Inside:

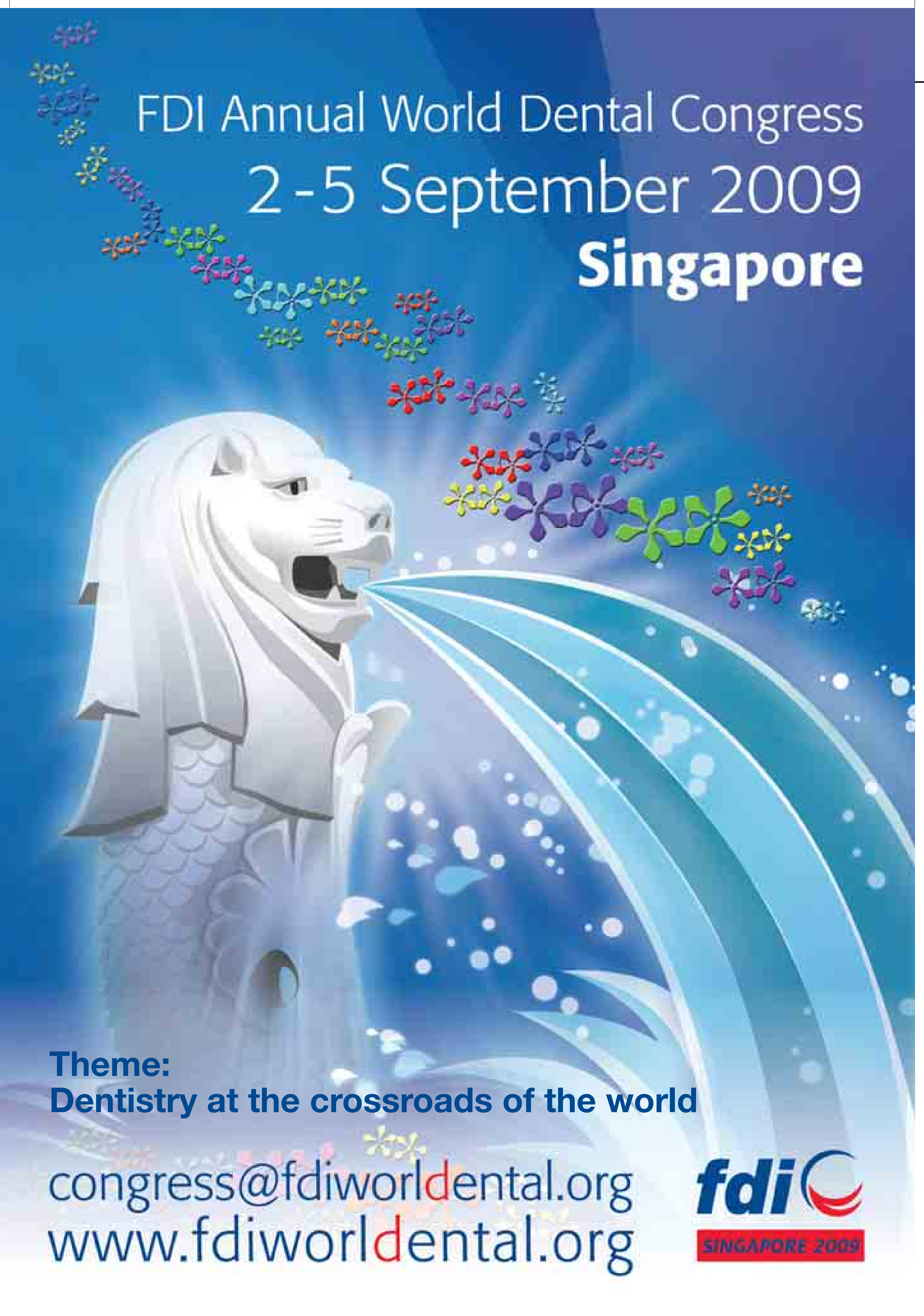
Flying Dentist goes to Bintan

FDI WDC 2009 Highlights

EXCLUSIVE!

Oral Lichen Planus Feature

MICA (P) : 028/01/2009


FDI Annual World Dental Congress
2-5 September 2009
Singapore
Theme:
Dentistry at the crossroads of the world
congress@fdiworldental.org
www.fdiworldental.org
fdi
SINGAPORE 2009

Contents

SDA Contact Information and Announcements
3. Editor's Note, Contact Information
4. Corporate Social Responsibility

Photo Album
6. SDA Administration Office

SDA News
8. 42nd SDA AGM
21. SMA Annual Soccer Tournament

SDA Ethics Committee
5. dentalSURGEON Speaks to Dr Seow Yian San

NITEC in Dental Assisting
40. Graduation Ceremony

SDHF News
10. Revamped SDHF Website

Dental History
13. History of FDI

FDI World Dental Congress 2009
14. 5 Reasons for Joining FDI WDC
16. What to Expect
18. 14th China International Dental Exhibition and Scientific Conference

Dental Education
20. 31st APDC
32. Oral Lichen Planus

Flying Dentist
28. Bintan Trip 27th February to 1st May 2009

MOH Spotlight
38. MOH Dental Branch's Facebook Profile
38. Dental Specialist Accreditation Board
39. BCLS Accreditation

Lifestyle
43. Freefalling in Hawaii

Product Feature
22. Socket Preservation, the Natural Way
24. New Age Sensitive Teeth Treatment

dentalSURGEON
Printed by Lian Ho Press
MICA (P) 028/01/2009
Articles published express the viewpoints of the authors, not necessarily reflect the views of the editorial team & publisher of the publication.
All rights reserved. The contents of this publication may not be reproduced either in part or full without the consent of the copyright owners.

THE DENTAL Surgeon

Editorial Team:

Editorial Advisor:
Dr Teo Hiow Hoong

Editor:
Dr Goh Enhui, Charlene

Sub-Editors:
Dr Lin Gengfeng
Dr Phang Hui Jing
Dr Li Shanshan
Dr Selvajothi Veerasamy

Layout Designer:
Dr Koh Chee Keong, Ivan

Singapore Dental Association

2 College Road
Level 2 Alumni Medical Centre
Singapore 169850

Tel : (+65) 6220 2588
Fax : (+65) 6224 7967
Email : admin@sda.org.sg

SDA Council 2008/2010

President:
Dr Lee Kim Chuan, Lewis
Vice President:
Dr Seow Onn Choong
Acting Hon. Gen. Sec.:
Dr Kuan Chee Keong
Asst. Hon. Gen. Sec.:
Dr Lim Lii
Treasurer:
Dr Teo Hiow Hoong
Members:
Dr Goh Kong Hui, Philip
Dr Heng Chia Kian, Edwin
Dr Mah Kuan Seet, Michael
Dr Seow Yian San

SDA Administrative Staff:

Mr Loh Kwang Yong
Mr Lee Jon Yang
Ms Wennie Kok
Mr Brandonn Chen
Ms Laura Chia
Ms Tracy Ooi

Contact Us

Editor's Note

Dental professionals sure are a jetsetting bunch. From Bintan to Beijing, Hong Kong to Hawaii, it's no wonder H1N1 eventually reached our shores.

Amidst the panic, life goes on as usual. The FDI WDC LOC have put in countless hours to ensure that FDI WDC Singapore 2009 will be a memorable, enriching experience and we hope the FDI WDC promotional articles within these pages whet your appetites further.

If you have been away, extensive coverage on recent dental events like the AGM and SMA soccer tournament should quickly keep you up to date. On the other hand, if this pandemic has grounded your travel plans, take heart and escape skydiving or learn in-depth about lichen planus.

In the end, get outdoors, live it up responsibly and see you at FDI WDC!

Dr Charlene Goh

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

How you feel is important to us. So do write in to the following address; including also your name and a return address.
Letters may be edited for clarity and length.

Singapore Dental Association

2 College Road
Level 2 Alumni Medical Centre
Singapore 169850

Tel : (+65) 6220 2588
Fax : (+65) 6224 7967
Email : admin@sda.org.sg

Advertising/Sponsorship Enquiries:

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

Corporate Social Responsibility

As part of our coporate social responsibility initiative, SDA is pleased to announce that a donation of no less than $10000 will be given to the Singapore Children's Society. The cheque presentation will be made during the FDI Annual World Dental Congress 2009.

Members are encouraged to contribute in their individual capacities. These contributions will be added to the starter sum of $10000 pledged. Other initiatives will be proposed by SDA to raise more donations to add to this sum.

SDA will continue to adopt a charity a year and exhorts all members to support this cause. Much appreciation and many thanks to all members for their kind understanding and support.

Council 2008-2010

Your SDA Wants You

Q: Tell us a little about yourself?

I have spent almost a decade in NUS. From BSc, to BDS and now pursuing my MDS (Orthodontics). Graduating from the local BDS program in 2005, I've worked in various polyclinics and NUH Dental Centre for 2 years each. NHG has given me the opportunity to pursue and complete my FRACDS (Australia), which tremendously aids to improve my clinical patient management.

Q: What made you join the SDA Ethics Committee?

I have been actively involved in SDA activities since my undergraduate days, and have been with the ethics committee since graduation. As a new graduate, there was so much to learn in terms of patient communication and management, and there's still so much more to learn now.

Being a mediator is a great learning opportunity as I am able to recognise the potential difficult patients early on in my own practice, as well as to improve my patient management skills so that I can avoid these difficult situations.

Q: What kind of difficulties do you face during Mediation?

Being a fresh graduate back then, it was difficult to convince the senior colleagues that I would be able to effectively mediate his/her case. However, with the guidance from the more experienced mediators, the success rate of the cases that I've been assigned has been 100%.

SDA has also put aside funds to send us for mediation training with the Singapore Mediation Centre. This 2-day workshop is conducted by lawyers and corporate trainers where we are taught how to manage conflicts and resolve disputes effectively through mediation. It has certainly helped me to be objective, identifying issues of concerns and addressing those concerns which eventually lead to successful negotiations to close the case.

