TAD WINTER CLINIC

DENTAL TRIBUNE

The World's Dental Newspaper · Canada Edition

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PATIENT BEHAVIOUR AND TREATMENT

Dr. Sebastian Saba: Dental care should not be provided without awareness of the psychological makeup and social background of the person receiving the care.

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DOING WELL BY DOING GOOD

Henry Schein Canada, as part of its Calendar of Caring program, shines the spotlight on various ways that its customers are 'giving back.'

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IMPLANT TRIBUNE

NEW WAY TO GRAFT

Innovative approach to immediate bone grafting and implantation when infection is present.

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Winter Clinic: Same time, different place

Single-day meeting moves to new venue

The 77th Annual Winter Clinic is on the move, with its 2014 meeting day scheduled for Friday, Nov. 14, at the Toronto Sheraton Centre.

The new venue presents a great opportunity to add an evening or even the rest of the weekend in downtown Toronto to the end of the single-day conference. The Sheraton Centre is connected to the financial and entertainment districts by way of the PATH, a 16-mile underground network of shops and services.

A wide selection of shopping destinations, the Mirvish Toronto theatres, world-class dining and major Toronto museums are steps away.

Among the attractions: Art Gallery of Ontario, Royal Ontario Museum, Hockey Hall of Fame, Harbourfront, Casa Loma, Ontario Science Centre, Niagara Falls, Casino Niagara, Casino Rama, Ontario Place, Air Canada Centre, Rogers Centre (formerly SkyDome), Eaton Centre, Holt Renfrew and Yorkville Shopping District.

Broad spectrum of topics

The Winter Clinic is the largest one-day dental convention in North America, attracting dental professionals who come to learn from world-class speakers and explore and save on products and services.

This year's clinical program covers a broad spectrum of topics and includes: "Fighting Dental Disease: Drugs, Bugs and Prescription Drugs" (also a course on over-the counter drugs); "Interceptive Orthodontics;" "Diagnosis and Management of Impacted 3rd Molars;" "The Role Of Dentists In A Sleepy World;" "Oral Appliance Therapy: The Good and Bad News About It;" "From Great Expectations to Evidence-Based Endodontics: Re-Defining Your Clinical Protocols;" "Botulinum Toxins & Dermal Fillers: A Practical Approach for the Dental Team;" "Dealing Effectively With Difficult Patients;" "Porcelain Crowns and Veneers — An Update;" "Relaxed, But Not Asleep: How to use Nitrous Oxide or Oral Benzodiazepines for Effective Minimal Sedation in your Dental Practice;" and "Enhancing the Patient-Professional Interaction Across Differences. Closing the Dental Gap: The Patient Perspective."

This year's meeting also includes courses for the professional development of the entire dental team, with a special focus on dental hygiene. Among the offerings: "Seven Strategies for Xerostomia Management and the Future of Saliva Testing;" "Maintain Your Edge: An Instrument Maintenance and Sharpening Workshop;" and "Oral Cancer Screening for Today's Population: The Need for Change."

You can bring the whole team to share the knowledge. The single-day event features 24 separate programmes in contemporary dentistry, offering something for all.

(Source: Toronto Academy of Dentistry)

In a new location this year — at the Toronto Sheraton Centre — the Toronto Academy of Dentistry Winter Clinic is the largest one-day dental convention in North America. Dental professionals representing all sectors of the profession attend to learn from world-class speakers and explore and save on products and services on display in a comprehensive exhibit hall. Photo/Provided by Tourism Toronto

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Patient behaviour and dental treatment: 'Meeting of the minds'

By Sebastian Saba, DDS, Cert. Pros., FADI, FICD

Dentistry is a highly skilled professional service. Its success is based on a multitude of clinical variables that need to be recognized, managed and coordinated in an appropriate way to achieve the end product of treatment. It is increasingly recognized that the provision of dental care should not be viewed in isolation from the psychological makeup and social background of the person receiving the care. Understanding your patients' behavioural characteristics and moving beyond the narrowly conceived concept of biology and mechanics that can turn the patient into "just a mouth" will help you treat patients more successfully. The following list describes certain patient behavioural characteristics that may influence dental treatment success.

Inconsistency of dental treatment

It's not unusual for people to see several dentists during the course of a lifetime. People move from area to area, thus requiring a new local dentist. Patients who see different dentists will exhibit a wide variety of dental history. The majority will demonstrate consistency in care and decision-making. But a certain percentage of individuals will change dentists on a regular basis for a multitude of reasons.

