire them there is "Smoke" & a loud Bang! Named after the famous explorer, the decor and ambience of Magellan's is like that of Chateau de Saran in Champagne, France. The restaurant is on the second floor of a rotunda, which is dominated by an immense globe.

Dine like 007...

My all time favourite dining area is the Wine Cellar... where there is a wall of books on shelves, but...at the press of a secret button a la James Bond 007, the "bookshelves slide open to reveal a cosy VIP dining area where you feast surrounded by premium wines! I adore the Lobster Confit and Marinated sweet Scallops with Sweet Pea Mousse which looks really delicious and tasting is believing! The scallops are done just right to bring out the flavours of the ocean which making the flesh stringy. Taittinger Prestige Rose Champagne was my choice of tittle with the seductive seafood. The next course was Sautéed Sea

"I HAVE BEEN TO MANY DISNEYLANDS IN ANAHEIM, CALIFORNIA, IN PARIS AND IN WALT DISNEY WORLD ORLANDO FLORIDA...AND THIS DISNEY RESORT IS UNEQUIVOCALLY ONE OF THE BEST!"

Bream with fragrant Saffron Broth. For le entree, Pan-broiled Succulent, sexy Beef Tenderloin plus Roasted Beef Round paired with sauce of Cassis Mustard Butter spiked with Port wine! My gourmet tastebuds were in gourmet heaven! A sweet treat was velvety Mixed Berry Mousse plus White Chocolate Mousse with Cassis (blackcurrant) Ice Cream. Have this with Muscat de Beumes de-Venise...a dessert wine from the Cotes du Rhone of France.

Another wonderful place for a satisfying feast is the 46,328 tonnage S.S. Columbia ocean liner. On Deck B (level 3) is a Dining Room decorated in opulent 19th Century style. As you dine, you feel like you are sailing on the ship's maiden voyage across the Atlantic. Marinated Sea Bream with Broccoli & Egg Salad followed by silky smooth Cream of Asparagus Soup with Pea Flan. A hearty main course is Roast Beef served 'medilum' so it is very juicy with an aromatic Shallot Sauce! It goes hand in glove with robust, full bodied but not overly tannic Pedroncelli Zinfandel Mother Clone red wine from California. Dark Chocolate Mousse & Mixed Berries Ice Cream is a lovely sinful finale.

Try the Oceano Restaurant in Mira Costa Hotel which is inside Tokyo Disneysea for gourmet Mediterranean cuisine that is so very well crafted and garnished, practically to Michelin Star standard. The Dome with healthy vegetables inside is fantastic! Diners get a VIP view of the spectacular Legend of Mythica Show from the viewing gallery.



▲ Magellan's Gourmet Delight!



▲ Oceano's delicious Dome!

Spine Tingling Rides!