> "Very often, it is not the work that you do that matters to the patients as most of them are not able to scrutinize your work in a professional manner, but it is your communication and management that builds rapport and good relationship with the patients."

Q: What have you learnt from being in the Ethics Committee?

Patient communication and patient management is very important. In today's context, patients are more dentally and legally aware and informed consent is certainly a good practice that we should be doing for every patient and every procedure where costs and procedures are explained to patients.

> Anyone interested to volunteer for an interesting and challenging committee which helps our fellow dentists please email to admin@sda.org.sg

SDA ADMINISTRATION OFFICE

Ever wondered about the people answering your queries and emails sent to the enigmatic "admin@sda.org.sg"?

Or who processes your CDE registrations, keeps track of your membership fees and battles nasty complaints from the public?

Let us now introduce and say a big THANK YOU! to our 6 over-worked, under-recognised administrative staff, without whom, SDA will be a much more chaotic place!

KEVIN, Administrative Manager (Joined 2007)

- *Membership/MPS* - supervises and is in-charge of dealings with MPS/DPL
- *FDI*

LAURA, Administrator (Joined 2008)

- *Mailers/Email buzz* - contact person for all mailers, enquires, classifieds and quotations
- *Ethics* - main day-to-day ethics work

TRACY, Account Executive (Joined 2009)

- *Accounts* – handles all SDA & FDI accounts

JON, Senior Administrator (Joined 2002)

- *Mailers/Email buzz* - layout of email buzz, sending of email buzz, printing mailer inserts, coordinating mailer insertion and delivery
- *IT/website* - maintenance of office IT equipments, SDA website
- *CDE* - in-charge of all CDE events, printing of flyers, registration, on-site needs)

BRANDONN, Administrator (Joined 2008)

- *IT/Website* - assists Jon in maintenance & in-charge of business contracts
- *NITEC* - coordination of lecture logistics
- *Membership/MPS* - maintenance of current membership database, payments etc. including MPS
- *CDE* - assists in registrations, on-site needs

WENNIE, Senior Administrator (Joined 2003)

- *Ethics* - supervises and handles harder cases)
- *NITEC* - supervision and liaison with lecturers/committee
- *FDI*
- *IDEM*

42ND SDA AGM

The 42nd Singapore Dental Association Annual General Meeting (SDA AGM) was held on 19th April 2009 in the Arthur Lim Auditorium at the Alumni Association.

Several members arrived early to partake the lunch provided and to mingle around, chat with friends and update themselves on the latest happenings.

The AGM proper started at 1.30pm. The SDA president, Dr. Lewis Lee delivered the opening address, and welcomed all present to the meeting. He also reassured everyone that the local organising committee (LOC) was doing its best to ensure the success of the FDI World Dental Congress to be held in Singapore in September 2009 despite the global economic downturn.

The minutes of the 41st AGM were confirmed with no alterations before the attention was turned to the new matters arising.

Dr Lewis Lee updated the members about the FDI World Dental Congress 2009. In order to garner local support, members who attend the Congress will be given a $100 rebate. He also addressed some issues about registrations. Some members were concerned if SDA would incur any financial losses due to the effect of the global economic downturn. Dr Lee believed that there will not be and that SDA is monitoring the situation.

The issue of bleaching by non-professionals was brought up. It was decided that education of the public on the difference in outcome when done by a professional versus a non-professional would be the better approach rather than a confrontational approach that might upset the public if they perceive a monopoly on bleaching.

Dr Lewis Lee also touched upon Continuing Professional Education (CPE). He reported that the monthly series of lectures called "Everyday Dentistry" was launched to cover a broad range of dental topics as well as some non-dentally related topics. SDA is also seeking to have BCLS certification courses spread over 2 years to accommodate all members.

The members were updated on the accreditation for the SDA Seal, the NUS-SDA Continuing Dental Education Fund, Singapore Dental Health Foundation (SDHF), IDEM 2008, Oral Health Awareness, the SDA-NITEC Dental Surgery Assisting course and the Medical Protection Society. Dr Lee commended the good work of the CPE committee, Ethics & Practice Management committee and dentalSURGEON team.

Dr Keson Tan reported on the status of the SDA Endowment Fund and NUS-SDA Continuing Dental Education Fund and the NUS-SDA Distinguished Speaker programme.

The annual report for 2008-2009 was then adopted. The 2008 finan-

cial report was also discussed and the financial statements for 2008 subsequently adopted.

With that, the closing speech was delivered by Dr. Lewis Lee who hoped to obtain members' support for the FDI World Dental Congress 2009 and the meeting ended with a lucky draw. The AGM next year will hopefully see the support and attendance of more of the SDA members.

Dr Selvajothi Veerasamy

Bottom, below and right:
The 42nd SDA AGM in progress

Below: Members enjoying a delicious lunch buffet

Revamped SDHF Website

The Singapore Dental Health Foundation (SDHF) Web & Media Committee was set up in 2007 to manage the SDHF Website and interactive media.

The SDHF Website underwent a revamp in mid-2007 and the new website was officially launched on the 1st of Oct 2007.

Currently, the website has an average of 2000 visitors each month, with website hits averaging about 110000 per month. This is a significant improvement as compared to before the revamp. Most of the hits are on the website's articles column and "Ask our Dentist" section. This shows a significant increase in awareness

of the website. The visitors of the site not only came from Singapore. According to the site statistics, the top 3 countries were United States, Singapore and Australia.

With the growing trend in IT, more and more people are relying on the information highway as their main source of knowledge and enrichment. Hence the committee intends to tap into this media to help bring dental health information within reach of the public. Future plans for developing interactive educational software are in place.

One of the most exciting development plans for the website is the setting up of a subsidiary site for young children.

The Kids Corner is targeted to convey important dental health information through a series of interactive media and fun games to arouse the interest of young minds. SDHF is very honoured to have Dr Lim Swee Teck, creator and author of the "Dr Friendly and Timmy" series to provide his vast experience in Pedodontics. His website link is placed in the current Kid's Corner section of the SDHF website.

The committee is looking for interested personnel, who share the same vision of bringing dental care to the public, to help out in our projects. No experience is necessary; all we need is your enthusiasm and passion. Interested parties, please contact us at webmedia@dentalhealth.org.sg.

Dr Low Jiun Sian

Nature knows best.

Millions of years of evolution went into refining the protein systems that stabilise and transport calcium and phosphate essential for the growth and health of our teeth and bones. Whether it is the protein carrier systems for bone growth or enamel formation, or statherin in saliva or casein in milk, they all share a common ancestry*; evolution and natural selection have refined and perfected these systems. Cows' milk remains the most efficient carrier of calcium and phosphate, and the specific peptide which so elegantly and efficiently transports these essential minerals is called RECALDENT™ CPP-ACP (casein phosphopeptide amorphous calcium phosphate).

No other system comes close to matching what nature has developed.

GC Asia Dental Pte Ltd
19 Loyang Way #06-27 Changi Logistics Centre Singapore 508724
T (65) 6546 7588 F (65) 6546 7577 gcasia@singnet.com.sg
www.gcasia.info

* N. Laila Huq, Keith J. Cross, Men Ung, Eric C. Reynolds. A review of protein structure and gene organisation for proteins associated with mineralised tissue and calcium phosphate stabilisation encoded on human chromosome 4. *Archives of Oral Biology* (2005) 50, 599-609.
RECALDENT and RECALDENT device are trade marks used under licence.

History of FDI

This September we will be hosting the FDI Annual World Congress for the second time. The Fédération Dentaire Internationale or FDI was founded more than 108 years ago.

It was the brainchild of Dr Charles Godon (1854-1913) who was the dean of L'Ecole Dentaire de Paris. He had wanted to form an international organisation for dentists. In 1900, at the Third International Dental Congress in Paris, he broached the idea to his colleagues and managed to interest eight other dentists of different nationalities. They were the first executive council of the newly formed Fédération Dentaire Internationale. Godon was inaugural President of FDI.

The first official FDI meeting was held in Cambridge, England on August 7, 1901. Word soon spread around the world and the 1902 Stockholm meeting was well attended. The fourth FDI in 1904, held in St Louis, was the milestone in FDI history where the FDI Constitution was amended to provide for constituent memberships by national societies as well as individual membership.

The annual FDI Congresses were interrupted only during the world wars and till today, the primary function of FDI has been to establish worldwide standards and to promote research on an international level.

Dr Kuan Chee Keong

5 Reasons to Join FDI WDC 2009

1 Pride

After 19 long years, FDI WDC has finally returned to our shores. So show your support for the dental fraternity in Singapore by signing up and making the event a success!

2 CDE Points

Did you know that CDE points from FDI WDC 2009 can not only be used to offset any shortfalls for this QP ending 1 Oct 2009, any balance points can also be carried forward to the next QP cycle!

3 SDA Rebate

To encourage local dentists to sign up, SDA is generously offering all members (ordinary/life) a $100 rebate on their registration fee.

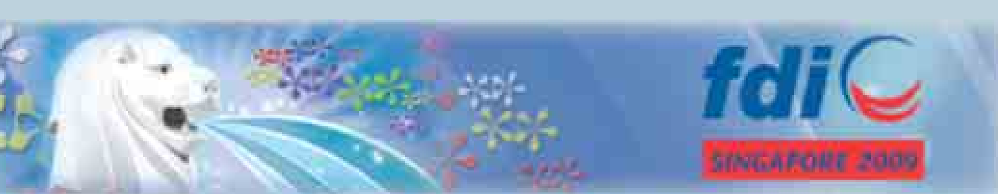
Simply submit your registration receipt post-FDI WDC together with your details (name (as in bank record), mailing address, contact no., email address and FDI ref no.) before 30th October 2009 to receive the rebate.