Some patients in mid-treatment will opt to terminate their commitment to completion, not realizing the significant risk they assume. Many of these reasons will lead to compromised care. Some will not see a dentist for long periods of time, others will move from dentist office to dentist office. A study by Steele *et al.*, 1996, listed the following as the main reasons for lack of dental follow-up: lack of perceived need; fear; costs; couldn't be bothered; and distance.

The lack of continuing care, especially during comprehensive phases of treatment with the diversity of today's complex dental services, may compromise the patient's health. We need to inform patients that continuity of their dental care will minimize risks, misdiagnoses and mistreatments.

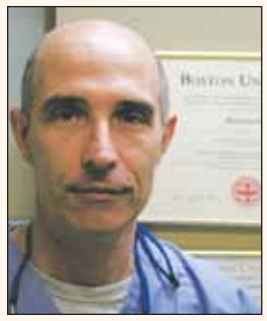
Fear and anxiety

Nervous patients are the most challenging type of patients to manage. Nervous patients need more time for all procedures, and constant communication is critical. In some instances, mild sedation has proven very helpful. In certain cases, treatment-plan options are designed to shorten the chair time to minimize traumatizing patients.

Coping strategies do exist and have been studied extensively. Stress is "a condition that results when the person/environment transaction leads the individual to perceive a discrepancy between the demands of the situation and the coping resources available" (Lazarus & Folkman, 1984).

Dentists can explain treatments in two ways for fearful patients:

- Procedural, problem-focused approach — information about the procedure (frequently used by dentists).
- Sensory, emotion-focused approach — information about the sensations that may be experienced (less frequently used by dentists).



SEBASTIAN SABA, DDS, CERT. PROS., FADI, FICD, is a prosthodontist and graduate of the Goldman School of Dental Medicine, Boston University. He has published extensively on the topics of prosthetic and implant dentistry and has a private practice in Montreal limited to prosthetic and implant dentistry.

The sensory approach was more successful in reducing stress, especially in children. How much information is necessary? Thrash *et al.*, 1982, found that more information provided a sense of control for the patients and reduced anxiety for the dental procedure.

The unfortunate reality is that fearful patients visit the dentist less regularly and come only when in severe pain or dysfunction. At this stage, the dentition is usually compromised. The care required is more extensive and serves to perpetuate the negative cycle of fear. Unless you see the patient regularly and use this opportunity to support, encourage and motivate, this cycle will continue until most teeth are deemed unrestorable and extracted. In fact, this anxiety will continue even in the absence of teeth, in the edentulous state.

Parafunction and smoking

The physiology of the mouth is highly influenced by extrinsic and intrinsic factors. Parafunction contributes to tighter oral musculature through clenching and grinding, leading to dental breakdown.

The cause of parafunction is debatable. Some believe it is stress related, others believe it's an imbalance in neurotransmitters in the central nervous system. Parafunction and stress can reduce salivary flow rates and alter salivary content, thus reducing the protective mechanism available in saliva and increasing rates of decay. The combination of mechanical breakdown and reduced protection can lead to rapid dental destruction. Early diagnoses and treatment is critical to minimize damages.

Smoking also creates an environment that can lead to dental failure. Smoking creates an oral autoimmune disorder by indirectly creating a vasoconstriction of oral blood vessels. This leads to less blood flow and reduced immunity and defense. The lack of blood flow creates tissue ischemia (lack of oxygen), which leads to tissue death. Reduced success rates with periodontal gum surgery and implant surgery have been documented in smokers. If a patient is serious about improved oral health, he or she must quit smoking.

Patient satisfaction

Some patients have realistic expectations and others do not. We have all seen patients who want their teeth very white. And unfortunately, in some cases, white is never white enough.

Some patients feel overly qualified to guide and direct any dental work. But patients are not dentists. They can contribute to — but not control — dental treatment. An overly critical patient may never be satisfied. The key is to have what I consider a "meeting of the minds" with your patient before treatment is started.

If you don't understand or agree with the demands and observations of the patient, if you cannot find common grounds to proceed with treatment, if the patient refuses to accept the diagnosis, if the patient has a tendency to dictate treatment: Do not proceed with treatment.

It's best to refer such patients because you will never be successful treating them.