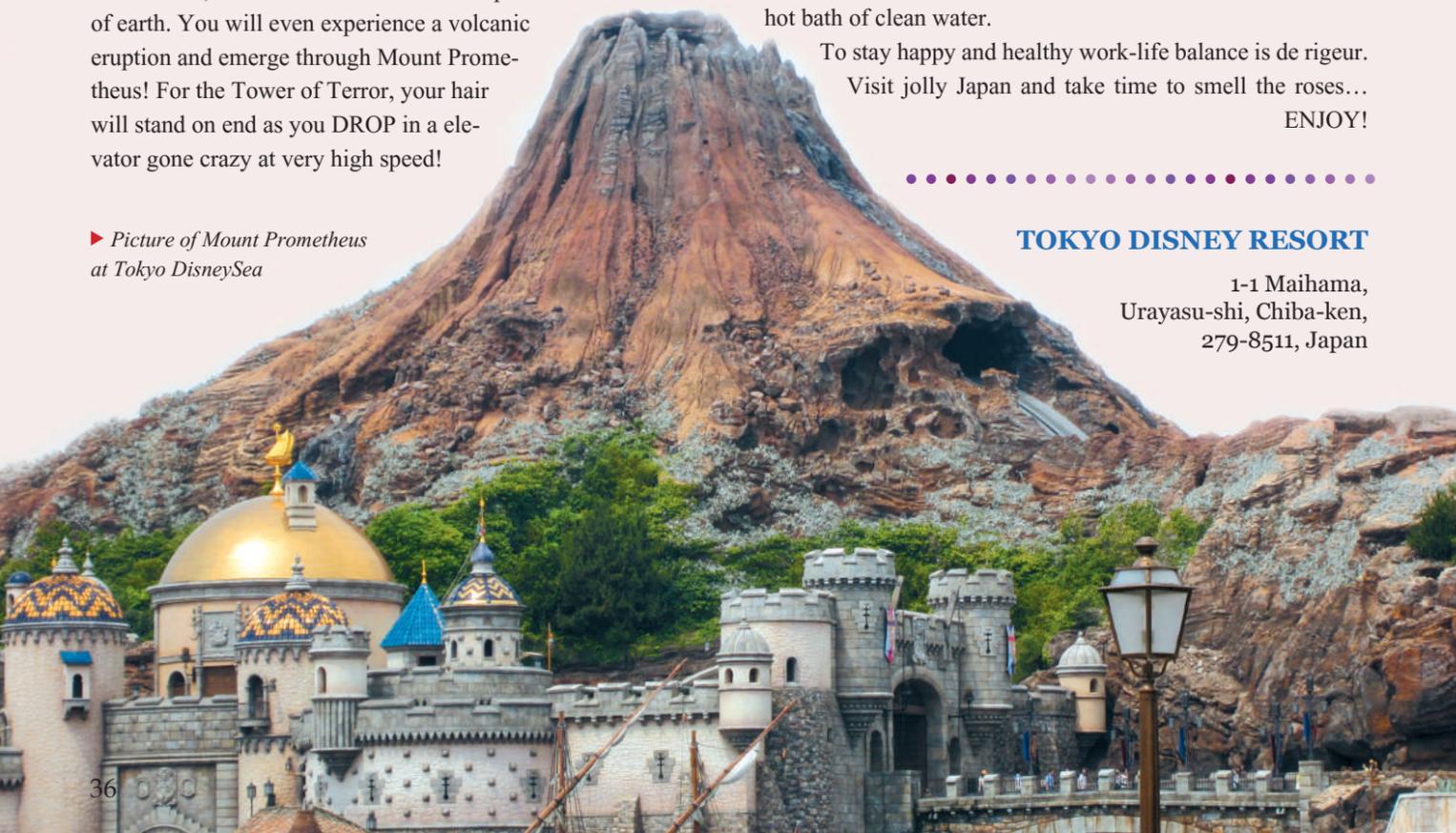
The terrifying Hollywood Tower of Terror ride and Captain Nemo's Journey to the Center of the Earth will give you an Adrenaline rush you will never forget. Beware! If you have hypertension and neck and back problems, do not go onboard! These rides are really jaw dropping, rib crushing & heart pumping roller coasters. For Journey to the Center of the Earth, you ride on a unique vehicle and explore deep caverns exploding with blinding crystals, a forest of gigantic mushrooms, wierd creatures who live deep inside the core of earth. You will even experience a volcanic eruption and emerge through Mount Prometheus! For the Tower of Terror, your hair will stand on end as you DROP in a elevator gone crazy at very high speed!

I also love the Westernland Shooting Gallery where you can blast away at targets in a Saloon with a Winchester 1873 lever action rifle. I hit all 20 targets and my prize was a Marshal's marksman's badge!

Two hotels are perfect for the family vacation. One is Disney Ambassador Hotel and the other is Palm Terrace Hotel. Both have complimentary transfers to and from Tokyo Disney Resort. The bathrooms are Japanese style so you shower and soap your body clean first. Then only do you...luxuriate in a hot bath of clean water.

To stay happy and healthy work-life balance is de rigueur. Visit jolly Japan and take time to smell the roses... ENJOY!