4 Networking

Last year, more than 15,000 participants, representing 124 countries, attended the 2008 FDI Annual World Dental Congress in Stockholm, Sweden. Unparalled networking opportunities abound at this year's FDI, so get ready your namecard and best smile!

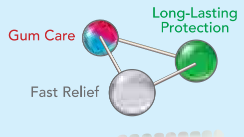
5 *THE* Event of the Year

The FDI Annual World Dental Congress is internationally recognized and plays an integral role in the advancement of dentistry. This event is a must-see on many dentists' calendars! If the high cost of airfares and accomodation deterred you from attending previous FDI Congresses, seize the opportunity this year to experience dentistry on a global level, right here at home.



Systema Sensitive Toothpaste

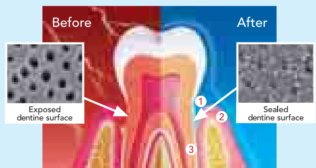
Cares for Gums
Protects Against Sensitivity



With **Triple Impact Protection** for healthy gums, healthy teeth and long-lasting protection!

What makes teeth sensitive?

Teeth sensitivity can result from either a recession of gums due to poor gum health, or erosion of the tooth enamel which exposes the dentinal tubules. This results in the experience of short, sharp pain when the exposed areas come into contact with cold or sour foods. Thus, for sensitive gums and teeth, special care and protection is needed.



Triple Impact Protection Against Sensitivity

Systema Sensitive Toothpaste is specially formulated to care for gums and protect your teeth against sensitivity by providing:

1. Long-Lasting Protection
With key ingredient Aluminum Lactate which helps to seal exposed dentine and provide a long-lasting protective shield.

2. Gum Care
Two proprietary Gum Care ingredients, IPMP, an anti-bacterial agent, and GK2, help prevent gum disease.

3. Fast Relief
Potassium Nitrate soothes nerve ends and blocks the transmission of pain signals.

Systema Sensitive Toothpaste when used together with our toothbrush, mouthwash and interdental gel & brush will give you a higher level of care for sensitive teeth and gums, so you can enjoy long lasting, pain-free protection!

LION CORPORATION (S) PTE LTD (A wholly-owned subsidiary of Lion Corp., Japan) www.lioncorp.com.sg

What to Expect

dentalSURGEON speaks to the heads of the local organising committees for some tantalising details of what to look forward to at FDI WDC 2 September to 5 September 2009.

We will excite you with the venue, atmosphere, and our "Singapore Heartbeat". It is woven in a storyline of its early beginnings as a trading post to the present cosmopolitan city. It encompasses traditional and modern settings, engaging technology in a delightful and entertaining atmosphere, with a rousing finale. This program is preceded by the traditional Roll Call of Nations, in a barrage of lasers, percussions and pageantry. Be entertained and enthralled!

- **Prof Loh Hong Sai**, Head of WELCOME CEREMONY COMMITTEE

With the theme "Advancing Dentistry at the Crossroads of the World", more than 60 internationally renowned speakers will cover a very wide range of topics. Besides the perenially popular topics like Implants, Endodontics, Periodontics, Restorative and Esthetics, there will be areas of particular interests that range from gerontology, oral cancer, salivary biomarkers, orthodontic micro-implants, medically compromised and special needs patient care, lasers, optical diagnostics, advanced imaging, HIV and Hepatitis, overdentures, orthognathic-orthodontic planning and tissue engineering.

There will also be forums on topical areas such as the systemic-oral health link, antibiotic prophy-

laxis guidelines and bisphosphonates. Daily company –sponsored symposia will spotlight topics like hypersensitivity, caries management, behavioral change and tooth wear.

This year, the Limited Attendance Courses (LAC) have been expanded in number and scope and will cover a wider range of subjects, such as endodontics, sinus lift implant surgery, third molar surgery, immediate overdentures, pedodontic emergencies, practice management and pedodontic behavioural management. Of note is the special full-day program for auxiliaries and office personnel on the New Patient Experience.

Congress participants will be really spoilt for choice at this Science Program with its impressive array of speakers.

- **Prof Keson Tan**, Head of SCIENTIFIC COMMITTEE

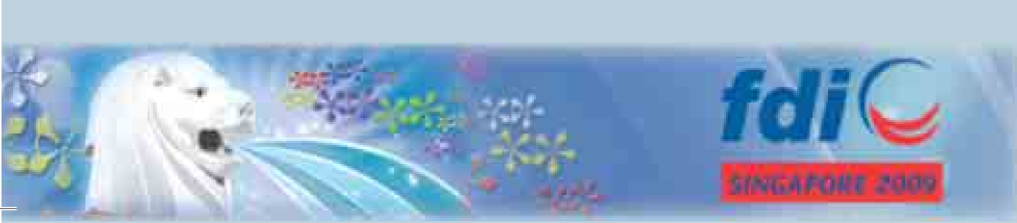
There are 2 official large scale Social Events on the FDI WDC Calendar: the Singapore Night & Gala Dinner.

The Social Programmes Committee is responsible for organising these 2 grand and spectacular events.

Singapore Night will showcase Singapore and give our guests a snapshot of what Singapore is all about. We have booked the Singapore Flyer for this event and there will be hawker stalls serving local food amidst local cultural performances. Included in the ticket will be a ride on the Singapore Flyer for guests to witness the breathtaking night view of the Singapore skyline.

The Gala Dinner is the official Grand Dinner and Dance held on the last night of FDI WDC and will be held in a large Orchid Nursery! It will be an amazing experience to have a dinner and dance amidst thousands of live orchids. We will also be naming a new species of orchid in honour of FDI WDC Singapore 2009!

- **Dr Raymond Ang**, Head of SOCIAL PROGRAMMES COMMITTEE



14TH CHINA INTERNATIONAL DENTAL EXHIBITION AND SCIENTFIC CONFERENCE

The 14th China International Dental Exhibition and Scientific Conference held on 10-13 June 2009 in Beijing, China is the largest event jointly organized by the International Health Exchange and Cooperation Center, Ministry of Health, PR China, Chinese Stomatological Association and the Peking University School of Stomatology. About 40, 000 dentists and trade representatives attended, with a very notable mix of foreign participation especially from Russia, Korea and South Asia.

The Singapore 2009 FDI promotion team consisting of Dr Wong Yew Cheong (Chairman, Promotions) and Prof Loh Hong Sai (Chairman, Welcome Ceremony) were present at the opening ceremony in the morning at the huge Convention and Exhibition Centre, and in the evening, attended a grand dinner reception at the Great Hall of the People, whereby there were opportunities to mingle with the leaders of the dental profession and industry leaders.

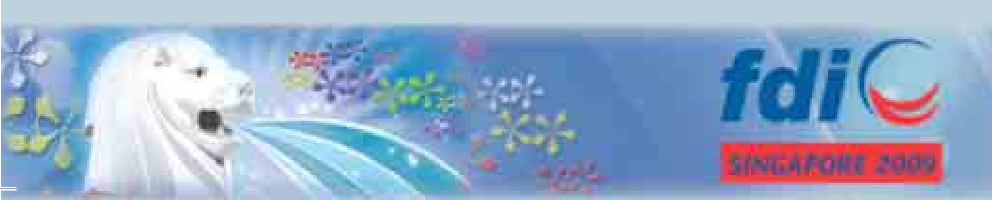
Among the various dignitaries they met were Prof Wang Xing, the President of the Chinese Stomalogical Association.

The next day they were invited to a private meeting and discussion with Dr Li Hongshan, Director General of the International Health Exchange and Co-operation Center. Dr Li supported the idea of a strong Chinese delegation to our event and to enhance the Asian perspectives in FDI deliberations.

On the other hand he pointed out that because of the lack of Chinese translation, the high registration fees, coupled with costly airfares and accomodation, the Chinese dentists may not come in large numbers.

All the brochures (printed in Mandarin) and other promotional materials were completely snapped up by the visitors to our brightly decorated booth. Some Singaporean dental colleagues also dropped by the booth to rally support.

Prof Loh Hong Sai



31ST APDC

The 31st Asia Pacific Dental Congress 2009, during which the Asia Pacific Dental Federation/Asia Pacific Regional Organisation annual meeting is conducted, was held from 7-11 May 2009 at the Hong Kong Convention and Exhibition Centre.

There were lectures and a trade exhibition but I felt the highlight was the FDI Dialogue where the FDI President Dr Burton Conrod, Executive Director Dr David Alexander, FDI Treasurer Dr Tin Chun Wong and FDI Scientific Program Manager for Asia-Pacific Dr William Cheung among others, were on the panel to answer queries from delegates. There was frank and lively exchange and it was also at this presentation that Dr William Cheung announced the SDA sponsorship of 2 lecturers to FDI Scientific Program.

Dr Kuan Chee Keong

Posing at Jalan Besar Stadium

The Singapore Medical Association Soccer tournament is held annually on Labour Day. This year marks the fifth year that SDA members have participated in this tournament with every player looking forward to enjoying the beautiful game with our medical colleagues.

SDA Soccer Team posing at the Jalan Besar Stadium

Donning the colors of SDA, our soccer crazy dentists battled other 9-a-side teams from Singapore General Hospital, Tan Tock Seng Hospital, General Practitioners and Great Eastern (Sponsors) during the first round group stage. After hard fought draws with SGH and GPs, we managed a win against TTSH, clinching second position in the group stage to qualify for the Semi-Finals. The win was courtesy of a brilliant cross field pin-point intuitive pass culminating in the decisive finishing from Li Yong to knock home our first goal of the day.