Compliance with treatment

The success of complicated dental treatment is based on several broad variables: accuracy of the diagnosis, quality of the treatment and the patient's compliance. Studies have shown multiple determinants influencing compliance:

- *Health beliefs:* perceived necessity of treatment
- *Comprehension:* ability to understand the need for treatment
- *Temperament:* tendency toward compliant or noncompliant behaviour
- *Dentist/patient relationship*
- *Patient satisfaction*
- *Clinical setting*

A five-year study (Holt & McHugh, 1977) of more than 1,000 patients across England showed that 33 percent changed dentists for reasons other than location. Of those who changed their dentist, the most common reason was "unhappiness with previous dentist." The most important factors for patients when visiting their dentist:

Highest rated:
1) Dentist care and attention.
2) Pain control by dentist.
3) Dentist putting patient at ease.

Lowest rated:
16) Waiting time.
17) Opening hours.
18) Practice décor.

Compliance is critical to successful dental care. Understanding how to manage the determinates of compliance and focusing on the higher priority factors rather than the lower priority ones will lead to greater success.

Dental IQ

Dental IQ is the easiest variable to improve. An environment for positive reinforcement is critical to enhance a patient's education and willingness to fully understand all aspects of treatment.

▸ See BEHAVIOUR, page A6

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Greater New York Dental Meeting adds new events

A number of new events are already on the schedule for the 2014 Greater New York Dental Meeting. Some highlights:

• The World Implant Expo, four days of innovations in implantology.

• An expanded exhibit floor with more than 1,700 exhibit booths filled by more than 700 companies.

• An expanded ColLABoration Dental Laboratory Meeting, bringing together dentists and tab techs in a highly interactive environment.

Presented with Aegis Publishing, ColLABoration is expected to surpass its inaugural 2013 numbers: 1,183 technicians and technician students, 50 exhibitor booths and two classrooms for seminars and workshops.

The new World Implant Expo will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3.

The 2014 GNYDM exhibit hall dates will be from Nov. 30 through Dec. 3.

Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee.

Four days of exhibits

Other distinctions that help make the GNYDM stand out include:

• Only event with four-day exhibit hall

• More than 300 educational programs

• One C.E. unit for exploring the exhibit floor

An expanded exhibit floor at the 2014 Greater New York Dental Meeting will feature more than 1,700 exhibit booths with more than 700 companies. The 2014 exhibit hall dates are Nov. 30 through Dec. 3. Photo/ Dental Tribune File Photo

• Eight "Live Patient Demonstrations"

• Multilingual programs (in Spanish, Russian, Portuguese, French and Italian)

Three major airports — Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and hotel discounts make it easy for professionals to attend the meeting and enjoy all that New York City has to offer during the holiday season. Learn more at *www.gnydm.com*.

(Source: Greater New York Dental Meeting)

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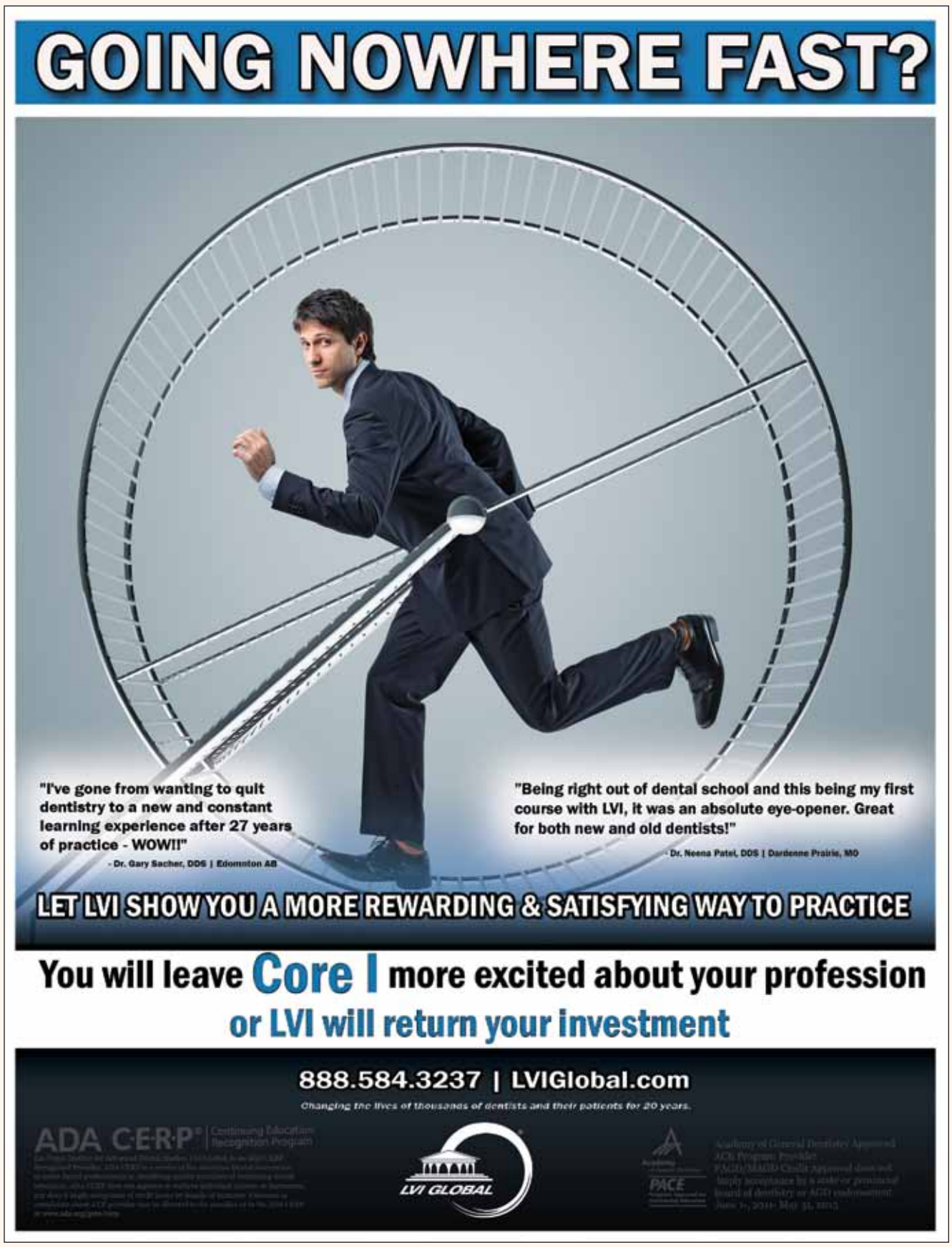