► Picture of Mount Prometheus at Tokyo DisneySea



TOKYO DISNEY RESORT

1-1 Maihama,
Urayasu-shi, Chiba-ken,
279-8511, Japan

MANY airports around the world have been my temporary home on my sojourns in an unrelenting quest, for the best food and the most delicious of wines. I found myself recently in Haneda Airport, Tokyo. This gateway to Tokyo's treasures is much nicer than I must confess: I was most impressed! Very clean, well organised and traveller friendly! I was also delighted with the shops and food from a myriad of restaurants to suit almost every taste and budget to posh shops with very helpful staff. I went to a Ramen restaurant...it was small and cosy, and you had to put coins or Yen notes in a machine, and then press the button next to a picture of the Ramen you wanted. Change would come out and a small card like a bus or tram ticket. You then sat down at a communal Ramen Bar and exchanged the card for your Ramen. Lo and behold, the piping hot Ramen with goodies like moist slices of lean tasty pork, batons of crunchy bamboo and soft-boiled eggs would appear. The yolk is still runny! There are two Nepalese Cooks and a Japanese Cook so I got to practice both my Japanese and Nepalese. A good friend of mine was an officer in the elite 10th Gurkha Rifles, fighting the evil communist terrorists in the dense and treacherous jungles of Malaya. He taught me Nepalese. I slurped won the piping hot super-tasty soup almost burning my precious palate in the process! It was that hot! Thankfully a gulp of the complimentary ice water prevented any damage, Ha! Ha! The springy ramen reminded me of the superb Wan Tan Mee noodles in Hong Kong. OMG! It was bloody good! I ordered Gyoza too. It is the Japanese answer to Shanghai's Kuo Tier. Something along the lines of: did Marco Polo copy Chinese Noodles or was it the other way around, or perhaps both civilisations came up with the same idea on their own??? Why argue when you can eat it! The filling of the Gyoza was tasty but not too salty...with a nice yielding ,but not too soft 'bite' to it. Food is life I always say. No food you die. It is that simple.

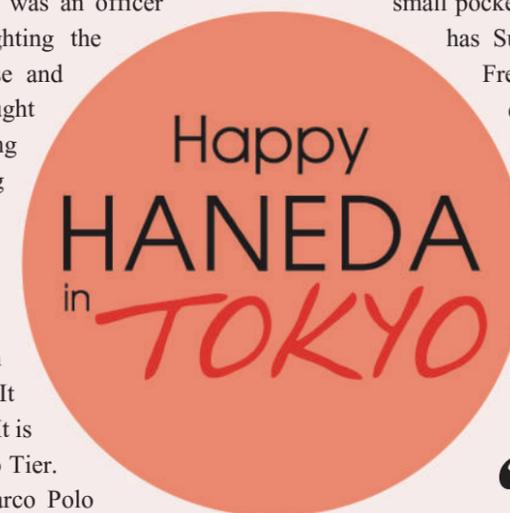
There are also two very posh but very nice shops in the International Terminal selling Japanese specialties like Baumkuchen, the coveted Caramel Tokyo Banana, Smoked Octopus Tentacles from Hoikkaido, pickled radish and mustard, Royce chocolates, etc. Na ja! Es gibt Baumkuchen, aber es ist ganz anders als die Original deutsche Baumkuchen! (the Japanese version is very different from the German version). Das macht nichts! As long as it is good, I will eat it! Souvenirs and book shops have fascinating offerings like multi-coloured very unique & tasteful T shirts for ladies and gentlemen, jewellery, Japanese delicacies like Fish Roe