In the semi-finals, we played against eventual winner Changi General Hospital who proved to be the better team, scoring in the first half and winning when Michael failed to convert a penalty in the second half to tie the game. For the 3rd and 4th placing playoff, we faced off against SAF, who has managed to beat us on almost every meeting in past tournaments. This year, it was a different story, early in the first half, the combination of a brilliant through pass from Sham and the flawless touch from Jerry, to turn in the winning goal of the game stunned the SAF team and left them bewildered for the rest of the match.

SDA Soccer Team posing with the president of the Football Association of Singapore, Mayor Zainudin Nordin (Far left) & FIFA World Cup 1974 Referee, George Suppiah (background far right)

Once again, for the second year running, our SDA soccer team came in 3rd in the tournament and importantly to all that participated, thank you for the memories of an enjoyable day of fun and friendly competition!

Dr Michael Mah

ALVELAC™ *Socket Preservation, The Natural Way*

Out Comes A Tooth In Goes An Alvelac

Smile Confidently with Socket Preservation

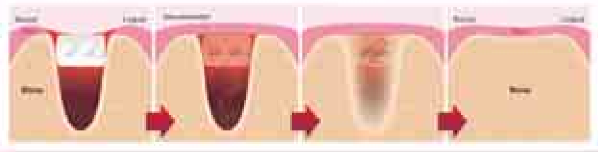
Bioscaffold in extraction socket

- Stop Bone Loss
- Help Bone Growth
- Preserve Aesthetics
- Cost-Effective Solution
- Clinically Tested

Bone Healing Process

Without Alvelac™ placed in extracted socket (Loss in bone height & width).

With Alvelac™ inserted in extracted socket (both bone height & width preserved).



ISO 13485

Cert No. 2008-1-0843

ISO 9001

Cert No. QIN 07 10 63748 001

Visit www.bio-scaffold.com for more information.

Socket Preservation, the Natural Way

Post extraction alveolar socket resorption is well established and documented. Over the last decade, much research has been focused on preservation of alveolar sockets following an extraction for maintaining the ridge integrity.

Bioscaff Alvelac presents an innovative solution for alveolar socket preservation immediately after extraction. The Alvelac scaffold is uniquely designed with rigid structure and predefined macro channels and micro porosity that facilitate maximum blood clot in the socket while providing good support for the socket walls. Being porous, it has maximum surface to hold and support the socket blood clot. Its rigidity gives it the ability to support the socket walls and protect the blood clot inside the socket.

Fig 1: Bioscaff Alvelac

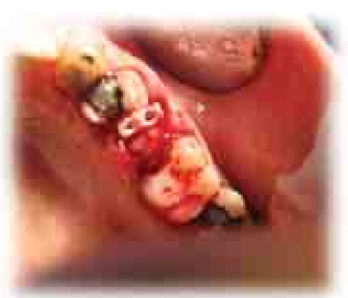


Fig 2: Alvelac placed after extraction

Alvelac is made of PLGA (poly-lactic co-glycolic acid), a resorbable synthetic material approved by FDA. The material is totally biocompatible and the scaffold has been FDA pre market notified (510k). Being synthetic, it carries no concern for diseases cross transmission among the donor and the recipient. Alvelac is easy to use and does not need any flap surgery procedure and membrane.

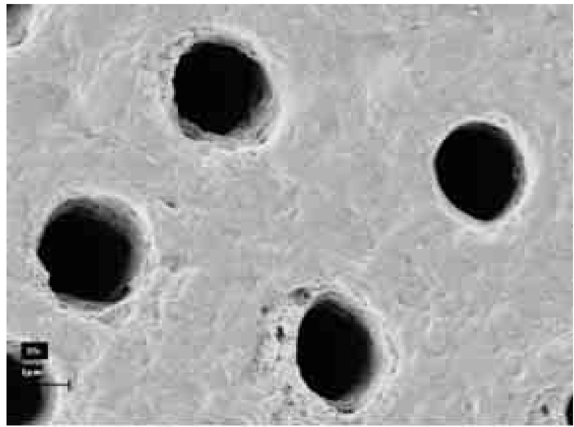
Fig 3: conventional granules packed socket with minimum blood clot and Alvelac placed socket with maximum blood clot.

The uniqueness of Alvelac is on how it maintains the socket space without occupying it. Normal conventional method packs the whole socket with grafting materials leaving very little blood clot in the socket. Without a healthy clot, the healing and bone formation takes very long as those packing materials must be resorbed away first to make space for bone formation.

As Alvelac occupies only the crestal part of the socket, the rest of the socket space can be filled with normal blood clot thus facilitating healthy healing with natural bone formation in due time. Alvelac presents a reliable solution for socket preservation in a natural way. This makes it easier for dentists to provide options to their patients for future tooth restoration like implants, dentures and bridges.

Sensitive New Age Teeth Treatment

As dentists, we frequently encounter patients suffering from tooth sensitivity and some of us have personally experienced it too.



Open Dentine Tubules

There are two main approaches to manage hypersensitivity: agents that occlude the dentine tubules (fluoride products like varnish, gels, pastes); and those that interfere with the nervous transmission (depolarizing effect of potassium ions) which normally may take 2 to 3 weeks before patients are able to feel relief in hypersensitivity. Often these are neither satisfactory nor long lasting. Other methods include placing restorations or even periodontal grafting.

The New Colgate Sensitive Pro-Relief™ with Pro-Argin™ is a touted as an "instant sensitivity relief to be used in conjunction with professional scaling & polishing". It is so exceptionally simple that scepticism filled the air when this new product was launched in Singapore during a lecture delivered by Dr Peter Santarpia followed by dinner at the Four Seasons Hotel on 23rd May 2009. To mark the occasion, SDA President Dr Lewis Lee and Managing Director of Colgate Palmolive Malaysia, Mr Issam Bachalaani were invited on stage to insert a giant 'Pro-Argin™' into the 'dentinal tubules' of a giant tooth model accompanied by Star Wars theme song.

Dinner At The Four Seasons Hotel
For The Product Launch

So what exactly is this Pro-Argin™ technology?

The key component is arginine, an amino acid naturally found in saliva. It is known that calcium and phosphate ions in saliva can enter patent tubules and over time, block the tubules thus reducing sensitivity. Saliva can also form a surface protective layer consisting of salivary glycoproteins with calcium carbonate.

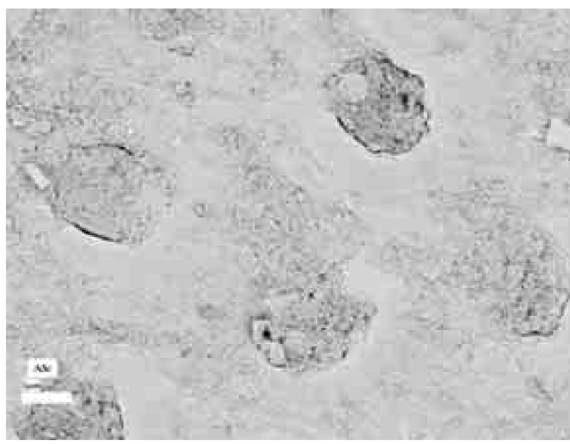
The Pro-Argin™ technology simply mimics this natural desensitizing process

because the positively charged arginine binds to the negatively charged dentine surfaces and helps attract a layer rich in calcium, carbonate, phosphate and even silica into dentine tubules to effectively plug and seal them. When polished onto the tooth surfaces with a rotary polishing cup at low to moderate speed, this arginine and calcium carbonate formulation is effectively burnished into the exposed tubules. For difficult to reach areas, Pro Argin can be applied using microfibre tips.

Dr Peter Santarpia, Senior Technical Associate, Colgate Technology Centre

Sophisticated scanning methods have been used to establish the mode of action of Pro-Argin™. Confocal laser scanning microscopy showed the effectiveness in plugging patent tubules (reaching a depth of 2 to 5 microns into the tubules) and that this plug is highly resistant to acid erosion. Hydraulic conductance tests showed significant inhibition of fluid movement in dentine tubules.

In clinical trials, the product demonstrated statistically significant improvements from baseline tactile test using Yeaple probe and air blast sensitivities scores. Studies also indicated that the relief lasts for 4 weeks. In a separate in vitro study, there was no significant effect when Pro-Argin™ is used on the surfaces of tooth enamel and commonly used restorative materials.



Plugged Dentine Tubules After Application Of Colgate Sensitive Pro-Relief™

Prior to the product launch, I was given a sample of the new Colgate Sensitive Pro-Relief™ with Pro Argin™ (85g tube) and I have personally tried Pro Argin™ on patients who complained of hypersensitivity after scaling and polishing and they have experienced dramatic decrease in pain!

However, the efficacy of this product depends on accurate diagnosis of dentine hypersensitivity because its mode of action is dependent on plugging the exposed tubules which are patent to the pulp. Furthermore, there are other aspects to management of dentine hypersensitivity, for example effective plaque control or diet management, which must not be overlooked.

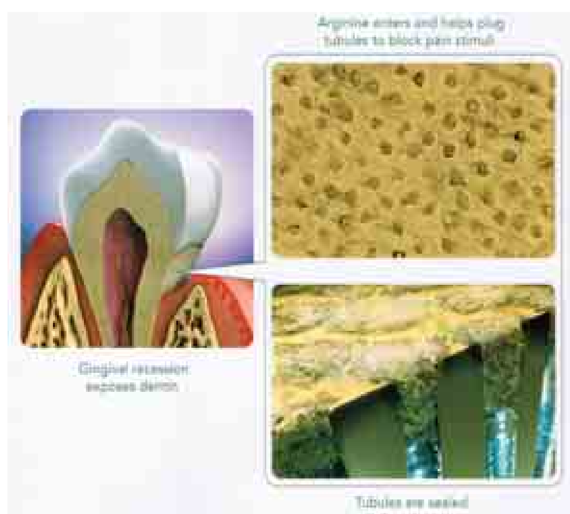
Nevertheless, Colgate Sensitive Pro-Relief™ seems to be an effective addition to our arsenal against dentine hypersensitivity. Management of dentine hypersensitivity has always been notoriously frustrating, and alternative treatments are much welcomed. The studies seem promising, and it is now up for the individual practitioner and patient to testify to its efficacy.