Expert lineup at Pacific Dental Conference

More than 130 presenters, 150 open sessions and hands-on courses, March 5-7, in Vancouver

You can experience the true flavour of the West Coast — and earn C.E. credits at the same time — at the Pacific Dental Conference, March 5-7, in Vancouver.

The PDC has an expert lineup of local, North American and international speakers. With more than 130 presenters, 150 open sessions and hands-on courses covering a variety of topics, the meeting should be able to offer something for every member of your dental team.

According to meeting organizers, you will be able to explore the largest two-day dental trade show in Canada and have the year's first opportunity to see the newest equipment. The exhibit hall features innovative new techniques demonstrated on the live dentistry stage, and attendees will be able to examine products and services from more than 300 exhibiting companies with representatives who are ready to engage attendees in discussions on creating practice solutions.

At the conclusion of the conference, you can take a day to relax and revitalize by exploring some of Vancouver's tourist attractions. The ocean is just steps from the Vancouver Convention Centre, and nearby pristine snow-capped mountains offer up choice late-season skiing.

(Source: Pacific Dental Conference)

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Endodontic Photon Induced Photoacoustic Streaming (PIPS)

Treatment uses Lightwalker AT laser with contact H14-C handpiece and PIPS fiber tip

By Prof. Giovanni Olivi, MD, DDS
University of Genoa, Italy

Fig. 1: Pre–op, before the PIPS.

Fig. 2: Post–op, after PIPS.

Fig. 3: One month post–op

Fig. 4: Four months post–op

Photos/Provided by Dr. Giovanni Olivi

A patient asked for the option to save her teeth that were scheduled for extraction by another dentist. The lower left first and second molars had high mobility (grade 2), were necrotic, with significant probing depths in the buccal aspect.

The teeth were diagnosed for endo/perio treatment. Difficulties with this case included complex radicular anatomy, long anatomical measurements (26 and 27 mm respectively for #36 and 37) and the presence of a deep vertical bone loss in the buccal aspect. After scaling and root planning, the teeth were scheduled for root–canal therapy.

Before treatment: PIPs

Before each treatment the PIPS™ technique was applied into the periodontal pockets of each tooth for refining the debridement, removal of biofilm from the root surfaces and pocket disinfection. The root canal treatments were performed using PIPS–specific irrigation protocols with 5 percent NaOCl and 17 percent EDTA.

Obturation with resin sealer

The canals were obturated with a flowable resin sealer (Endoreze Ultradent, South Jordan, Utah) and gutta–percha points. A final treatment of the pockets using PIPS for disinfection was performed after completing each root canal therapy to remove any extruded sealer or residual biofilm.

No post–op symptoms were reported and the mobility of the teeth progressively disappeared up to grade 0.

