Message From the President’s Desk

The 65th MDA Annual General Meeting has just been concluded alongside the MDA/FDI Scientific Convention and I would be failing in my duty not to recognise the Organising team under Dr. Haja Badrudeen for an absolutely fabulous Convention.

The feedback from the Convention was generally favourable with little or no setbacks. Apart from one of our sponsored speakers having to leave early unexpectedly, the others performed much to the delight of the delegates. The Informal Nite was well patronized and there was no shortage of ‘high spirits’ through the evening. Two buses were engaged to ferry our delegates to and fro.

The Annual General Meeting was conducted smoothly and the membership should be congratulated for allowing the Chair to take the entire process through its paces with little or no encumbrances. Accordingly, the Election Committee Chairman Dr. T. Thurairatnam and his team made short work of the elections procedure to keep tidiness and transparency throughout the balloting process.

The MDA Banquet was indeed a regal affair and the new Council had the privilege of being invested before Their Royal Highnesses, DYTM Raja Muda Raja Nazrin Shah and DYTM Raja Puan Besar Tuanku Zara Salim. With the Honourable Health Minister YB Dato’ Liow Tiong Lai also in attendance that evening, it was rare privilege indeed! I also take this opportunity to congratulate all and welcome them aboard.

A special thanks to Datin Dr Nooral Zeila and Dr. Soraya Sidek for having been instrumental in making the final arrangements for the banquet.

Meeting with Senior Oral Health Director Datin Norain Abu Talib

The Council met up with Datin Norain and Dr. Elise Monerasinge of the Oral Health Division of the Ministry of Health and discussion mainly focused on our meeting with the health minister and the various outstanding issues of the dental profession. Amongst the issues raised were:

- The certification of both the autoclave and compressor should not be part of the requirements under PHCF&S Act.
NEW

Colgate

360°

DEEP CLEAN

SlimTip™ bristles

Deeper Reach*

For a deeper, healthier whole mouth clean!

Cleans: ✓ teeth ✓ gums ✓ tongue ✓ cheeks

* Vs. an ordinary flat-trim toothbrush
The MDA, in consultation with the Oral Health Division, will undertake to communicate with DOSH subsequently on this issue.

- The Minister in his prerogative to grant one nominated representative of the MDA in the Dental Council
- National Continuing Professional Development

The MDA humbly requested cooperation from the Ministry of Health to provide CPD courses at the various government hospitals, PKK and PKB when offered, as an option for private practitioners in the more rural towns where CPD talks are not so easily available.

In addition, practitioners should be allowed to collect CME points from the medical conventions and talks. These points should count to make up for their CPD points.

This together with our regular conventions and CPD roadshows should allow with ease most of our practitioners to obtain CPD points whilst keeping abreast in current developments in the field of dentistry

**Issues pertaining to PHCF&S Act**

Kindly revert to me via the MDA Secretariat any form of issues that you have faced in the recent inspection exercise for the PHCF&S Act. The MDA can highlight these to the Oral Health Division as well as the Minister when we meet up with him. You can remain anonymous if you wish in your communications. The Ministry is just as keen to get the inspection exercise done as amicably and effectively as possible.

**CPD points – compulsory by 2009?**

We know that the Ministry has formed the National CPD Committee and they have put into place several proposals in line to make collection of CPD points (30 points annually) compulsory to obtain the Annual Practicing Certificate. A recent statement from the Ministry of Health quoted that CME points for Medical counterparts is to be made compulsory soon. Our need to comply will not be far away. Membership concerns on this issue is well founded but we cannot afford to ignore this issue any longer. Being proactive and preemptive would be the best line of defense in this case. The CPD issue may be implemented by 2009 in all probability.

The Committee is setting into place several measures to facilitate members to obtain CPD points with ease. Among these are

- FDI/MDA Conventions – Jan and June *
- CPD talks organised by MDA and through its Zonal activity *
- Malaysian Dental Journal/MDA news *
- Attendance at International Conferences *
- The e-journal being set up on our webpage
- Medical talks where CME points are accredited
- CPD programs in hospitals and universities
- CPD talks in Pusat Kesehatan Kecil and Besar in rural areas
- Serving in MDA committees and Council
- Serving in international dental committees

While the first four modalities are already in place, the others are being explored and we should make the exercise of obtaining CPD points accessible to all including those who practice in the more remote areas of the country. Having a computer with Internet access is a necessity to enjoy the added value to the CPD program.

**Meeting with the Minister of Health, Dato’ Liow Tiong Lai**

The long awaited meeting of the Council with the Health Minister has been scheduled for mid October 2008. The recent by-elections made any earlier appointments difficult. We have raised several issues for discussion with the Minister and he has taken note of them through our communication. We are still awaiting a suitable date from his PA on this matter.

**Meeting with Affiliates of Malaysian Dental Association**

This meeting was held on 13th August 2008 at the MDA Secretariat. Representatives from affiliates of the MDA met up to resolve outstanding issues and pan out the various activities for the year.

**FDI 2008 – Stockholm Sweden**

Travel/accommodation and various other costs prohibitions have preempted a larger delegation. Perhaps the FDI 2009 in Singapore will see a larger delegation. While there, we shall attend the APDF/APRO, the FDI sessions and meet up with Dr Kevin Lewis of Dental Protection Limited with regards to some of our pending issues. The hosting bids for the APDC in 2013 and the FDI in 2020 is much on the cards.

**16th FDI/MDA Scientific Convention and Trade Exhibition**

The 16th FDI/MDA Scientific Convention and Trade Exhibition has been scheduled for 16 -18 January 2009. Mark out your dates for another exciting 2 day convention. Organising Chairman Dr V. Nedunchelian and his team have already begun preparations in that direction.

**And finally a ‘Selamat Hari Raya Aidil Fitri’ to all our Muslim colleagues**

Dr. S. Sivanesan
President
Malaysian Dental Association 2008/2009
Message from President – Elect

Dear Friends and MDA members,

Foremost, allow me to take this opportunity to thank you all for your continuous support. It gives me great pleasure to pen my maiden report as a President Elect in this new energetic MDA Council 2008/2009 led by our capable President Dr S. Sivanesan. Having served in the MDA Council for the last few years, I have continuously challenged myself to think and put into action projects to benefit the MDA members at large. Two timely ones which I plan to initiate for this year are the E-Journals Project and the Online Continuous Dental Education (CDE).