▲ Legend of Mythica Show at Tokyo DisneySea

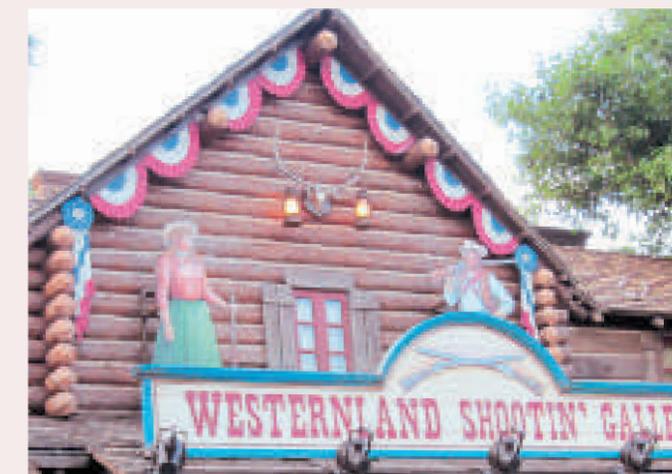
and Dried Tuna sticks and the journalist's constant companion, small pocket sized note books...Duty Free shopping has Suntory Japanese Whisky plus the usual French Cognacs and Brandy like Hennessy, etc. Haneda is much better designed and run compared to Narita. Narita is awful just like Charles de Gaulle Airport in Paris. SIA flies direct to Haneda from Singapore.

Itada ki mas! To live well, you must eat well and drink well...Enjoy!



“ THE SPRINGY RAMEN REMINDED ME OF THE SUPERB WAN TAN MEE NOODLES IN HONG KONG. OMG! IT WAS BLOODY GOOD! ”

▼ Westernland Shooting gallery in Tokyo Disney Resort





The Volkswagen experience

by Dr Lih Wei-Song
SDA 5-Day Self-Drive Experience

If you looking to buy a car in Singapore, one of the biggest issue (apart from the sky-rocketing prices) is not knowing how your dream car is really like on a day-to-day basis. The short test drive at the dealership really is an inadequate sampling of real world ownership. It would take at least a couple of days to fully appreciate the ownership experience of a new car. Perhaps Volkswagen Singapore had the exact idea in mind when they proposed an extended test drive program to SDA. Five days of unsupervised, unadulterated fun with their cars – an offer we simply could not refuse.

While it may seem too good to be true for potential buyers like

us, programs like this can be a double-edged sword for the car manufacturer. In spite of that, Volkswagen was confident that their cars would impress us, and the planning started soon after. Merrily, after a few meetings and numerous emails, the VW extended test drive was official. From 8 August to 24 October 2013, three cars were made available for the members of SDA for a period of 5 days. They were the newly launched Volkswagen CC R-Line, the Tiguan R-Line and the Mk 7 Golf GTI.

With such a diverse range of cars, it is not surprising that response for the test drive is overwhelming. Emails and phone calls rolled in after the email buzz

was sent. Regrettably, applicants who applied late could not get their preferred dates or car models. Those who were lucky enough to get the test drive were greatly impressed. I, for one, had quite a bit of fun with the self-parking (Park Assist) function which is available across all three models.

The VW-SDA extended test drive was a huge success, and we thank Volkswagen Singapore for their generosity in providing the cars. Our gratitude also extends to the support staff in SDA office, namely Norjana and Jon, and finally to the SDA welfare committee for coordinating this event.



CC R-LINE

The newest of the three would be the Volkswagen CC. The sleek silhouette of the CC sets it apart from its competitors. While practicality seems to determine the design of most cars in this class, Volkswagen has taken a different approach by placing aesthetic first – and it has worked wonderfully. Even though it is a proper 4-door saloon, its cleverly crafted lines and low profile gives it a very sporty stance, making it a “four-door coupe”. The R-Line insignias on both the exterior and interior serve as subtle reminders that you are driving something very special in its range.



TIGUAN R-LINE

For drivers who prefer the Sports Utility Vehicles (SUVs), the Tiguan R-Line will be the obvious choice of the group. It comfortably fits 5 adult passengers at the front and still has plenty for storage owing to its generous boot space. Due to its reasonable size, the Tiguan allows even the smallest of drivers to have a commanding view of the road and to manoeuvre the car with ease. It is no wonder that the Tiguan is the best selling compact SUV in the market this year.