The follow up X–rays performed after one and four months showed healing in progress for both the teeth. Lightwalker AT laser device with contact H14–C handpiece and PIPS fiber tip was used for the treatment.

Lightwalker parameters:

- Laser source: Er:YAG;
- Wavelength: 2940 nm;
- Pulse duration: SSP;
- Energy: 15 mJ; Frequency: 15 Hz.

Disclosure: Dr. Olivi has relationships with several laser companies (including AMD-DENTSPLY, Biolase, and Fotona) but receives no financial compensation for his research or for writing articles.

About the author

Dr. Giovanni Olivi is an adjunct professor of endodontics at the University of Genoa School of Dentistry and a board member and professor in its master course in laser dentistry. He completed the postgraduate laser course at the University of Firenze and earned laser certification from the International Society for Lasers in Dentistry. He has advanced proficiency mastership from the Academy of Laser Dentistry and is the 2007 recipient of ALD's Leon Goldman Award for Clinical Excellence. His private practice in endodontics, restorative and pediatric dentistry is in Rome. Contact at *olivilaser@gmail.com*.

Isolite Systems delivers dental-isolation technology

By Isolite Systems Staff

Dental isolation is one of the bedrock challenges in dentistry. The mouth is a difficult environment in which to work. It is wet, dark, the tongue is in the way, and there is the added humidity of breath, which all make dentistry more difficult. Proper dental isolation and moisture control are two often overlooked factors that can affect the longevity of dental work — especially with today's advanced techniques and materials.

Leading dental isolation methods have long been the rubber dam — or manual suction and retraction with the aid of cotton rolls and dry angles. Both of these methods are time and labor intensive — and not particularly pleasant for the patient.

Enter Isolite Systems: Its dental isolation technology delivers an isolated, humidity- and moisture-free working field as dry as the rubber dam, but with significant advantages, including better visibility, greater access, improved patient safety and a leap forward in comfort. Plus, it can do it all two quadrants at a time.

The keys to the technology are the "Isolation Mouthpieces." Compatible with Isolite's full line of products, the mouthpieces are the heart of the system. They are specifically designed and engineered around the anatomy and morphology of the mouth to accommodate every patient, from children to the elderly.

The single-use Isolation Mouthpieces are available in five sizes and position in seconds to provide complete, comfortable tongue and cheek retraction while also shielding the airway to prevent inadvertent foreign body aspiration. Constructed out of a polymeric material that is softer than gingival tissue, the mouthpieces provide significant safety advantages, and ease-of-use can boost your practice's efficiency, results and patient satisfaction, according to the company.

Faster, safer, more comfortable

Isolite Systems provides three state-of-the-art product solutions: Isolite, illuminated dental isolation system; Isodry, a non-illuminated dental isolation; and the new Isovac, dental isolation adapter. Whether you use the Isolite, Isodry or our new Isovac, our mouthpieces keep the working field as dry as a rubber dam, but are easier, faster, safer and more comfortable for the patient.

Using the Isolation Mouthpieces, all three dental isolation products comfortably isolate upper and lower quadrants simultaneously while providing continuous hands-free suction. This allows a positive experience where the patient no longer has the sensation of drowning in saliva/water during a procedure and the practitioner can precisely control the amount of suction/humidity in the patient's mouth.

Isolite Systems dental isolation is recommended for the majority of dental procedures where oral control and dental isolation in the working field is desired. It has been favorably reviewed by leading independent evaluators and is recommended for procedures where good isolation is critical to quality dental outcomes.

Visit the Isolite booth at the Toronto Academy of Dentistry Winter Clinic, or go to *www.isolitesystem.com*.

Isolite mouthpieces are available in five sizes.

Photos/Provided by Isolite Systems

◂ BEHAVIOUR, page A2

Outdated dental philosophies are common, and patients need to be informed of the newer, more conservative and successful treatment options.

Distribution of information pamphlets, extended times for patient discussion, and effective use of the Internet have been useful mechanisms to communicate up-to-date dental theories to patients. But not all patients are willing to improve awareness.

Financial commitments

The greatest dilemma faced by patients in need of dental treatment is the lack of funds to pay for necessary care. The need for unexpected root canal treatment or prosthetic dentistry, and/or the need for dental implant therapy, can be costly. Patients who have extensive dental problems need to understand that easy fixes don't exist. Multiple stages of treatment may be required, each one dependant on the next. The successful completion of one stage of treatment helps determine the prognosis of the following stage of treatment.