Electronic Journals

In view of the high possibility of compulsory CPD points to be tied to our Annual Practicing Certificate renewal, it is only pertinent that the Association must provide more avenues for its members to fulfill this obligation. Electronic journal reading would be ideal to complement traditional scientific conventions to accumulate vital CPD points. More importantly, the provision of research literatures would enable dental practitioners to restructure their clinical work to be more evidence-based in this era of heightened consumer awareness. For a start, we have subscribed to Journal of Esthetic and Restorative Dentistry as well as Journal of Prosthodontics from the well-respected Wiley Interscience Publisher. These two e-journals would be accessible from MDA Homepage at www.mda.org.my once we get the green light connection to Wiley Interscience UK’s server soon. We are well aware that these may not fully satisfy every specialty in our dental profession at the moment. In due time, we hope to increase the number of journals to cater for everyone’s need and demand. Kindly bear with us while we strive to expedite the matter.

Online CDE

We are also currently looking into refurbishing our MDA website to provide CPD related reading materials, clinical demo videos and etc to widen the options for CPD point’s accumulation. Therefore, I strongly urge all MDA members to be internet-online to ensure accessibility to MDA knowledge portal to maximize these exciting modes of CPDs for your life-long learning as well as fulfilling your CPD point’s accreditation. Last but not least, your feedback and suggestion is most welcomed at mda@streamyx.com.

Thank you.

Dr Lee Soon Boon
President-Elect 2008/09

Message from Honorary General Secretary

I am honoured to pen down this message for the August issue of the MDA News 2008. Warmest greetings from the MDA secretariat. Following are some important issues that I would like to address.

MDA Secretariat

I would like to begin by thanking my predecessor YB Dr. Xavier Jayakumar and Past President Dato’ Dr. Low Teong for making my new portfolio as Secretary General smoother as much work of revamping and organizing have been carried out in the previous term. I am continuing the work in reorganising and streamlining the administration of the secretariat.

- Security
  Few measures have been taken to improve the security of the secretariat. There will be no files taken out of the secretariat to ensure no documents or files go missing.

  A close circuit television (CCTV) has since then been installed to monitor the activity, movement of personals to ensure and prevent any security breech.

- Administration Staff
  The secretariat administration is manned by
  1. Ms. Shanti as the office manager
  2. Ms. Elly as the administrative assistant
  3. Mr. Steve Lim as the administrative assistant

- Updating Database
  The administration staff of MDA is in the midst of updating its database to make it very current as to date, we have four hundred thirty four members who
are not contactable as address and contact numbers have become obsolete. We urge the membership to regularly update the secretarial staff in the event of any changes.

**MDA CPD Programme**

The Theme for the year is “Excellence through CPD”. Continuing Professional Development remains as the core activity that the MDA does for the benefit of our members. As such we have charted programmes that cover almost every state in Malaysia apart from our two major events which is the FDI and AGM. Every month, there would be some activity that is undertaken under the umbrella of MDA. This monthly CPD will be charged a nominal rate of RM20-RM30 to cover for food. Therefore it would be affordable, accessible and informative. This is inline with the aspirations of our ministry of health to introduce compulsory CPD points in order to renew our APC. We hope there will be no excuses on difficulty in getting the points because we are reaching out to our members even as far as Sabah, Sarawak and Miri. We appeal to the members to come full force to support our programs so that we can do more. Members can also take this opportunity to meet and interact with key office bearers of the association to air their views and exchange ideas on the direction of MDA. The CPD committee is chaired by yours truly and co chaired by Dr. Muzafar.

- **The Lecture Hall**

  The lecture hall has a new light shut out curtain installed to enhance screen projection quality during CPD presentation.

**FDI STOCKHOLM**

This year’s FDI World Dental Congress will be held in Stockholm, Sweden from September 24th till September 27th. MDA will be represented by Dr. S. Sivanesan – Chief Delegate Dr. Lee Soon Boon – Alternate Delegate Dr. Haja Badrudeen – FDI National Liaison Officer

Observers to FDI will be:

Dr. Muzaffar, Dr. V. Nedunchelian, Dr. Seow Liang Lin, Dr. S. Ratnasothy, Dr. Wey Mang Chek.

The International Relations Committee Chaired by Dato’ Dr. Ratnanesan will bid for the APDC to be hosted in year 2013 and FDI in the year 2020.

- Before I end my message, please allow me to take this opportunity to wish my fellow Muslim colleagues and friends Ramadhan Mubarak and a Happy Eid-Ul-Fitr. Thank you.

With best regards,

Dr. Haja Badrudeen Bin Sirajudeen
Honorary General Secretary
Malaysian Dental Association 2008/2009

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**Financial Policy for the Year 2008-2009**

1. **To achieve fiscal surplus in each Financial Year**

As at 31 July 2008, we have a worth of RM1,410,555.30 in our non-current asset and RM1,766,616.53 in net current asset, this translates to a total of RM3,177,171.83 for total Members Fund or Shareholders Fund or equivalent to RM1234 per member based on 2574 total number of membership. Thanks to the efforts of past Councils in bringing this positive surplus for our Association as well as members. However, I need to highlight that this positive surplus is fragile and could only be sustainable if we pursue and implement a clear financial policy or it could be easily lost by unscrupulous spending and poor budget control. To achieve this end we must have a positive fiscal balance in every financial year. Let us take a look at the financial surplus/deficit in the past years

<table>
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<tr>
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Introduction

This is my second term serving as Honorary Financial Secretary. It is felt that greater transparency and accountability on financial spending has to be established, and as such, there must be a clear cut financial policy to guide us in running the Association. I wish to register my gratitude to the President Dr Sivanesan in permitting me to implement this clear and transparent policy to guide the Association into greater financial health and stay clear of any possible irregularities.
From the Table above, it is evident that from 2003 to 2007 we accumulated surplus to a total of RM1,429,384. In 2008, we expect a big dip in surplus because of huge spending and hang over effect from 2007, however we would deliberate to bring this under control and hopefully to preserve a budget surplus if we are politically determined to implement our transparent and prudent financial policy.

2. To continue the foundation laid by my predecessor Dr Lee Soon Boon on prudent financial spending and self sufficiency for each project

The former Honorary Financial Secretary Dr Lee Soon Boon had done a good job in controlling the financial spending and implementing the policy of achieving self sufficiency for each project and this policy has to be maintained if we want to keep our financial surplus for each financial year. There must also be strong political will and determination to see this policy being carried out to its fullest effect. Salute to Dr Lee for a job well done.