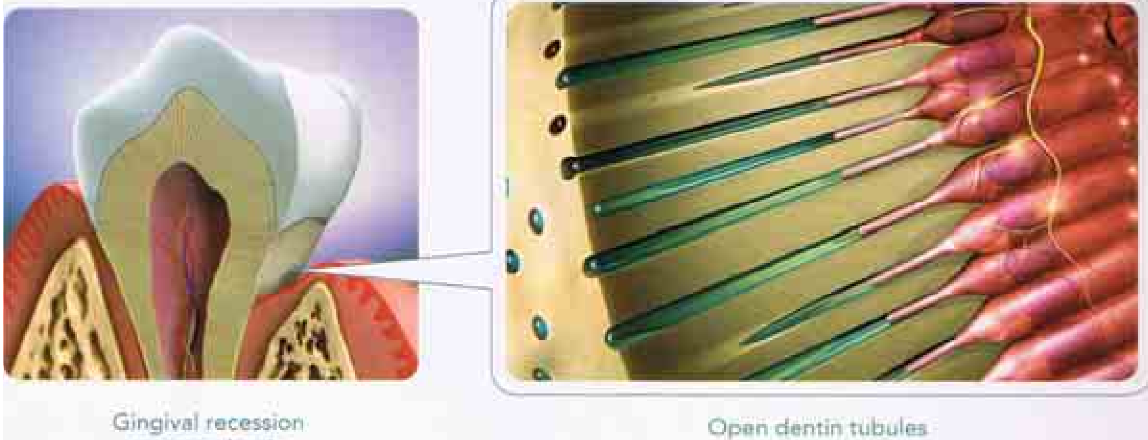
Dr Kuan Chee Keong

Dr Lewis Lee, President SDA

Dr Chung Kong Mun, Keynote Speaker

Below and Right: Lecture Slides Illustrating Efficacy Of Colgate Sensitive Pro-Relief™





Finance solutions for healthcare professionals

MEDFIN FINANCE

National Australia Bank

Medfin Finance's high quality customer service saves you time. Our experienced Partners make finance simple and arrange meetings at a time and place that suits you.

Medfin Finance Partners can assist you with finance for:

- Practice equipment
- Computers and office equipment
- New practice rooms
- Interior and exterior improvements to your existing practice
- Practice purchase
- Purchase of property
- Motor vehicles

Part of one of Australia's largest banking groups – the National Australia Group – Medfin Finance brings over 18 years of healthcare finance experience to Singapore.

Want more information?

Call your local Medfin Finance Partner on **(65) 6419 6825** or visit our website at **www.medfin.com.sg.**

Consider it done!

Important information: Medfin Finance, Bus. Reg. No. 53106009L, a business division of National Australia Bank Limited, Singapore Branch ABN 12 004 044 937 (incorporated in Australia) UEN S81FC2979B Finance subject to credit assesment and regulatory requirements. (PSG2/09)

medfin.com.sg

Bintan Trip 27 Feb - 1 May 2009

Children from Bintan Village enjoying each other's company

Setiawan, nicknamed Seti, is 8, a small, seemingly underdeveloped, yet vivacious Indonesia girl. Like any other day in the year, Seti goes to her school in the nearby village, studying Bahasa and algebra in a classroom where children's drawings are haphazardly pasted on the unpainted walls, sitting in a wooden chair that rocks on the unpaved floor, playing on the mud field during her recess, wondering what life is like on the barricaded side of the island where her older sister, Arti, works as a waitress in a resort hotel. The class ended early on that particular Feburary Friday, and instead of learning the capital of a country in a continent that most of the children have never heard of, with even less chance of visiting, Seti and her fellow classmates rearranged their desks and chairs for the arrival of the nice teeth doctors coming from Singapore. Children were dispatched home before sundown as their classrooms had no artificial lighting. Seti rushed home merrily, knowing the tooth that had been troubling her dear grandpa for months could soon be pulled out.

A 45-minutes ferry ride from the artificial utopia of Singapore lies the island of Bintan. Depending on the path taken, one can bask in the hospitality offered by the distant cousin of Singapore: the resorts, the spa services and the paved roads. Or one can set foot into the real Bintan: the mud roads, the poor, and the reality of the third world. ("Which pill, Neo, the red or the blue?" - *The Matrix*)

The day to visit Seti's school started before dawn and the excitement of my first mission trip was wearing off

Villagers patiently queuing outside in the hot sun

after the first day. The reality of the charity trip was beginning to set in, realizing that there was only so little we could do, yet so much to be done. The disheartening feeling that pulling teeth out would likely create further problems for the villagers, rather than provide a solution, was beginning to take its toll. The plastic covering on the bed at the lodge was not offering much comfort for the much-needed sleep, yet the gigantic cockroaches crawling in the early morning on the bathroom floor were enough to kick out any lingering sleepiness. Boxes and boxes of instruments were loaded back on to the coach before sunrise, the smooth ride started to feel bumpy; we were on the way to Seti's school.

Our IDN blocks all seemed to have worked miraculously in one shot; it must have been the magical power of the tropical island! While obliviously immersed in self-congratulatory delusions, it was hard not to admire the patience, endurance and the incredibly high pain threshold of the villagers, whether 6 or 60 years old. By 11 am, the suffocating heat coupled with layers of PPE was beginning to unhinge me and the constant sweat dripping into my eyes was further impairing my vision that was already jeopardized by the unlit working environment. I was cranky, frustrated and swearing. I could barely see the cavity I drilled, the GIC was not sticking, the saliva was flooding, the motor of the handpiece was acting up like a temperamental teen, I was compromis-

Hard at work amidst a captivated audience

ing... I somehow convinced myself that the less than ideal, dentistry was justifiable because I was doing something, which was better than nothing.

Just as I was about to go on a downward spiral of bad dentistry with conviction, I heard some commotion going on at the other side of the classroom with dentists and nurses gathering. "Aah"s and "wow"s were being heard. Unable to suppress my curiosity any further, I went to check it out. A patient with a neck growth was lying on a surgical bed made by jigsawing six desks together, and Dr. Myra Elliot was about to perform the surgical excision. The surgical drapes were laid down neatly,

the surgical site was disinfected thoroughly, and the local anesthetics delivered gently. Surrounded by the chaos going on in the room, with children crying from fear, dentists shouting out for instruments, and attempted communication between dentists and patients, the growth was removed with surgical precision. Watching Dr, Elliot performing surgery with great calmness among the mayhem was simply mesmerizing. Why should the patients suffer just because it is a mission trip, she would say.

Dr Myra Elliot performing surgery amidst the chaos

Lying on my soft comfy bed again, I cannot but feel humbled and grateful for the experience. Thank you Dr. Sheung and Dr Vijayan, your generosity and willingness to carry out the mission trip year after year is nothing short of extraordinary and inspirational. On the whole, we managed to treat a few hundred villagers, yet somehow I wonder if I was the one being helped at the end of the trip. While watching the kids playing in the field waiting to be treated, I felt a tinge of envy at their lives of simplicity. It has been three months since I returned from Bintan, the Great Singapore Sale has started, I have been eyeing a pair of marked down Cole Haan sandals... It may be time to go on another charity trip to regain that grounding and inner peace. While waiting for the white light of enlightenment to reach me, perhaps I shall take a stroll on the white sand beach with my newly bought sandals...

Dr Wendy Wang

Remove Bad Breath with OXYD-8 Patented Technology

NO ALCOHOL. NO SACCHARIN. NON-ACIDIC.

Clinically tested in US.

The Dental Care Dentist Recommends!

Sole Distributor: PE Lifestyle (Singapore) Pte Ltd
21 Serangoon North Ave 5, #06-02, Ban Teck Han Building, Spore 554864
Tel: 65-65564567 Fax: 65-67413525 Website: www.pelifestyle.com

Oral Lichen Planus

Introduction:

Lichen Planus [LP] is a fairly common dermatological condition which can present exclusively in the oral mucosa. It is probably the most frequently encountered immune mediated oral disorder besides Recurrent Aphthous Stomatitis. Patients tend to seek medical attention when white patches or oral ulceration occur in the mouth. However, the dental general practioner is more familiar with the oral cavity and is in a better position to examine the oral mucosa closely. It is imperative that the dental surgeon be able to recognise common oral mucosal lesions such as Oral Lichen Planus (OLP) when consulted. OLP has been been misdiagnosed as traumatic keratosis, candidosis, leukoplakia or periodontal disease particularly if it presents solely in the oral cavity.

Most of us must have encountered Oral Lichen Planus (OLP) in our general practice at some time. Oral Lichen Planus (OLP) tends to present in patients, particularly females, between the ages of 30 and 60 years. The peak incidence is at 55 years of age although cases have been reported in children and young infants (6 months).

The cause of OLP is unknown. In a susceptible patient, T cells attack the epithelial surfaces (the basal cell layer becomes antigenically foreign) of various mucocutaneous sites resulting in atrophy, erosions and white lesions. The nature of the antigen is still unknown. Similar lesions can be induced by amalgam restorations and certain drugs (lichenoid lesions). It is not thought to be hereditary although there are occasional reports of familial LP.

Clinical Features:

Oral Lichen Planus presents as erosive and non erosive forms, the former contributing much to oral discomfort. Students use the mnemonic P.A.P.E.R. to remember the major forms of Oral Lichen Planus. There are the Papular, Atrophic, Plaque, Erosive and Reticular forms. Additionally there are the bullous forms (uncommon) and the form which presents on the gingivae termed Desquamative Gingivitis.