It is recommended that prior to initiating treatment, you inform the patient of all possible clinical scenarios and costs — along with the likelihood of each occurring. Record and document this discussion clearly in the file or in a patient contract. Patients frequently have difficulty recalling informed discussions about questionable prognoses especially when it comes to risks and costs. Patients must understand the issues and potential consequences. They have a responsibility to themselves and to you. If you don't have a "meeting of the minds" on these issues, they will resurface at a most unfortunate time.

Do not proceed with treatment until all is clear.

In conclusion: Dentists treat patients. Patients have input. Management of that input allows for success in dentistry. And management starts with a "meeting of the minds." Sometimes no treatment is the best treatment.

Single-use MTA capsules extend shelf life, help ensure consistent clinical results

According to the company, all Zendo Direct products, such as its Zendo MTA Capsules, are developed using evidence-based information. The products are manufactured in Europe to the highest standards. Photo/Provided by Zendo Direct

Ideal concept for clinicians who use MTA infrequently

By Dr. Barry H. Korzen, Founder, Zendo Direct AG

In the March 2014 issue of the Journal of Endodontics (Vol. 40, Issue 3, pages 423–426) Ha *et al.* wrote, "Because MTA powder is hygroscopic, when it is left exposed to atmospheric moisture, it will react in a similar way as MTA powder mixed with water." Based on their findings, the authors conclude, "MTA undergoes an increase in particle size once the manufactured seal has been broken." And that, "(a) larger particle would … be less reactive, which could have implications for setting time, compressive strength, and alkalinity."

The authors also noted that contrary to manufacturers' instructions, clinicians who purchase MTA in commonly available 1-gram bottles will use the material over multiple applications. Based on these findings, after the initial use, and over a prolonged period of time, the MTA likely will not perform with the same characteristics as intended by the manufacturer.

Capsule use seems most effective

Even though this paper did not reference the use of MTA in single-use capsules, we can extrapolate that for the clinician, capsule use seems to be the most effective way to insure the most consistent clinical result with the added benefit of a longer shelf life, which is especially important to the clinician who uses MTA infrequently.

Zendo Direct (*www.zendodirect.com*) is committed to delivering quality and value to the practitioner by ensuring that all its products, such as its Zendo MTA Capsules, are developed using evidence-based information. All of Zendo's products are manufactured in Europe to the highest standards and are made available to the profession at highly competitive prices.

AD

Doing well by d

By Robert Selleck, Managing Editor

The people at Henry Schein Canada are driven by the philosophy of "doing well by doing good." And it's in that spirit that the company has created its Calendar of Caring to spotlight the many charitable programs it supports. The initiative also gives Henry Schein customers the opportunity to contribute a portion of their purchases to help the charitable causes that Henry Schein supports.

This extra support expands the help the company provides and, in appreciation, participating customers receive a plaque that can be displayed in the office.

In recent efforts, Henry Schein distributed 325 backpacks filled with school supplies and clothing to underprivileged children and provided winter holiday gifts to families in need across Canada. It supplied more than $240,000 of health care products to underserved people across the globe, planted more than 1,200 trees as part of its Go Green program and backed charitable causes fighting breast cancer and oral cancer.

At Henry Schein, according to the com-

Izchak Barzilay, DDS, Cert. Prostho., MS, FRCD(C), and Mariela Gonzalez, DPM

Dr. Izchak Barzilay helps one of the 5,000 patients seen by the Bridge to Health team in Western Uganda earlier this year. Barzilay's business manager, Mariela Gonzalez, is the team's overall logistics coordinator. Photo/Provided by Dr. Izchak Barzilay

As an educator at multiple dental schools, and with a Toronto-based practice in prosthodontics and implant dentistry, Dr. Izchak Barzilay is used to receiving lots of referrals. His skills, chairside manner and devotion to education result in a nonstop workflow. But earlier this year, those traits delivered even greater rewards.

One of his former students, Dr. Ira Sankiewicz, is a founder of Bridge to Health (formerly "To the World"), a non-governmental organization providing dental and medical care in the world's most impoverished areas. Impressed with the successes and efficiencies of Barzilay's 30-person practice, Dr. Sankiewicz asked Barzilay to bring his skills — and the logistical genius of his business manager — to one of the world's most underserved areas: Kabale, Uganda.

In February, Barzilay and business manager Mariela Gonzalez spent two weeks in Western Ugandan villages providing care to approximately 5,000 patients, working with two other dentists, three hygienists, three physicians, three resident physicians, three medical students, two nurses, two pharmacists and three research associates.

"There were many people in a lot of pain," Gonzalez said. "Some of the children were very ill. There were many orphans. But it truly was rewarding — not just for the people receiving help, but for us — being able to give back."