We have presented the Balance Sheet of MDA as at 31 July 2008 (Annexure 1) and Profit and Lost as at 31 July 2008 (Annexure 2) for our members’ scrutiny. In the Balance Sheet, it confirms our strong financial position of having zero debt and positive surplus in non-current and current asset. Our asset is also bringing us slow but steady income to help finance our huge operating cost and secretariat expenditure. In the Profit and Loss Sheet, we noted the membership subscription and MPS subscription is on the rise, this is certainly positive news as it reflects the members’ confidence in the current Council. The challenge to the present Council remains on how we could spend our money wisely to benefit the members in general. Traditionally, our Association derived 54% of sources of incomes from Convention and Sponsorship; 14% from membership subscription; 18.9% from Advertisement & Product Accreditation; 4.5% from MPS project; 2% from rental income and 2.5% from interest income. This means that the President and I as well as the financial team have a tall order to find enough sponsorship money to meet end needs for our MDA machinery. Whereas for the Expenditure, there is a fixed and variable expenditure component, fixed expenditure is like Secretariat expenditure, which is about 16% of total expenditure; 44.8% on Conference spends to subsidize our members’ participation; 10% on International Conference e.g. FDI, APDC, CDC etc and 3.5% for Council meeting which is very reasonable.

4. All Committee Chairman must submit a budget proposal for their project

To prevent any surprises and unexpected spending, the Council had decided that All Committee Chairman must submit a budget proposal for their project. Each project would be allocated with a certain budget to spend and amount to be raised in balance proportion by the Finance Committee in consultation with the President and Council. The amount of budget allocated would depend on the availability of funds as well as the nature of the spending. As a general rule, the nature of the spending should be directing at benefitting the membership at large. The Committee Chairman would also not be given a blank cheque to spend, they would have to look into ways to find sponsors and achieve self sufficiency in each project organized.

5. Focus of spending on projects that benefits the members at large

The focus of spending would be geared towards benefitting the membership at large. We are now in budget surplus therefore this would be the time that we give back to the membership. However, we believe in giving back not by handing out cash to the members or giving out free bees. We believe in giving back by organizing quality CPD Talks around the nation and printing quality Newsletter and MDJ. We now find a new avenue to give back to our members, which is to start up the e-Journal project in our Homepage. Our President-Elect is spearheading this project, to start up with this project, we would subscribe to a few popular and informative e-journals. Our members could access to these journals for free which otherwise they would have to pay a premium to gain access to it. We believe this policy is in line with the compulsory CPD points which would be implemented in 2009.

6. Claim Policy

Finally to put the Association in order, we have established a Claim policy as well as House Order Financial Rules to keep things in order. All claims would have to be conformed to these Claim Policy and Financial Rules. No one is supposed to be above these rules. We believe only with an established system, a clear policy guideline and a strong political will and determination to implement it to the fullest effect would ensure that our beloved Association to stay in pink financial health. With the blessing from the President and Council, Dr Ratnasothy - The Assistant Honorary Financial Secretary and myself would be working hand in hand together to execute these financial policies to the best of our ability and safeguard the interests of our members.

Regards,

Dr. How Kim Chuan
Honorary Financial Secretary
MDA 2008/2009
Message from Honorary Publication Secretary

Dear Esteemed members of MDA,

Greetings from the desk of the Honorary Publication Secretary.

This is my second term as the Honorary Publication Secretary. First and foremost I wish to pen down my deepest appreciation to the members for giving me the opportunity to serve you in this capacity for another term. I would also like to thank the 2007/2008 Council Members for the support rendered throughout my first term; it has been a fruitful year. I have confident that the new Council will bring the Association to greater height under the dynamic leadership of Dr. Sivanesan. I would be failing in my duty not to recognise the great team work of my publication committee especially Dr. Shahida Mohd Said and Dr. Wey Mang Chek.

Format of MDA News

As MDA News acted as the main source of communication between the Association and the membership, it is targeted to continue publishing the newsletter on a quarterly basis. The main aim of the present Council is to give back to the members and this will be presented in various forms, amongst these will be the MDA News and MDJ, CPD programmes, electronic journals etc. The MDA News will report the various activities that have been carried out and also announce up and coming CPD programmes. The well received Clinical Assessment column by Dr. Wong Foot Meow will be a regular section as have been in the past. Some light reading on clinical dentistry will also be incorporated to enhance member’s knowledge. In view of the possibility of the implementation of tying CPD points to APC renewal, this may become another avenue where members can accumulate CPD points. The MDA News will be made available electronically at the MDA website.

Financing the MDA News

I will continue my duty to make the MDA News relatively self-sustained by attracting some advertisements. This will reduce the cost of printing borne by the Association. At present MDA News has been able to attract advertisements from either local companies or from Singapore. Besides the advertisement, MDA News also provides Classified Ads column i.e. complementary advertisement space for members to make brief announcement.

The MDA News is for all of you, so please do not hesitate to contact the MDA Secretariat or myself if you have any comments/suggestions. Hope you will enjoy reading it. Thank you again for your kind support.

To my respected Muslim fellow colleagues and friends, here’s wishing all of you Selamat Berpuasa and Selamat Hari Raya Aidilfitri.

Yours sincerely,
Assoc. Prof. Dr. Seow Liang Lin
Honorary Publication Secretary 2008/2009

MDA Northern Zone Report for MDA News Letter

Reported by Dr. Teh Tat Beng
Secretary Northern Zone MDA

Kuantan CPD programme

There were 20 members turned up for Kuantan CPD programme, which was held in Vistana Hotel, Kuantan on 13/7/2008 (Sunday). The speaker was Dr. Shahida Mohd. Said, Senior Lecturer and Head of Department of Periodontology, UKM. Out of the 20 participants, 12 of them were private dental practitioners. As there are only 20 private dental practitioners in Kuantan, that means 60% of them participated in our CPD programme. The response from government dental practitioners was not encouraging because Sunday is a working day for Pahang. An important point to consider when the CPD committee plans their future CPD programme.