The reticular form is the most common, presenting as raised white papules joined together by white striae. Fascinating annular patterns or interlacing, radiating network/lacelike formations can be seen, at times, on significant portions of the cheek mucosa (Fig.1). The papular form

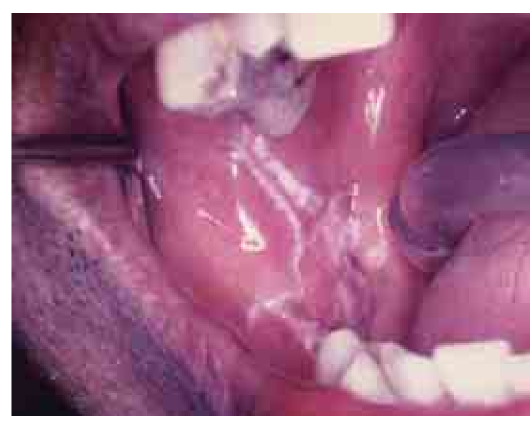


Fig 1: *Reticular OLP on the right cheek mucosa.*

presents as isolated small white patches while the plaque form can resemble leukoplakia . Lesions of OLP are not sharply demarcated from normal mucosa unlike leukoplakia but have a more diffuse transition to unaffected mucosa (Fig.2). The above white forms of OLP are generally

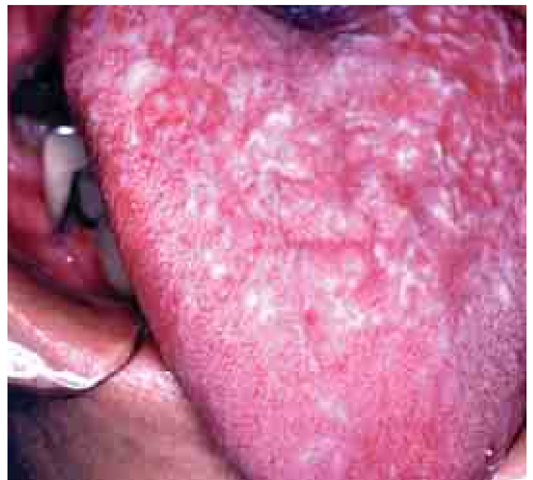


Fig 2: OLP on the dorsum of tongue.

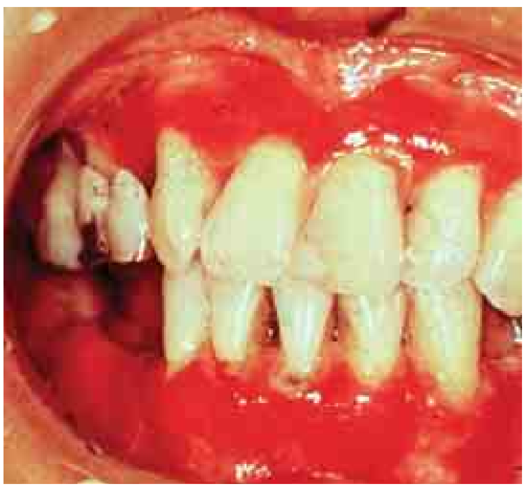


Fig 3: Erosive gingival OLP.

asymptomatic and patients can be unaware of the presence of such lesions in the mouth.

Erosive forms of OLP are typically painful, irregular in outline and can be covered by a yellowish fibrin membrane. At the periphery of such lesions, there may be an erythematous zone intermixed with white radiating striae. The tongue can look smooth, devoid of papillae in the atrophic form of OLP. At the periphery of the lesion, the classical white striae may be seen to help distinguish it from other causes of glossitis, for example deficiency states or candidosis.

However, if OLP affects the gingivae, it may present as the atrophic form only (which looks red and therefore may be confused with plaque induced gingivitis (Fig 3) especially if it is in the only site of involvement as is in 10% of case).

In Indian and Malay patients, particularly, areas of hyperpigmentation which are diffuse and flat may be seen within the inflammatory lesions of OLP ("pigmentary incontinence").

A striking feature of Idiopathic OLP, which should be sought for when coming to a diagnosis, is its symmetrical distribution – initially, the lesion may be more prominent on one side and only faintly discernable on the contralateral side. OLP has a slow onset and can take months to reach its full clinical presentation. The implication of this is that patients must be told not to be unduly alarmed when the lichenoid lesions initially presenting on a single site subsequently appears at other intraoral sites. This does not necessarily indicate a failure of treatment but reflects the natural progression of the disorder.

OLP is uncommon on the palate and floor of mouth.

OLP unlike its cutaneous counterpart is typically chronic (indolent) and persists for decades (10-15 years or longer) in the mouths of its sufferers. It changes forms, undergo remissions and unpredictable exacerbations but unfortunately complete resolution is uncommon.

Cutaneous OLP affects the nails, skin,

hair and genital and oesophageal mucosae. Extra-oral manifestations may be more common than thought – in a recent study some 40% of a group of British OLP sufferers reported presence of extra-oral involvement. The most common site of involvement include the nails and the skin. Pruritic, purple, polyglonal papules on the flexor surfaces of the wrists and the anterior aspect of the lower limbs are characteristic of the skin lesions. Persistent soreness of the throat or painful dysphagia may indicate oesophageal involvement. Notably, female patients presenting with Gingival OLP can have genital mucosal lesions – the so called " Vulvovaginal-gingival syndrome".

OLP is considered a Potentially Malignant Disorder. The potential for malignant change is low, comsiderably lower than leukoplakia. The estimated annual malignant transformation rate ranges between 0.2 to 0.5%.

Management:

What should we do about Oral Lichen Planus?

1) Establish diagnosis

Since OLP is a chronic condition its best to confirm the diagnosis based on the typical clinical and histological features.

To summarise, the features typical of OLP are:

- symmetrical, bilateral lesions
- multisite involvement, atrophic, erosive, plaque, bullous forms (in the presence of reticular lesions elsewhere in the oral mucosa)
- presence of lacelike network of raised white lines

An incisional biopsy should be done, sometimes from multiple sites but preferably from non-gingival sites. The best areas for biopsy for OLP are the non-erosive areas, that is, the white/red areas and the peripheral white areas of erosive lesions. If OLP presents only on the gingivae, the biopsy should be taken well away from the marginal gingivae. A biopsy is done also to exclude the possibility of dysplasia and malignancy. Also candida can be sought for on histological specimens.

Generally other investigations for OLP eg haematological, serological are not needed (or useful) in our local population.

2) Establish the presence of extra-oral lesions

Referral to a dermatologist, gynaecologist or gastroenterologist may be indicated depending on sites of involvement.

3) Update medical history and current, past use of systemic medication

Amongst other implications of a patient's medical history on dental care, systemic corticosteroids, if thought necessary to control the condition (see later) may be contraindicated in patients with diabetes mellitus, hypertension, Ischaemic Heart Disease, cerebrovascular disease, peptic ulcerative disease, osteoporosis, glaucoma. Certain systemic medication used by the patient may contribute to the severity of symptoms of OLP (lichenoid reactions).

4) Patient information and education

Once a definitive diagnosis of OLP is made on histological and clinical features, the patient should be informed of the condition and its characteristics in simple language. It is helpful to give information sheets to the patients about OLP (Please

see Table 1 - Patient Information).

5) Removal of aggravating factors

The elimination and/or removal of aggravating factors may reduce the severity of symptoms associated with OLP.

This may include correcting/avoiding/replacing:

- Sharp cusps, rough dental restorations
- Ill-fitting prosthesis
- Amalgam restorations*
- Dental plaque
- Acidic, spicy, or strongly flavoured foods and beverages
- Candida
- Drugs known to cause lichenoid reactions +

* Replacing amalgam restorations with alternative materials only if there are in close contact with lichenoid lesions is a reasonable recommended treatment

+ NSAIDs in particular in addition to antihypertensives, oral hypoglycaemics, antimalarials and others are known to cause lichenoid reactions. Consider substituting such drugs, if possible and in consultation with the patient's physician.

6) Eliminate risk factors

Avoiding known risks factors for carcinogenesis is prudent in patients with OLP.

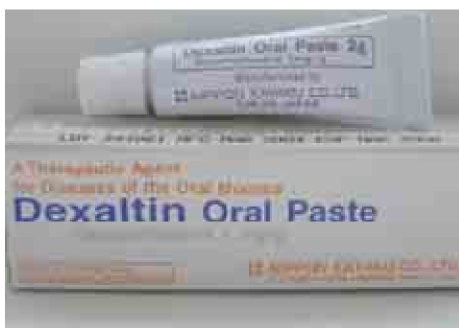
- Avoid all forms of tobacco use
- Alcohol in moderation
- Avoid betel (areca) chewing habits

A diet rich in fresh fruits and vegetables should be advised.

7) Control of symptoms

The erosive forms in particular are bothersome and affects quality of life.

The first line treatment for symptomatic OLP are topical corticosteroids alternating with topical anti-fungals. This combination will resolve and control pain in the majority of cases and aims to convert the erosive forms of OLP to the non-erosive forms. The latter is in essence what we try to achieve for our OLP patients, as this promotes the dual aim of relieving symptoms and possibly reducing the potential for malignant change in OLP.



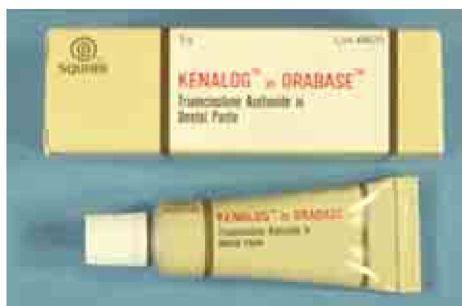


***Fig 4:** Topical corticosterioids.*

There are a range of topical corticosteroids that can be used (Fig 4). They have to be applied at least 3-4 times (depending on the potency) a day as the "wash-

out rate" is high. Patients are instructed to dry the lesion and apply/dab (not rub) a specified dose using a cotton bud and not to eat, drink or speak for at least half an hour afterwards. The paste may be mixed with Orabase or denture adhesive paste to prolong contact time. If lesions are more widespread, corticosteroids can be used as mouthwash preparations. However, it is difficult to get such preparations locally (although a compounding pharmacy can make up such preparations on request e.g. Oracare mouthrinse which is available in NUH Pharmacy). There may be a risk of systemic absorption.