The two are planning to return in February 2015, and they also want to add a Central American mission. "It immediately became part of who we are," Gonzalez said, recounting how inspiring it was at day's end when she would need to tell 100-plus people still in line that only the 10 most in need could be seen — and without fail everybody would point to somebody else.

Veronique Benhamou, DDS, BSc, cert. Perio

Nine years ago, periodontist Veronique Benhamou decided to "tag along" with a friend going to Peru on a dental mission. "It was fantastic," Benhamou said. "I was hooked."

So hooked, in fact, Benhamou has taken trips every year since, with one big difference: Underwhelmed by the organizing on that first trip, Benhamou puts together her own. Under the auspices of Alberta-based Kindness in Action, for eight years Benhamou and fellow dentists Gérard Melki and Bob Clark have brought the latest in dental care to remote, underserved populations in Peru and Mexico.

Each year the effort grows, in part because as an associate professor at McGill University Faculty of Dentistry (and former director of the department of periodontology), Benhamou has a constant source of enthusiastic volunteers: third- and fourth-year dental students. The most recent trip totaled 20 people, and the next trip is adding hygiene students from John Abbott College. Everybody pays their own way, and many of the students return as residents and dentists.

"When people come once, they often get hooked," Benhamou said. That, despite the fact that many of the students succumb to heat exhaustion or other effects of overexertion. "It's not a touristy trip," Benhamou said. "It's intense. It's a lot of work. We come back exhausted."

The two-week trips include eight to 10 treatment days, during which up to 900 patients are seen. Repeat trips to Espita and Holca, Mexico, combined with strong local relationships, have enabled the group to open a small dental hospital. The goal is to become a trusted presence, seeing repeat patients and training local professionals. "It targets a small area of the world," Benhamou acknowledged. "But there are lots of people doing this in lots of places."

Dr. Veronique Benhamou, standing, far left, with the team she took to Peru in 2010. Photo/Provided by Dr. Veronique Benhamou

Dr. Corinne D'Anjou treats a patient in a militarized zone in the Democratic Republic of Congo, where the population still feels threatened by the Lord's Resistance Army rebel group. Photo/Provided by Dr. Corinne D'Anjou

Corinne D'Anjou, DMD

In 2001, after her third year of dental school at Laval University in Quebec City, Dr. Corinne D'Anjou participated in a dental mission to Paraguay, dealing with various levels of the Paraguayan government and coordinating supply deliveries to treat children at a school in Coronel Oviedo.

The experience came in handy in 2010, when D'Anjou led a trip to the Democratic Republic of Congo, focusing on multiple goals: Set up a dental clinic with supplies sent in advance from Montréal; effectively manage the clinic in a challenging setting; treat as many patients as possible; and train local caregivers to ensure sustainable care.

That last objective quickly emerged as top priority, and D'Anjou spent countless hours providing comprehensive training on asepsis, sterilization and treatment strategies. She helped local care providers establish an asepsis protocol to reduce contamination in a part of the world known as the cradle of HIV-1. Because the trip was to a militarized zone, where the population remains deeply aware of threats from the Lord's Resistance Army, D'Anjou had to meet several times with DRC-government and United Nations officials to evaluate security. (Indeed, future DRC trips are now on hold for D'Anjou until security stabilizes.)

D'Anjou, co-owner of Centre de Santé Dentaire Candiac (Quebec), wants to give back in other ways, too. In August she graduated from the forensic dentistry program at McGill University, where she studied under renowned forensic odontologist Dr. Robert B. J. Dorion. In April she started a fellowship in forensic odontology at the University of Texas Health Science Center, San Antonio, learning from Dr. David Senn, another renowned forensic odontologist. D'Anjou wants to use her new skills to help in police investigations and disaster response.

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For more information or to get involved with Henry Schein in these areas, please contact Peter Jugoon, vice president, marketing, at *peter.jugoon@henryschein.ca*.

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Matt Karavos, DDS, and staff at Crescent Heights Dental Clinic

Dr. Matt Karavos and his Crescent Heights Dental team use the Alex Dental Health Bus to deliver dental care to Calgary's most at-risk young people. Photo/Provided by Dr. Matt Karavos

The Alex Dental Health Bus is impressive: a full-sized luxury coach customized with two complete dental operatories, a digital X-ray unit and an automated wheelchair lift. But to the team at Crescent Heights Dental Clinic, led by owner Dr. Matt Karavos, what's really impressive is the vehicle's ability to deliver oral health care to Calgary's most at-risk young people.