Penang CPR Course 27th July 2008

It is very important for one to acquire CPR technique, especially as a health care provider. This is the reason CPD committee of MDA Northern Zone conducted CPR course once in every two years. 27 members took part in the CPR Course held in City Bayview Hotel, Penang on 27/7/2008. The course covered Part I – which is the practical session and Part II - 50 MCQ questions. The passing mark for MCQ is 84/100, Majority of the participants passed the test.

Penang CPD programme 27th July 2008

There were 50 members participated in Penang CPD programme, most of the participants gave us positive feedback, as they had picked up some useful tips from Dr. Sim Tang Eng, the speaker for Penang CPD programme. eg the soft tissue graft.

Alor Setar CPD programme 15th August 2008

29 participants attended the Alor Setar CPD programme which was held on 15/8/2008 (Friday) at Grand Crystal Hotel, Alor Setar. Dr Abu Razali Saini talks on Composite Layering Technique – The Basic Concept. Special thanks to Dr. Azillah, MDA Northern Zone Kedah state representative for organizing the programme.
Dr. Goon MDA Northern Zone CPD Chairman, Dr. Shahida Mohd. Said Speaker for Kuantan CPD programme and Dr. Radhakrishnan, Pahang State Representative

Anymore excuse for not attending CPD programme

Dr. Azillah presented a token of appreciation to the speaker, Dr. Abu

The instructor giving instruction to perform CPR

Look, Listen & Feel for Breathing

A token of appreciation was presented to Dr. Teo from Penang Cardiopulmonary Resuscitation Society

Abdominal Thrust performed to dislodge the foreign body obstructing the airway
"The swallowing reflex is not fully developed in children of preschool age (6 years and below) and they may inadvertently swallow toothpaste during brushing".

**Safe Toothpaste is Vital for Children**

"Excessive ingestion of fluoride during the early childhood years can damage the tooth-forming cells, leading to a defect in the enamel known as DENTAL FLUOROSIS".

---

**Why No Fluoride?**

Excessive ingestion of fluoride during the early childhood years can damage the tooth-forming cells, leading to a defect in the enamel known as DENTAL FLUOROSIS.

**Why Xylitol?**

Xylitol, a natural sweetener, is found in the fibers of many fruits and vegetables, including berries, corn husks and mushrooms. Xylitol helps to prevent tooth decay.

**Why No Sodium Lauryl Sulfate?**

Sodium lauryl sulfate is a detergent and foam booster found in normal toothpaste. It can cause canker sores, e.g., mouth ulcers, as it dries out the protective mucus lining in the mouth.

**Why Calcium & Phosphate?**

Calcium and phosphate ions are essential for the remineralization of tooth enamel to maintain strong teeth and protect against tooth decay. Dicalcium phosphate dihydrate also cleans and whitens teeth.

**Why No Saccharin?**

Saccharin is synthesized from coal tar. It causes bladder cancer in male rats. The US Environmental Protection Agency considers it a possible carcinogen.

**Why Sodium Lauroyl Sarcosinate?**

Sodium lauroyl sarcosinate inhibits enzymes that break down sugars into acids. It also inhibits the growth of bad breath-causing bacteria in human saliva.
At our 1st Council meeting, the portfolios for various committee were designated. Dr Lawrence Mah has been invited as an observer pending the approval from the Registrar of Societies on the formation of the Eastern Zone. Additionally, we are indeed privileged to have our former Vice Chancellor of the University of Malaya, Dato’ Dr. Prof. Hashim Yaacob on board and look forward to his contributions to our team. This will be his third term with the council of the MDA, having served earlier in 1982 and 1993.
Safe for mommy, safe for baby

Recommended during pregnancy and breastfeeding. Also suitable for the whole family.

Why No Fluoride?
Studies have found that fluoride accumulates in the brain of the fetus, causing damage to cells and neurotransmitters.

Why Xylitol?
Xylitol, a natural sweetener, is found in the fibers of many fruits and vegetables, including berries, com husks and mushrooms. Xylitol helps to prevent tooth decay.

Why No Sodium Lauryl Sulfate?
Sodium laurel sulfate is a detergent and foam booster found in normal toothpaste. It can cause canker sores, a.k.a. mouth ulcers, as it dries out the protective mucus lining in the mouth.

Why Calcium & Phosphate?
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Why No Saccharin?
Saccharin is synthesized from coal tar. It causes bladder cancer in male rats. The US Environmental Protection Agency considers it a possible carcinogen. It can penetrate the placenta to affect the fetus.

Why Sodium Lauryl Sarcosinate?
Sodium laurel sarcosinate inhibits enzymes that break down sugars into acids. It also inhibits the growth of bad breath-causing bacteria in human saliva.

References:
New MDA Members (Jun-08 to Aug-08)

The Northern Zone

Dr. Alice Cheng Siew Wen
Dr. Amiza Binti Zaini
Dr. Azizah Binti Mat
Dr. Azlina Bt Mohamad Nor
Dr. Badrinatheswar Gelli
Dr. Boo Ming Pin - Undergraduate
Dr. Chan Siew Wui
Dr. Freeda Woon Faiza Woon
Dr. Harvinder Singh Dhillon - Undergraduate
Dr. Jamaliah Binti Omar
Dr. Khor Ban Kooi
Dr. Khor Swee Ting
Dr. Lim Chia Min - Undergraduate
Dr. Malek Bin Ahmad
Dr. Margaret B. Comfort
Dr. Marina Binti Mubin
Dr. Masaitah Hayati Harun
Dr. Nazuha Binti Ahmad Fikri
Dr. Ng Kar Tseng - Undergraduate
Dr. Noor Azhani Zakaria
Dr. Nur Diyana Binti Yop
Dr. Nursuriati Bte Muhamad Zahari
Dr. Oh Pei Ying
Dr. Ong Vivian - Undergraduate
Dr. Osama Bahaa Mohammed
Dr. Riffah Binti Saadon
Dr. Sharmini A/P Subramaniam - Undergraduate
Dr. Siow Su Pung
Dr. Siti Hafizatun Abd Shookor
Dr. Stephanie Chong Mei Har - Undergraduate
Dr. Suraya Omar
Dr. Victor Goh
Dr. Wee Tze Yee
Dr. Zakiah Abdullah