GOLF GTI

Last but not least is the hot hatch of the group - the Golf GTI. The tested Mk7 sets the benchmark for its class with the effortless performance and precise handling. With the choice of 2 or 4 doors, a huge boot and collapsible rear seats, VW has proven that practicality, fun and refinement can come in a single package. Never will there be a dull moment when one is behind the wheel of the Golf GTI.

“Days of unsupervised, unadulterated fun with the cars - an offer we simply could not refuse.”

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Elegant, sporty design.



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R-Line branding.

New CC R-Line.

More style. More substance. More desirable than ever. The new CC R-Line now features a powerful 2.0 TSI engine with 210 bhp and Dynamic Chassis Control. Not forgetting of course the distinctive R-Line styling, panoramic sunroof, and ventilated sport seats with Nappa leather trim. **Test drive at any Volkswagen Centre Singapore today.**

Stay updated at facebook.com/vwsingapore

Combined driving cycle: 7.8L/100km. CO₂ emissions: 182g/km.
Actual specifications may differ from the model shown.



Das Auto.

The Cabriolet

E250

by Dr Kevin Co



I am always thankful for the rain when I am test-driving cabriolets. The joy of having the roof off with the crisp refreshing air streaming into the cabin after a heavy thunder storm is absolute serenity. In front of me, an almost deserted, winding road surrounded by foliage glittering in the gentle sunlight - lovely. That's what cabriolets are all about.

Ever since Karl Benz's creation of the first petrol-powered car in 1886, Mercedes Benz has always been one of the front-runners involved in the technological evolution of cars. We should always remember them for their research and inventions of many safety features that makes driving less hazardous today.

The revamped E250 cabriolet looks much better with the new one-piece headlights and the new front bumpers with a more pronounced V-shape and large air intakes which

“ Mercedes Benz has always been one of the front-runners involved in the technological evolution of cars. ”

gives it the young, sporty look that will lure more buyers into the brand. I really like the chrome inserts as it gave the car a more expensive feel without making it look too 'Bling'.

The 2-litre turbocharged inline 4-engine produces 211hp. With the 0-100km/h time of 7.5s it is not exactly quick, but the truth is the profile of buyers for the E250 probably does not fall in the “Sepang track day” group. I was contented to just cruise around town with the top down enjoying the Harman Kardon

sound system, thinking life is pretty good. For some unknown reason I realised that having no roof have a direct relationship with the feeling - euphoric,. Even the CD player is stuck at Louis Armstrong's “What a wonderful world”.

The AIRCAP system diverts the air above the car thus makes it possible to have a conversation or listen to music even travelling at high speed with the roof stowed. With the fabric roof up, the cabin is one of the quietest yet.

The drive is really effortless with the light steering. The seating position is as expected lower than your E class saloon but with the fully adjustable seats; it's not an issue. The two back seats can accommodate adults comfortably but some bulky child seats may not fit.

Fuel consumption is excellent with the new 2-litre engine. The manufacturer's figure is 6.8 l/100km but I got around 8 l/100km, still impressive.

If you are in the market for a 4-seater cabriolet, this will be a something to contemplate, especially when Mercedes tend to retain its value better historically.



Dear Straits Times Editor..

A letter to The Straits Times

Good Commercials Carry Oral Health Practice

by Dr Kelvin Chye Chuan Hee

The Singapore Dental Association wrote recently in to the Straits Times Forum to compliment the creative advertising of Exxon-Mobil on the radio which carries the message of good oral health practice to the general public. SDA is heartened to know of commercial companies of a totally unrelated trade, to be able to reinforce good oral care practices, and link it to their products and services.

In contrast, SDA is concerned of other commercials which downplayed the experience of a dental visit while promoting their services and products. This is highlighted in our letter to the Straits Times Forum which was accepted for publishing on 16 September 2013.