"When I heard about the Alex Dental Health Bus and the incredible need that its school program had uncovered, I knew we had to be involved in the solution," Karavos said. That's why Karavos and his team at Crescent Heights Dental partnered with the Alex Community Health Centre to provide SMILE Clinics.

SMILE Clinics see children who are in need of dental treatment and are referred through the Alex Dental Health Bus school program. All treatment is provided at no additional cost to the parents, and Crescent Heights Dental Clinic donates time and supplies. A recent clinic, in April, was made possible by donations from the dental community, including a generous donation of supplies from Henry Schein.

Since June 2013, Karavos and his team have partnered with the Alex to provide six SMILE Clinics, delivering treatment to more than 100 young people most in need.

And there are no plans to stop.

"What we saw at our first clinic brought tears to the eyes of my team, many of whom are veterans in the dental industry," Karavos said. "We were prepared to perform a lot of minor care, but the levels of advanced decay in some of these kids is beyond what you want to see as dental professionals. We simply can't let kids live with this kind of risk and pain."

Rolf Kreher, DDS (with Drs. Brian Eckert, Ramon Humeres and Frank Yung)

Love of the wilderness brought Drs. Rolf Kreher, Brian Eckert, Ramon Humeres and Frank Yung together as classmates at the University of Toronto Faculty of Dentistry, from which they graduated in 1980. The friendship was still strong 20 years later, when, during a canoe trip in Ontario's Temagami backcountry, conversation turned to the doctors' varied histories with humanitarian work. Individually, they had served remote areas in Canada, South America, Africa and Asia. The idea that followed seemed inevitable: "Why not organize our own trips?"

Within the year, Canadian Dental Relief International was in place, and the four Toronto-area dentists were planning a 2003 mission to Nuevo Horizontes, a cooperative community of 125 families of former rebel fighters building new lives in northern Guatemala after the peace accords. Other trips followed, as the team expanded dental care at the "Dr. Ernesto 'Che' Guevara" medical clinic, a six-room, concrete-block building serving the region. Other two- to three-week trips have put the team in remote areas of Bolivia, the Dominican Republic and Ecuador.

Beyond providing preventive teaching and free clinical care, the main goal is to equip and teach emergency dental care (diagnosis, sterilization, etc.) to local health workers to meet basic needs in the future. Broader oral health education focuses on endemic sugar/soda pop consumption — with skits making lessons more memorable, especially for the kids.

Today, they are three — after the loss of Yung to lymphoma in January 2013. "It was like losing our right arm," Kreher said. But assisted by spouses, their children, assistants and colleagues, the friends will continue in their efforts, Kreher said.

Canadian Dental Relief International founders, Drs. Brian Eckert, from left, Ramon Humeres, Frank Yung and Rolf Kreher, in Nuevo Horizontes, Guatamala. Photo/Provided by Dr. Rolf Kreher

Michelle McFarlane assists her father, Dr. R. Bruce McFarlane, with a Haitian patient undergoing a surgical extraction. Photo/By Renee Morcom Photography, provided by Dr. Bruce McFarlane

R. Bruce McFarlane, DMD

Like most practitioners involved in dental missions, Dr. Bruce McFarlane has gained much from the many trips he has made to provide emergency dental care and preventive education to some of the world's most underserved populations.

But the standard comparisons end when the Winnipeg, Manitoba, orthodontist reveals what he gained from a trip a few years back: the love of his life. On a mission to a border area between Haiti and the Dominican Republic, he met the woman who would become his wife, Jintana Weerapan, a pediatric nurse practitioner from Chicago, serving as the mission's medical director.

The couple clearly captured each others' attention. But even bigger chemistry was being generated. Here's how the sponsoring organization's regional medical director, Dr. Jose Garcia, took special note of the group's efforts in a letter of gratitude: "I want to highlight this last team from March: Tremendous. Excellent. Marvellous. The doctors, the nurses, the students, those blessed dentists and their personnel. Very good people. Healthy, caring, hardworking and with a great sense of humanity."

The couple married in the midst of planning and fundraising for a return trip, this time joining a Florida group that goes to the same area two to three times per year.

Prior to an earlier trip, McFarlane told a Winnipeg Free Press reporter: "Many children and adults go to bed there hungry, sick, and with dental pain and infections. A recent medical mission into Cite Soleil (Haiti) saw 1,300 patients in two and a half days. We plan to make a difference in the six days that we will be (in Haiti), and leave behind a legacy of equipment and supplies for future volunteers to provide care."