Dr. Loo Shi Ying
Dr. Low Han Nee - Undergraduate
Dr. Manveen Singh Toor A/L Jasbir
Dr. Maryani Bt Mohamed Rohani
Dr. Mas Suryalis Ahmad
Dr. Mohamad Bin Jaya
Dr. Mohamed Gamal Eldeen
Dr. Mohd Tasnaeni B. Sabri @ Sahara
Dr. Mohd Zambri Mohamed Makhbul
Dr. Muhammad Farid Nurdin
Dr. Mustarawani Mohamed
Dr. Nalladevi Chelvakumary D/O Nallusamy
Dr. Ngo Wei Ming - Undergraduate
Dr. Norhidayah @ Norzahidah Mohd Tahir
Dr. Nur Huda Mohd Noor
Dr. Nuriliza Ab. Razak
Dr. Nurul Azirah Mohd Roni
Dr. Puvaneswari Ramasamy - Undergraduate
Dr. Rasidah Ayob
Dr. Rohaida Alias
Dr. Simran Jeet Singh Kalsi - Undergraduate
Dr. Siti Fatimah Mohamad Rohani
Dr. Syarifah Nurana Wan Yon
Dr. Tan Chai Peng
Dr. Tew In Meei
Dr. Thavanes A/P Rathakrishnan - Undergraduate
Dr. Verima Saria Yulia Wiratman
Dr. Yeo Yue Ming

Re-application

Dr. Farah Aliya Binti Mohamed Azahar
Dr. Farha Gimat
Dr. Leow Sze Yee
Dr. Ling Wang Hong
Dr. Morni Ab. Rani
Dr. Nor Azwa Hashim

The Southern Zone

Dr. Ahmad Kamal Tarmizi Bin Zamli
Dr. Annabel Shanta A/P Edwin Thomas - Undergraduate
Dr. Arilatha A/P Arimuthu
Dr. Asma Faiz B. Mohd Saleh
Dr. Azarifa Abdullah
Dr. Benedicta Wong Kake Jyae
Dr. Charanjit Kaur Pretam Singh
Dr. Dasera Raj A/L Vedha Raj
Dr. Emmellia Hezrin Bt Rahim
Dr. Erfa Bt Zainalldin
Dr. Farah Azwin Adam
Dr. Foo Lean Heong
Dr. Girish Chandra
Dr. Hazreen Elliana Radzali
Dr. Hetal S/O Ashvin Kumar
Dr. Ikmal Mohamad Jaafar
Dr. Jivanisha Gowri D/O Ganasen - Undergraduate
Dr. Junaidah Ngah
Dr. Kelvinder Kaur A/P Bhag Singh - Undergraduate
Dr. Kong Sheng Earn - Undergraduate
Dr. Lam Tze Ching
Dr. Lau Guat Syin
Dr. Lee Pei Nee - Undergraduate
Dr. Liza Maria Abdullah

Dr. Choy Kok Chong
Dr. Kamalamalar A/P Nadarajah
Dr. Leong Su Chai
Dr. Hajjah Mahrusah Jamalu
Dr. Junaidi
Dr. R M Govindan
Dr. Tan Poh Hoo
Dr. Wan Mahadzir Mustafa
Dr. Xavier Jayakumar
Dr. Yap Chik Seng

Life member

Dr. Ajay Telang
Dr. Cyril Joseph
Dr. Hamsaveni James
Dr. Henry Sofiandy Halim
Dr. James Puthenvelthil Chacko
Dr. Lahari Ajay Telang
Dr. Mohamed Salahudeen
Dr. Ramesh Kumar
Dr. Vrata

Associate member

Dr. Ajay Telang
Dr. Cyril Joseph
Dr. Hamsaveni James
Dr. Henry Sofiandy Halim
Dr. James Puthenvelthil Chacko
Dr. Lahari Ajay Telang
Dr. Mohamed Salahudeen
Dr. Ramesh Kumar
Dr. Vrata
QUESTION 1 : TITANIUM MINIPLATES AND OSTEOSYNTHESIS

Titanium miniplates fall in the realm of oralmaxillofacial surgeons who routinely use it for orthognathic and trauma surgery. Miniplate osteosynthesis without interfragmentary compression is now considered the best treatment for fractures of the mandible. It is useful for the knowledgeable dental practitioners to be abreast of such specialised items as they may come across remnants of such cases years after the dust has settled as exemplified by the following 3 cases.

1A This 45 year old Chinese car spare-parts shop owner severely traumatised his mandible against the steering wheel in a motor-vehicle accident 5 years ago and was treated using miniplates. Unfortunately he developed complications and presented with a weeping discharging extraoral sinus in Fig 1a. The pre-operative X-ray view Fig 1b is diagnostic. Figs 1c and 1d were the intra-operative scenarios, culminating into removed miniplates in Fig 1e and the immediate postoperative appearance in Figs 1f and 1g. Post-operative healing has taken place well as shown in Figs 1h and 1i. Post-operative x-ray is shown in Fig 1j.
B This 30 year old Chinese executive complained of severe pain in the lower right (R) wisdom tooth area. He was assaulted in a pub while studying in America three years ago and had 2 miniplates inserted under general anaesthesia (Fig 1k).

C This 72 year old Chinese tractor driver was hit by the trailing hook of a hoisting crane 25 years ago and sustained a fracture to the right (R) angle of his mandible. He now complains of a broken denture (Fig 1l) and exuberant soft tissue growth in the right (R) buccal sulcus. The referring dentist can only fabricate a new denture once the exposed plate and soft tissue growth is removed. Pre-operative views are seen in Fig 1m and 5n (X-ray).
(i) What do you know about the anatomy of the mandible? What are the muscles of mastication that produce motion and support the mandible?

(ii) How would you classify fractures of the mandible?

(iii) What treatment options are available for treatment of fractures of the mandible? What are the criteria to be considered when determining treatment in mandibular fractures by either the open or closed reduction options?

Rigid fixation utilises the lag screw, compression plating, reconstruction plates, and external pin fixation while semirigid fixation involves stainless steel wires and miniplates. What do you understand from all those terms listed above?

(iv) What is the cause of the discharging sinus in Fig 1a and describe the procedure carried out for case 1A (Figs 1c and 1d)? This miniplate case probably failed because of torsional forces between the lower canines generated by mastication. What should have been done? What anatomical structures would you have to look out for in such cases? What do you know about the mechanics and properties of the screws and miniplates retrieved from Case 1A seen as in 1e?