▲ Letter from SDA President Dr Kuan Chee Keong, endorsed by the SDA Council

◀ An ad by a local budget airline stigmatising dental treatment

“ It is not civil to promote one’s brand at the expense of stigmatising dental treatment and shows an immature level of creativity. ”



S O F E
2014

Singapore OroFacial Esthetique
15 February 2014 (Saturday)

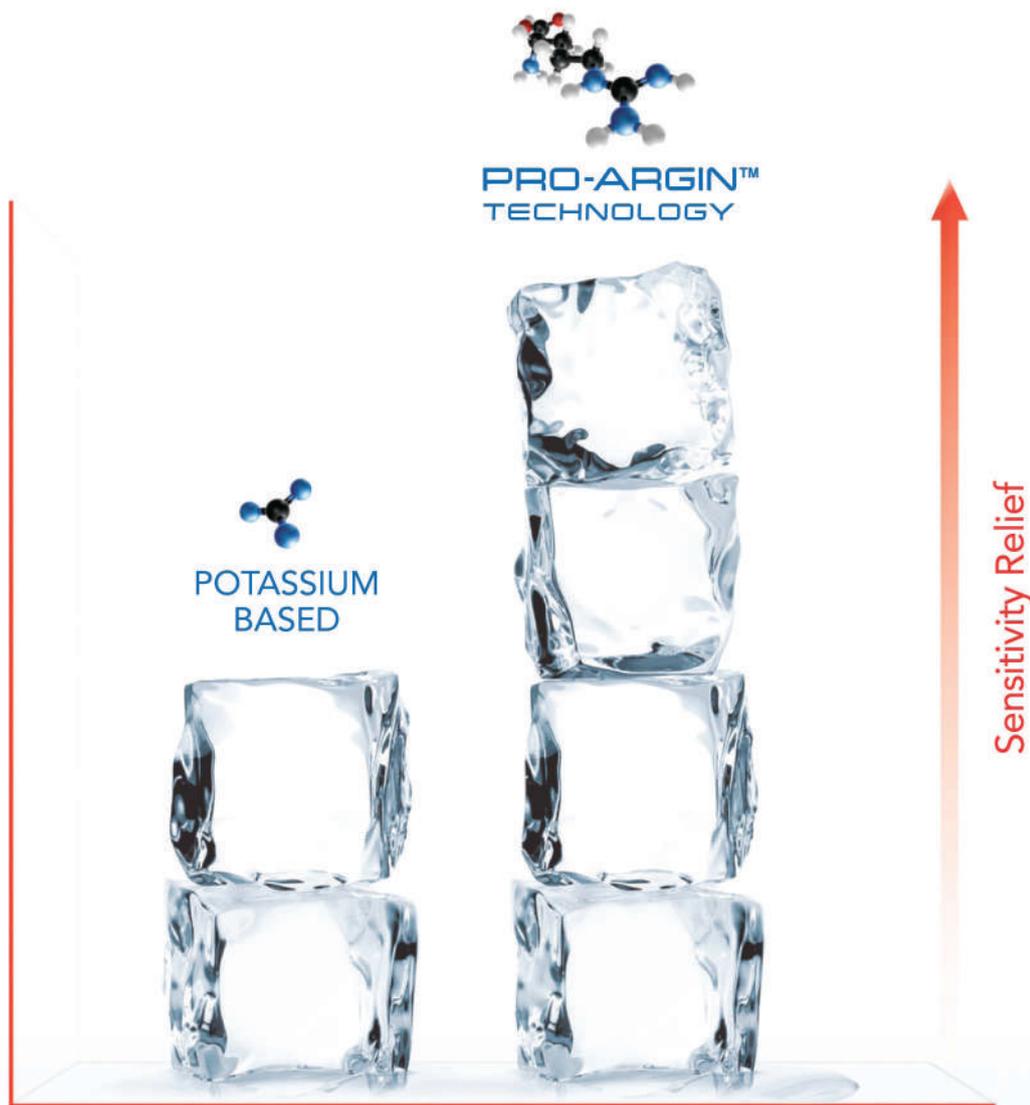
Organisers



Le MinT'S OMS

For interested parties, please contact Mr Lee Jon Yang at 6220 2588 or email to cmc@sda.org.sg

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Scientific Work Cited: 1. Data on file; Colgate-Palmolive, December 2011. Publication in progress. *With regular use.

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