The corticosteroids are used on painful erosive and atrophic lesions until rendered asymptomatic. Depending on the potency of the corticosteroids, this can take about a month of application. Topical corticosteroids should not be used longer than necessary. In most cases improvement should be seen after 2 weeks of used. After that period, the dosage should be tailed off or an alternate day regime implemented until patients can be totally taken off corticosteroids. Subsequently, corticosteroids are used as when required based on symptoms experienced. It is recommended that initially an ultrapotent topical corticosteroid (Class 1 potency) in conjunction with antifungals is used for severe erosive OLP. When symptoms are controlled, one can then switch to an intermediate or medium potent (Class 3 potency) corticosteroid for maintenance. Intralesional injections of corticosteroids such as triamcinolone acetonide 10mg/ml(0.5 – 1ml) once forthnightly or dexamethasone 4mg/ml (0.5ml) given with local anaesthetic, once in a month, can be fairly useful on localised erosive lesions sited on non-keratinised mucosa including the dorsum of the tongue.

For OLP on gingivae, corticosteroid gels/pastes can be placed on custom made soft trays and worn for periods ranging from 30 minutes to an hour depending on the corticosteroid used. Oral hygiene should be improved, prophylaxis performed regularly and diluted chlorhexidine mouthwashes used (chlorhexidine is fungicidal as well).

No significant clinical impact can be expected from prolonged application of corticosteroids to white lesions of OLP or asymptomatic mild atrophic lesions.

Antifungals are used as an adjuvant to treatment of symptomatic OLP and whenever topical or systemic corticosteroids are used. It is best to use the polyenes e.g. nystatin mouthwash as there is no systemic absorption and resistant strains of candida hardly develop. Note however that nystatin and chlorhexidine mouthwashes should not be used together as the combination renders both agents ineffective. Miconazole oral gel can be used on localised lesions but systemic absorption can occur even with topical applications and dangerous drug interactions may result (e.g. enhanced effects of warfarin).

Systemic corticosteroids are used only for widespread recalcitrant erosive oral lesions and for multiple mucocutaneous site involvement. They are used only for short periods to control symptoms. In fact, several studies indicate that systemic corticosteroids may not be more effective than topical corticosteroids in terms of clinical outcome.

Other available therapies for this condition are discussed elsewhere.

8) Long term follow up

Various groups have suggested an annual follow-up for patients with OLP as

there is a small risk for development of oral squamous cell carcinoma. In particular, the non-reticular forms of LP and those sited on the tongue (plaque-like and erosive forms notably) should be followed up closely. Loss of homogeneity or proliferative changes accompanied by induration must necessitate an urgent rebiopsy. An increase in severity of symptoms has traditionally been viewed as possibly reflecting malignant change although it may also be due to superinfection by candida. In significant number of cases life-long follow up made be needed for our OLP patients.

Conclusion:

The dental surgeon should be able to identify abnormal mucosal features in their patients including recognising OLP, making appropriate referrals and correcting dental aggravating factors. As patients will normally continue to attend their dentists for their routine dental care (as well as being under the care of a clinician in Oral Medicine or allied speciality-Oral and Maxillofacial Surgery), the general dental practioner should also look out for any unusual or sinister mucosal changes and then urgently refer the patient for specialist consultation.

Article written by:
Dr Andrew Robinson *

Clinical photographs contributed by:
A/P Yeo Jin Fei †
(From teaching slide collection of Dept. of Oral & Maxillofacial Surgery, Faculty of Dentistry NUS.)

* Adjunct Senior Lecturer, Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, NUS.

† Head, Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, NUS.

Patient Information:

- Lichen planus is a skin condition that presents in the mouth.
- It is not cancer. Neither is it an infection and you will not pass the condition to those around you. It is not thought to be a heritable. The condition can present on the skin, hair, nails and genital area.
- A small piece of tissue from your mouth may have to be taken to confirm the diagnosis (biopsy).
- There is no cure for the condition but if you experience burning, soreness and pain there are various medications available to control the symptoms.
- The condition tends to persist in the mouth for a considerable period of time. At times you may not be aware of its presence but at other times the condition can become painful and bothersome.
- The soreness in the mouth may be aggravated by amalgam fillings, certain medications, alcohol containing mouthwashes and poor oral hygiene. Spicy foods, citrus juices, tomato products, caffeinated/carbonated drinks and crispy foods like toast and chips can aggravate LP as well, especially if there are ulcers in the mouth.
- Lichen Planus very rarely can turn into cancer and therefore long term follow up is required. You should avoid smoking, alcohol and betel quid. A well balanced diet is advised.

***Table 1:** Oral Lichen Planus Patient Information Sheet*

MOH Spotlight

MOH Dental Branch's Facebook Profile

Join MOH Dental Branch's Facebook page!

President Obama's revolutionary use of Facebook and "new media" in his presidential campaign is now legendary. He once said, "One of my fundamental beliefs is that real change comes from the bottom up, and there's no more powerful tool for grass-roots organizing than the Internet."

Through this Facebook page MOH Dental Branch aims to keep dentists informed of the changes in the dental scene. The latest regulations, announcements and news relevant to Dentistry will be uploaded regularly. Useful links will also be included.

Of course, communication is two-way. Therefore more importantly, we hope to hear your views and feedback on the Dental Profession and the practice of Dentistry in Singapore.

Limited only to the dental fraternity, you can voice your opinions freely and discuss topics affecting you with fellow dentists.

So what are you waiting for? Add 'MOH Dental Branch" as your friend today!

Join us in 3 easy steps:
1. Sign up for an account at http://www.facebook.com/
2. Search for us at "MOH Dental Branch"
3. Add "MOH Dental Branch" as your friend.

Dental Specialist Accreditation Board

The 'Grandfathering'/Direct Entry of Dental Specialists which ended on 31 December 2008 will be extended for another 2 years for the specialties of Endodontics, Prosthodontics, Paediatric Dentistry, Orthodontics and Periodontics; and 3 years for Oral and Maxillofacial Surgery. Applications for 'Grandfathering'/Direct Entry of Dentists will now close on 31 December 2010 and 31 December 2011 respectively.

In addition 'Grandfathering'/Direct Entry exercise for Dental Public Health commences on 1 July 2009 and ends on 30 June 2012.

Basic Cardiac Life Suppport (BCLS) Accreditation

According to the Singapore Heart Foundation (SHF), the survival rate following an out-of-hospital cardiac arrest (OHCA) is a mere 2.7%.

As reported recently in Circulation [2009;119:728-734] and Medical Tribune [May 2009:10], the Utstein Osaka Project focuses on a four-step "chain of survival" comprising activation of emergency medical services, cardiopulmonary resuscitation (CPR), defibrillation and advanced life support measures given by healthcare providers. Improvements in the first three links greatly increased the survival rates which suggest the public education component has had a significant impact.

Singapore is keen to emulate Japan and put more effort into CPR training as well as providing defibrillators.

Most dentists have undergone BCLS certification at least once, however many do not update their knowledge. As healthcare providers, an OHCA in our dental clinics should be properly managed. Thus, being equipped with the necessary CPR skills and equipment like AEDs should not be overlooked to ensure that we are able to cope with medical emergencies in the dental practice as well as in public.

All registered dental practitioners are required to have valid Basic Cardiac Life Support (BCLS) certification for the renewal of practising certificates due on 31 Dec 2011. The attendance for BCLS will also be considered as a core CPE activity from 1 Oct 2009 onwards.

Requests for exemption will have to be supported by a medical report.

To find out more about BCLS training centres, please refer to: http://www.nhc.com.sg/ForDoctorsNHealthcareProfessionals/CPRTraining/.

SDA-Laerdal Coporate Rate for AEDs

In the recent SDA AGM, it was asked if SDA could secure a discount for AED. The SDA Council promised to seek assistance from Singapore Medical Association (SMA) in this matter and have managed to secure a 15% discount from Laerdal Singapore Pte Ltd. There are 2 models provided: HeartStart FRX ($3166.25) and the HeartStart HS1 ($2522.80). Complimentary delivery to your clinic will be provided.

Please contact Jon at the SDA Admin Office for more details.

National ITE Certificate in Dental Assisting Graduation Ceremony (24th June 2009)

Dental Surgery Assistants without a doubt form the crucial element of any successful dental practice, often required to multi-task in areas of chairside assisting, administrative and reception duties, dental radiography and simple laboratory tasks. The second NITEC in Dental Surgery Assisting Traineeship course conducted by SDA was successfully completed in April 2009 and a graduation ceremony was held to recognize and accreditate the graduating DSAs. It was a conjoint event with graduants from NDC.The ceremony was held at the National Dental Centre auditorium on 24 May 2009 with Clinical A/Prof Patrick Tseng, Chief Dental Officer, Ministry of Health, presiding as the Guest of Honour. It was a heartwarming occasion with family members and employers of the graduates present to share in the joy of their accomplishment.

Top SDA-NITEC graduate, Ms Liew Sit Fah of Tah Chong Dental Surgery, receiving her Book prize and Plaque from Chief Dental Officer Clin A/Prof Patrick Tseng and SDA president, Dr Lewis Lee respectively.

The successful graduates were especially grateful to the following lecturers for their enthusiasm and guidance throughout the course.