(v) How would you manage patient 1B? Is the miniplate the cause of pain around tooth 48? Would removal of tooth 48 resolve the problems? From the X-ray in Fig 1k, do you anticipate any problems in the removal of tooth 48?

(vi) For case 1C, indicate the location of the miniplate placed in Fig 1n and why is it placed there? Can you guess why Case 1C should be rather straightforward? Why is the denture broken at that precise location (Fig 1l)? What can complicate this procedure? What must you do to ensure good healing?

(vii) What do you know about the biomechanical and surgical principles of Champy? What do you know about the miniplate osteosynthesis system (Figs 1u and 1v)? Why should the miniplate be placed as close as possible to the alveolar process?

(viii) What do you understand by ideal lines for mandibular osteosynthesis? How are ideal lines affected by tensile and compressive forces generated?
QUESTION 1:

Noncompression monocortical miniplates when used according to the principles of Champy offer good stability for the healing of mandibular fractures and allow immediate function of the mandible. Accordingly miniplate osteosynthesis without interfragmentary compression is now considered the best treatment for fractures of the mandible. Complications from placement of miniplates include nerve damage, extrora Keloids, abscess formation, soft tissue infection and osteomyelitis.

(i) The mandible is a cantilever beam that interfaces the skull base via the temporomandibular joint. The masseter, medial pterygoid, lateral pterygoid, and the temporalis are the muscles of mastication that act to produce motion and support the mandible. The directional pull of these muscles determine stability of certain fracture patterns. The masseter and temporalis muscles exert upward pull on the angle of the mandible, which will distract horizontally unfavorable fractures from each other in a vertical dimension. The medial and lateral pterygoid muscles exert medial pull on the ramus of the mandible and will distract vertically unfavorable fractures medially. The blood supply of the mandible is via the inferior alveolar artery that runs in the inferior alveolar canal. Additionally, blood supply from the surrounding periosteum plays an important role in healing, especially in the elderly and in injuries that involve the canal. The nervous supply of the mandible is via the mandibular division of the trigeminal nerve (V3). The mental nerve runs with the inferior alveolar artery and injury to the canal produces numbness of the ipsilateral lip and chin.

(ii) Fractures of the mandible are described as comminuted or simple, open (compound) or closed, favorable or unfavorable, direct or indirect, pathologic, and by location. The coronoid, condyles, subcondylar region, ramus, angle, body, symphysis, parasympysis, and alveolus are terms commonly used to describe fracture regions. Multiple terms can be used to describe a single fracture.

(iii) Treatment options of mandible fractures can be divided into rigid fixation, semi-rigid fixation, and non-rigid or closed reduction. Methods considered rigid fixation are the lag screw technique, compression plating, reconstruction plates, and external pin fixation. Miniplate fixation and wire fixation are types of semi-rigid fixation. Maxillomandibular fixation (MMF), gunning splints, and lingual splints are considered non-rigid fixation. Rigid fixation allows for primary bone healing without callous formation. Non-rigid fixation allows for secondary bone formation with inflammatory infiltration and callous formation. Semi-rigid fixation allows for areas of primary and secondary bone formation.

Closed Reduction

Closed reduction is best used in the treatment of favorable, non-displaced fractures. Several other treatment scenarios may be best treated with closed reduction. These include grossly comminuted fractures, fractures of the severely atrophic edentulous mandible, fractures with a lack of soft tissue overlying the fracture site, subcondylar fractures, and fractures of children with developing dentition. In severely comminuted fractures where adequate stabilization is unlikely with miniplates, preservation of the periosteal blood supply via closed reduction may decrease infection rates and the incidence of non-union. In adults 60-80 years old, the inferior alveolar artery is abnormal in 60% and absent in 40%. As the periosteum is the major blood supply in these fractures, periosteal stripping may cause increased infection rates when internal fixation is used. Gunning splints with circum-mandibular wiring may be used to obtain closed reduction.

Standard length of maxillomandibular fixation (MMF) is 4-6 weeks. De Amartuga studied 256 mandible fractures treated with MMF and found children less than 15 needed 2 weeks for bone healing, and healthy adults needed 3-4 weeks. In the elderly, 5-10 weeks may be necessary. In another study, 82% of patients had bone healing by 4 weeks. MMF is considered ineffective for severely displaced fractures. In addition, higher rates of non-union can be expected in the edentulous mandibles treated by this method (up to 20%). MMF involves placement of arch bars onto the gingiva of the maxilla and mandible. These bars are fixed into place with 24 gauge wire to the interdental spaces of the premolar and molars. Once the arch bars are secure, and the fracture reduced with the patient in normal occlusion, fish loops are placed to wire the mandible to the maxilla. Ivy loops made out of 26 gauge wire are used in selectively bringing occlusal pairs of teeth together.
Open Reduction

Open reduction involves direct exposure of the fracture site and placement of internal fixation to prevent movement of the fracture site. Open reduction is used in displaced and unstable fractures, with associated mid-face fractures, and when MMF is contraindicated. In addition, some surgeons advocate ORIF (open reduction internal fixation) for patient comfort and for expedited return to activity and work. Seizure disorders, psychiatric disorders, gastrointestinal disorders, severe malnutrition, and history of temporomandibular joint arthropathy may lead the surgeon to choose ORIF as it requires shorter periods of MMF. Arch bars are always placed first to establish occlusion, then ORIF is performed. The plates can be placed intraorally, extraorally via a cervical incision, or percutaneously. Dynamic compression plates (DCP) can be used for most body, angle, symphyseal or parasymphyseal fractures. Those fractures that have a straight course from the buccal to the lingual cortex may benefit more from the use of a DCP.

A lag screw can also be used to compress bone fragments on either side of the fracture line. This technique is useful for the oblique horizontally directed angle fracture or for parasymphyseal fractures. Only surgeons experienced in technique should use it as there is the potential for malunion if screws are not placed exactly.

External fixation is usually necessary in comminuted fractures such as gun shot wound injuries. A tooth that is intact but in the line of the fracture can be left in place and protected by antibiotics but may need attention from a dentist at a later date. Treat dental injuries concurrently with the fracture. Fractured teeth may become infected or jeopardize bone union and should be removed. Mandibular cuspids help determine occlusion and should be preserved, if possible.

