

Hello Everyone and welcome to another edition of Dental News! As most of you who have caught up with me late last year and early this year already know, I recently had the opportunity to go overseas on a Missions trip to Cambodia. Whilst there, my family and I were able to participate in some of the amazing work that is being done there by the local people and other expatriates who have given up their lives to help the Cambodian people recover from some of the devastation that Pol Pot and his Khmer Rouge have wrought. It was an enlightening and rewarding experience and I feel humbled by the gratitude that the people showed us, despite the seemingly little, we had to offer them. Unfortunately, much of the dental goods I was given by my supply companies before I left Australia, was confiscated by the corrupt Cambodian Officials. What I was left with, were a few bare essentials for performing extractions. We had no working dental chairs, no sterilising equipment and limited communication skills as none of our party spoke Khmer and they have little English. Nevertheless, we used what we had and were able to set up 2 plastic garden chairs, a couple of tables, some towels, and some large stock pots filled with boiling water to construct a very basic dental surgery. In 2 days, I saw over 75 patients and pulled out over 250 teeth. Most Cambodian people have very poor diets and very little if any oral hygiene practices. In general when Cambodians smile, most have at least one rotten and painful tooth if not more! Most of the patients I saw had to have more than one tooth pulled out and despite the grimness of their situation, they were all so grateful for the work we were doing— little though it was.



**Grass roots Dentistry**



**The Dental Chairs— amazing how we can make do with what we have available!**



**Sterilizing— not quite up to Australian Standards— certainly not done in Oakleigh!**

Whilst in Cambodia we also taught English classes, visited a slum where we administered basic first aid, and ran some Children's Programs for the village and slum children. We taught them some games and our own children were able to play and interact with the local Cambodian children. We also provided the funding for meals



and gift bags for the Slum

dwellers and villagers which contained soap and food parcels. Overall, the experience was very rewarding and worthwhile. If anyone would like to find out more about going on a missions trip to Cambodia themselves, please ask me as there is still much to be done in this part of the world. Be prepared to have your eyes opened—we live in the "Lucky Country".



### **BABY NEWS!!!**

Congratulations to Wendy and her husband Pepe on the safe arrival of Hannah Alexandra born on the morning of 22nd February. Hannah arrived a month early but she is healthy and beautiful! Mrs Lisa Vokes our hygienist has gone on maternity leave as she is expecting twins in May! In her place, we have

Miss Lisa Nguyen who has been with us for over a month now and is filling in admirably. Lisa is a graduate of Melbourne University and in her spare time enjoys reading and eating out!

### **Easter Hours:**

The surgery will be closed for Easter this year from **Good Friday, 2nd April** and reopen on **Tuesday 6th April**. If you have any emergencies over the holiday period, please call the **Kew Emergency Dental Clinic** on **98531811**. They are located at: **1/ 7 Barkers Road, Kew**



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## Mouthguards

Sporting activities are an important part of life for many people, whether it's a way to keep healthy or just a way to socialise and meet new people. And while it is all played in the spirit of competitiveness and fun, it is important to remember that accidents can happen. Knocks to the face may cause small amounts of damage to teeth such as chips, but can also lead to the nerve of the tooth dying or the tooth being knocked out all together, which is why mouthguards are an important part of protection, not just for contact sports such as boxing and football, but also for sports where contact is not permitted but may happen anyway, such as water polo or lacross.

Mouthguards help prevent damage to teeth by absorbing some of the shock of impact that



occurs to the face, making it less likely that the teeth will break. There are two types of mouthguards available: custom-made mouthguards from your dentist, and ready-made mouthguards that can be purchased from the chemist. Custom-made mouthguards are preferable because they offer a closer fit to the structure of your mouth, giving you more protection than one that is ready-made. They are also available in a wide range of colours to suit anybody's favourite colour, or even sports

team. If there is no other option available, a ready-made mouthguard is better protection than no mouthguard at all in the short-term solution, but are not ideal as a long-term solution.

A custom-made mouthguard should be checked approximately every 12 months to ensure the fit is still correct and it is giving you the best level of protection from injury. For most adults there is little change in their tooth and mouth structure, so a mouthguard that is properly cared for may last quite a while. For children, mouthguards may need to be remade annually as they lose their baby teeth, and permanent adult teeth come through.

Mouthguards should be cared for by rinsing under cold water after use, and occasionally being rinsed with mouthwash. They should also be kept in a well-ventilated container and be kept out of direct sunlight, as mouthguards can distort at high temperatures.

### **"I'VE KNOCKED OUT A TOOTH!"**

Occasionally we receive phone calls from people who have had sporting accidents and a tooth has been knocked out. While we can try our best to replant the tooth, there are some things you can do to make our chances of success greater:

- \* Find the tooth and handle by the crown (smooth white part) only
- \* Clean tooth by asking the patient to gently suck on the tooth if possible. Otherwise, rinse in milk. Only rinse in water for a couple of seconds if there's no other way to clean it. Don't rub the tooth clean.
- \* Immediately place the tooth back on the socket, making sure it is facing the right way. Doing this within 5-10 minutes is essential.
- \* Hold the tooth in place by asking the patient to gently bite on a piece of cloth.
- \* If the tooth cannot be replaced, put it in a container of milk or ask the patient to keep it in their mouth next to their cheek.
- \* Seek dental treatment immediately as time is key to avoiding permanent damage.