- Dr Betrand Chew – General Anatomy and Physiology, Oral and Maxillofacial Surgery, Dental Radiology
- Dr Ng Chee Hon – Anatomy of Head and Neck, Microbiology and Pathology
- Dr Terence Jee – Pharmacology
- Dr Sharon Poh - Diet and Nutrition
- Dr Ryan Selamat - Working with the dental surgeon and close support dentistry, Reception Duties, Telephone Skills, Communication with Patients
- Dr Victor Ho – Anaesthesia, Oral and Maxillofacial Surgery, Medical Emergencies
- Dr Joanne Uy – Dental Materials
- Dr Clara Mok – Dental Technology
- Dr Vijayan Loganathan – Operative Dentistry, Prosthodontics and Maxillofacial Prosthetics, Reception Duties, Telephone Skills, Communication with Patients
- Dr Lisa Tan – Endodontics
- Dr Tan Shuh Chern - Operative Dentistry, Periodontology, Basic First Aid
- Dr Teresa Loh – Preventive Dentistry
- Dr Nora Heng – Periodontology
- Dr Betty Mok – Children's Dentistry, Professionalism
- Dr Rashid Tahir - Children's Dentistry
- Dr Kaan Sheung Kin – Orthodontics, Record Handling, Inventory Control
- Dr Raymond Ang – Instruments, Equipment, Chair and Clinic Maintenance, Law and Ethics in Dentistry, Cash Control
- Dr Tang Kok Siew – Oral Health Education, Post-operative Instructions
- Dr Anthony Goh – Infection Control, Measuring Patient's Vital Signs

---

Singapore Dental Association would like to express their accolade of appreciation to the SDA NITEC committee, in particular Chairperson Dr Betty Mok, for their tireless selfless efforts in volunteering their expertise to make this course successful.

Name	Designation
Dr Mok Yuen Yue Betty	Chairperson
Dr Mah Kuan Seet Michael	Convenor
Dr Poh Shuxian Sharon	Secretary
Dr Ang Ee Peng Raymond	Member
Dr Chew Shen Hui Bertrand	Member
Dr Heng Chia Kian Edwin	Member
Dr Jee Shizhuan Terence	Member
Dr Lai Wen Pui Bien	Member

Name	Designation
Dr Leong Jack Xin Daphne	Member
Dr Lim Toh Seong Andy	Member
Dr Ng Jing Jing	Member
Dr Ryan Selamat	Member
Dr Tang Kok Siew	Member

Successful Graduates of the second National ITE Certificate in Dental Assisting with representatives from MOH, NDC, SDA and ITE.

In addition, Singapore Dental Association wishes to extend their appreciation to Colgate for sponsoring the plaques, book prizes, door gifts and the sumptuous dinner buffet.

Dr Michael Mah

Freefalling in Hawaii

Being a thrill seeker, skydiving has always been something I wanted to do. During a recent trip to Hawaii for the 25th American Academy of Cosmetic Dentistry Annual Scientific Session 2009, I discovered that skydiving is one of the highly recommended attractions there. I simply could not resist this opportunity to fulfill my wish and cajoled other friends to go for their first tandem skydive too!

Before the dive, we were made to sign a liability waiver (much like our wisdom operation consent forms) which stated any possible happenings that will cause mortality. For people heavier than 200lbs, they charge extra per pound! However, after much intimidation and hesitation, we still decided to go for it. Our tandem masters placed the safety harness over us and prepped us for our jump. They reviewed the freefall position - arched body, raised arms and legs, and the landing position. We were then off into a Cessna Caravan airplane and taken up to an altitude of 14,000 feet. Trepidation crept in from the whipping of cold wind against our skin or perhaps, the impending leap of faith!

When we reached the jump altitude, our nerves started to fade and instead were overcome by an adrenaline rush. The freefall experience was awesome! It felt nothing like a G-Force roller-coaster ride where

your heart plummets to your feet and you start feeling nauseated. We felt like we were floating with all the cold wind pushing us upwards although we were actually falling at 120mph. The freefall lasted about 20 seconds before the tandem master opened the parachute for the canopy flight. For the next few minutes as we glided back down to Earth, we took in the breathtaking views of the North Shore of Oahu.

The feeling upon landing was euphoric! The whole experience is beyond any possible description but it was indeed an experience of a lifetime skydiving at one of the world's most beautiful dropzones!

Dr Tabitha Foo

Say your last prayers before taking the plunge!

Certs to prove they've taken the dive!

LISTERINE® PATIENT CARE SERIES

Facts of LISTERINE® Antiseptic mouthwash and alcohol

Role of alcohol in LISTERINE® Antiseptic

- Alcohol is an inactive ingredient used to solubilize the 4 essential oils: thymol, eucalyptol, menthol, and methyl salicylate
- The highly effective formula utilizes this unique combination of 4 essential oils as active ingredients

No link between alcohol-containing mouthwash and oral cancer

- An FDA subcommittee reviewed 7 case-control studies and concluded:

  "Data **do not support a causal relationship** between the use of alcohol-containing mouthwashes and oral cancer. The vote was unanimous..."[1]

- A review of 9 case-control studies published in JADA, found that **alcohol-containing mouthwashes do not increase risk** of oropharyngeal cancer[2]
- The American Dental Association (ADA) and National Cancer Institute (NCI) have stated that there **is no reason for professionals or consumers to modify their behaviours** regarding mouthrinses containing alcohol[3]

LISTERINE® Antiseptic does not promote oral dryness

In published studies...

- No drying of the oral mucosa — even in xerostomia patients who rinsed 3X per day (more than the recommended dose)[4]
- No significant effect on salivary flow rate or patient-reported sensations of dry mouth[5]

Clinical implications

There is no association between alcohol-containing mouthwashes and oral cancer.[1,3] Recommend LISTERINE® as an effective complement to your patients' daily oral care routine.

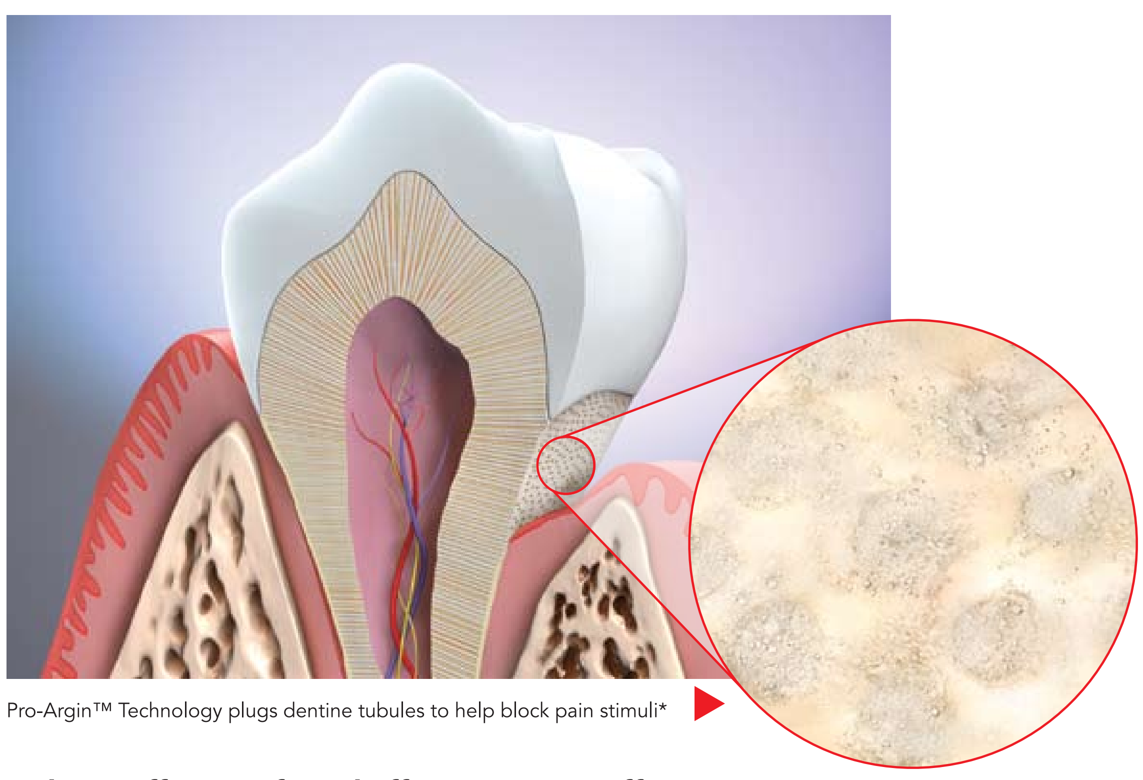
REFERENCES: 1. FDA. *Fed Regist* 2003:68:32232–32287. **2.** Cole P, *et al. J Am Dent Assoc* 2003:134:1079–1087. **3.** DePaola LG, *et al. J Dent Hyg* 2007:(special suppl.):13–25. **4.** Fischman SL. *Am J Dent* 2004:17:23–26. **5.** Kerr AR, *et al. Quintessence Int* 2007:38:41–48.

Johnson & Johnson

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

Start with brushing. Complete with LISTERINE®

*Introducing **Pro-Argin™ Technology** – a breakthrough in dentine hypersensitivity relief*



Pro-Argin™ Technology plugs dentine tubules to help block pain stimuli*

Colgate offers a safe and effective new in-office treatment for sensitivity patients with innovative Pro-Argin™ Technology

- Based on a natural process of tubule occlusion with the key components arginine and calcium carbonate
- Immediate and lasting relief with one application
- Clinically proven relief that lasts for 28 days**
- Sensitivity treatment and gentle polishing in one step

NEW! **Colgate® Sensitive Pro-Relief™ Desensitising Polishing Paste with Pro-Argin™ Technology**

* Graphical representation based on SEM photography; for illustration only
** T.Schiff et al. American Journal of Dentistry, March 2009; Vol 22: 8A-15A.

YOUR PARTNER IN ORAL HEALTH