Four separate techniques for rigid fixation of the mandible are available:

1. the Bicortical Luhr system, using vitallium plates;
2. Association for the Study of Internal Fixation (ASIF) system of stainless steel compression or reconstruction plates with bicortical screws; (Compression bone plates reduces the incidence of distorted occlusion from muscular pull fracture line distraction) and
3. the Champy miniplate technique placed along the “line of ideal osteosynthesis,” using monocortical screws.
4. Lag Screws.

Note:

- Dynamic compression plates are based on the concept of preload and friction at the fracture site. The plates cause compression of the fracture segments resulting in preload and friction. The preload prevents distraction of the segments and the friction stabilizes against torsional forces.

b. In the lag screw technique, an oversized or gliding hole is drilled at the near cortex with a diameter greater than the thread diameter of the screw. A countersink hole is drilled at the outer end of this hole to accommodate the screw head. As the screw is tightened its distal end engages the threaded hole of the distal segment. The end result is that the distal fragment is pulled against the proximal fragment causing compression. 2-3 lag screws are required for stability.

c. Monocortical miniplate systems are based on masticatory forces. Masticatory muscle function in the mandible produces (i) Tension at the upper border (ii) Compressive forces at the lower border and (iii) torsional forces in the area anterior to the lower canines. Champy was able to define ideal lines of osteosynthesis. Monocortical osteosynthesis results in neutralization of distracting and torsional forces exerted on the fracture during physiologic stress. This results in restoration of the normal compressive forces at the basal aspect of the mandible. Thus posterior to the mental foramina, a single plate is placed below the dental roots but above the inferior dental bundle. Anterior to the mental foramina two plates are necessary to neutralize the torsional forces. These principles are violated in Fig 1m resulting in failure. Fig 1o and Fig 1x are successful as the correct protocol is adhered to. Champy describes using a noncompression, monocortical plate in the region of the external oblique ridge. Ellis has had excellent clinical results using this technique for angle fractures of the mandible.

d. Reconstruction plates are a form of internal surgical splint which serve to buttress fragments against displacement and to absorb the functional load while healing occurs. The plate holes use neutral screws.

Figure 1o
(iv) The miniplates screws have worked loose owing to non-compliance with the ideal lines of osteosynthesis. Chronic micromovement and percolating action resulted in a chronic infection. The anatomical structures to watch out for during open reduction surgery of the mandible (Figs 1c and 1d) include the facial/labial arteries, the mandibular branch of the facial nerve, mental branch of inferior dental nerve, anterior facial vein (angle of mandible), masseter, medial pterygoid and mylohyoid muscles. Refer to para (vii) on the screws and miniplates properties.

(v) Patient 1B is straightforward. The twin miniplates should be left alone as the pain is caused by an acute exacerbation of a chronic pericoronitis. However wisdom tooth surgery of tooth 48 may be complicated by long standing scar tissue around the superior miniplate (making raising a flap very difficult) and the removal of large amounts of buccal bone to mobilize tooth 48 could undermine the miniplate resulting in healing complications or worse still secondary infection. Removal of the offending tooth should be done using an atraumatic technique under GA / IV sedation plus heavy antibiotic cover with appropriate amount of bone sacrificed to avoid damaging the (L) inferior alveolar nerve as the root apices are very close to the Inferior Dental Bundle. (Fig 1k)

(vi) According to Principles of Champy, as the patient had a fracture in the molar region of the (L) body of the mandible, posterior to the mental foramen a single plate is placed below the dental roots and above the inferior alveolar nerve. The miniplate in Case 1C would not have given problems if the patient had his own teeth and not worn dentures. The patient had a lone standing lower (R) canine. As the miniplate became increasingly exposed on the (L) side the denture became unstable with a seesaw effect around fulcrum tooth 43 causing the denture to break at the exact point (Fig 1l) and loosening tooth 43 which had to be extracted. Once that occurred, patient had to see a dentist for a new denture which did not work because of the exposed miniplate and “denture tissue hyperplasia”. Accordingly surgery was done (Figs 1o-1q). Good healing occurred naturally as there were no problems with the placement of the miniplates in the first place (Figs 1s and 1t).

(vii) The miniplate system is illustrated in Figs 1u and 1v. The implants are specifically designed to withstand the various stresses, tensile and torsional forces, to which the facial bones and in particular the mandible are subject. The Champy Miniplates vary in length from 2 to 9 cm, the thickness is 1 mm (or optional 0.6 mm). For mandibular fracture treatment the 4-hole Miniplates (short or long) are commonly used, combined with 5 or 7 mm miniscrews. A wide selection of preshaped Miniplates is available to suit individual requirements. All Miniscrews are self-tapping or self drilling (DFS), the diameter is 2 mm. The length varies from 5 to 19 mm (including the head). They are designed to allow insertion at a 60 degree slant with respect to the plate surface. The Champy Miniplate Osteosynthesis System includes special instrumentation for plate adaptation and placement, both for the intra-oral and transbuccal approach. All implants are available in medical grade titanium or titanium alloy. See Fig 1w to see both the self tapping and self drilling screws. The plate on the left is medical grade titanium while the plates on the right are titanium alloys.

(viii) The ideal lines of osteosynthesis were formulated by Champy. He uses the monocortical miniplate systems which are based on an entirely different principle. Masticatory muscle function normally produces tension at the upper border of the mandible with compressive forces at the lower border. In addition, torsional forces are produced in the area anterior to the canines. In a series of
experiments, Champy was able to define ideal lines of osteosynthesis. Monocortical “tension banding” osteosynthesis results in neutralization of distracting and torsional forces exerted on the fracture during physiologic stress, while the normal compressive forces at the basilar aspect of the mandible are restored. Posterior to the mental foramen a single plate is placed below the dental roots and above the inferior alveolar nerve. Anterior to the mental foramina two plates are necessary to neutralize the torsional forces. The advantage of monocortical miniplates is that they can be applied nearly anywhere in the mandible via an intraoral approach.

Asia Pacific Dental Conference  May 2008, Bangkok, Thailand

Dr. Sivanesan, as the President of MDA, led the Malaysian delegates to the APDC 2008 in Bangkok. The following members made up the rest of the delegation:

Dr. Xavier Jayakumar - Alternate delegate
Dr. Suresh Nair - Editor
Dato’ Dr. Ratnanesan - ICCDE Chairman
Dr. S. Nagarajan
Dr. V. Neduncheliam
Dr. Mohd Muzafar
Dr. Haja Badrudeen
Dr. Thiruchelvam
Datuk Dr. N. Lakhsmman - in his capacity as FDI Councillor

The MDA having been well represented turned up with some pretty impressive results:

1) Dato’ Dr. Ratnanesan was returned unopposed as ICCDE College Chairman.
2) Dr. Suresh Nair was returned unopposed as Editor.
3) Dr. V. Thiruchelvam was elected as one of the five Vice Presidents.
4) Dr. S. Nagarajan was given the distinction of being added on to the List of Honour.

With this, the hosting of the APDC in 2013 by Malaysia is very much in the bag. The hosting of such international events have been huge financial successes in the past and have additionally catered for some of the best speakers in the field of Dentistry to come to our country for the benefit of local participants.
Tales of Dentistry

Dr Shahida Mohd Said
Universiti Kebangsaan Malaysia


1. Dr John E Echternacht:
On the role of dentists and satisfactions about dentistry:
"Dentists and physicians are servants of the people. We provide a service that should be beneficial to people. There's a great deal of satisfaction derived from that…"

On requirements of honesty:
"There are so many opportunities you have where you could take advantage of a person; Patients don't know what is going on most of the time, even though you explain it to them, and there are so many times you could take a short cut or not do something the way it should be done. You just have to do things the proper way. When there's money involved, you can easily take advantage of patients. It is just a terrible thing when a professional man takes advantage of a patient…"

2. Dr Brent L Benkelman:
On learning more from experience:
"We were coached to think of people as an entity, rather than just a tooth. When you are trying to learn specific talents, it is difficult to associate what you are doing to an entire situation… I'm a better listener now… I try to perceive those things that patients need rather than the things I need. Experience is wonderful."

On providing free care:
"We all have certain amount of dues that we need to pay. It's not like I'm going to suffer if I give a few things away…"

3. Dr Camille B Capdeboscq, Jr
On teaching others:
"I always thought that once you do something to somebody, or say something ugly to them, it's hard to retract, even though you apologize… There was always something that I could tell them that was good about what they did, even if the overall were failures. I always offered them an avenue of retreat with dignity"

PROFESSIONAL JOKES:
- Dentists are incapable of asking questions that require a simple yes or no answer.
- What does a Dentist of The Year get? … A little plaque
- What did the tooth say to the departing dentist?… Fill me in when you get back!
- The six frightening words in the world: THE DENTIST WILL SEE YOU NOW!
- Dentists can be frustrating; you wait a month-and-a-half for an appointment and they say, ‘I wish you had come to me sooner!’
- Happiness is having your dentist telling you it won’t hurt and then having him catch his hand in the drill
- Toothaches always start on Friday night right before the weekend when the Dental Office (Clinic) will be closed
- Dentist is the most suitable male profession – the only man can tell a woman when to open and when to shut her mouth, and gets away with it!
- How did the dentist become a brain surgeon? His drill slipped

From: http://www.dentalaffairs.com/images/joke01.jpg

Funny masks for dentists:
From: http://funny-forwards-jokes.blogspot
The MDA Banquet was an unforgettable event, having being graced by Their Royal Highnesses, DYTM Raja Muda Raja Nazrin Shah and DYTM Raja Puan Besar Tuanku Zara Salim. The honourable Minister of Health YB Dato’ Liow Tiong Lai and Senior Director of Oral Health Datin Dr. Norain Abu Talib were also in attendance.

On a lighter note, the participants were treated to fabulous food and entertainment at the Informal Nite which was held at the Heritage Mansion, off Jalan Yap Ah Shak. The participants let lose all the stresses; dancing into the wee hours of the night led by energetic salsa dancers.

The Scientific Presentation competition saw an enthusiastic entries and informative presentations. The honourable judges included Prof. Dr. Lui Joo Loon, Assoc. Prof. Dr. Roslan Abdul Rahman, Assoc. Prof. Dr. Roslan Saub. The emerge winners included Dr. Chan Gaik Lee (1st), Dr. Mohd Fadhli Khamis (2nd), Dr. Ip Jolene (3rd).

A very well received dental trade show

An informative hands-on course conducted by Assoc. Prof. Dr. Peter Cathro

Speakers’ night on the Putrajaya Cruise

Participant enjoying sumptuous meal at the Informal Nite

The winners of the Scientific Presentation competition and the scientific presentation organizing committee.

The TEAM that brought the convention to the practitioners
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2) Dental Specialists (any specialities) & Dental Surgeons at Rafflesia Medical Centre Sdn Bhd; Kota Kinabalu, Sabah & their associated dental clinics. Good & attractive remuneration. More information, phone / SMS: 016-830 0183. Fax: 088-242 802. Email: droche@streamyx.com. Website: rafflesiamedicalcentre.com
3) CLINIC FOR SALE, TAWAU, SABAH Twenty two years established running clinic available for sale, fully registered. Doctor retiring soon. If interested, please kindly contact Dr. Ghulam, 089-777277 (office); 019-8832242

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ANNOUNCEMENT
MALAYSIAN DENTAL ASSOCIATION (SZ) AND SINGAPORE DENTAL ASSOCIATION JOINT SCIENTIFIC CONFERENCE
DATE: 1st and 2nd November 2008
VENUE: Sofitel Palm Resort, Senai, Johor Baru
CPD: 9 Points
SPEAKERS: Dr. Thomas Abraham Dr. Jeanette Chua Dr. Neo Tee Khin Dr. Jonathan Wee
CONTACT: Dr. Hong Yong Huat : hyhortho@streamyx.com Dr. Steven Phun : periogel@yahoo.com.sg Dr. Neoh Ein Yau : einyau@yahoo.com
Even the best mechanical routines may not be enough for optimal oral health

*Brushing and flossing were measured by a modification of the oral hygiene achievement index. A perfect score was 12 for brushing and 24 for flossing. Plaque index was measured by a method described by Siess & Loe, with a 0.91 reliability rating for the dentist.

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2. Shown to directly reduce gingival inflammation⁴

Reduction compared with control

![Graph showing reduction in plaque and gingivitis scores](image)

- Ordinary Fluoride Toothpaste
- Colgate Total®

Reduction of gingival inflammation at sites without visible plaque

![Graph showing baseline, time, and 6 months comparison](image)

- Baseline
- Time
- 6 months

*At sites with Plaque Index Score = 0

Refer to Colgate Total® package for approved uses


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