

# MONTAGE

SPRING  
2010

## Dental Hygienists:

Safeguarding the oral health of Canadians since 1947



## How are you going to celebrate National Dental Hygienists Week?

April 11-17, 2010 is National Dental Hygienists Week. As part of that, the Manitoba Dental Hygienists Association is raising awareness of the importance of oral health in the community.

We have teamed up with Prince Edward School and we plan to encourage the students to realize the importance of good dental health and how it relates to good overall health. This fits right in with the schools theme for the

year: Healthy Minds, Healthy Bodies & Healthy Living".

Our goal is to provide oral health presentations to the entire school, on a class by class basis. In essence, we are doing a dental hygiene blitz to promote oral health to every student at Prince Edward School!

The presentations will be approximately 45 minutes in length and will focus on healthy habits for a healthy smile and to

help the students understand the role and importance of the dental hygienist. Each student will receive a toothbrush, dental floss, toothpaste and take-home info sheet.

### Inside this issue:

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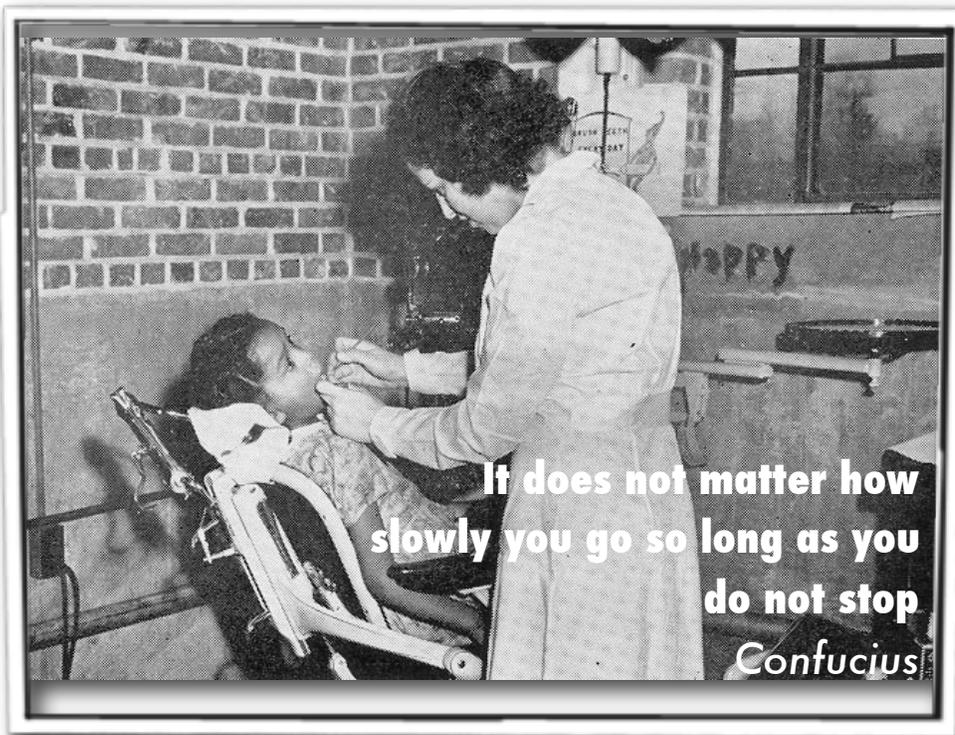


It is the **mandate** of the MDHA to cultivate, promote, and sustain the art and science of dental hygiene, to represent, maintain, and safeguard the honour and communication, unity, and social intercourse among its members, and to contribute toward the education and improvement of the health of the public.

#### The mission of the MDHA is to:

- Meet the oral disease prevention and oral health promotion needs of Manitobans and all Canadians.
- Ensure access for all to dental hygiene services and that these services are of a high standard of care and ethic.
- Act as the collective voice, resource, and advocacy body for dental hygienists.
- Strive for the continued growth and development of the dental hygiene profession.

The association activities are directed to achieve this mission.



## President's Message

Spring has sprung! Can you feel the excitement in the air?! Last issue I, Detective Deanna, investigated what WE as dental hygienists can do to give back to our professional community by extending a guiding hand to dental hygiene students. I hope many of you will consider this great opportunity and put your name forward to be part of the MDHA, School of Dental Hygiene Mentorship Program. For this issue since National Dental Hygienists Week is almost upon us, I thought I would investigate and identify some important milestones that occurred in our profession.

- 1884 - Dr. D.D. Smith ran the first dental practice which focused on prevention rather than treatment of dental disease
- 1907 - The foundation for dental hygiene being recognized as a legitimate health profession was being set. The Connecticut Dental Practice Act was amended to include a definition of dental hygiene
- 1913 - The father of dental hygiene Dr. Alfred Civilion Fones despite much opposition from dentists opened the first dental hygiene training centre called "The Fones Clinic for Dental Hygienist"
- By 1945 in the United States there was 17 dental hygiene schools, and in 48 states dental hygienist were licensed to practice.
- Dental hygiene was influence by two major phenomena over the last 50 years. First, the world wide movement for the recognition of the profession of dental hygiene. Secondly, because of a perceived shortage of dental practitioners, dental hygienist were given expanded duties. These duties included restorative dentistry. The University of Manitoba was one of the earliest adopters to teach these skill to dental hygienists. This shortage was not as it was perceived but it was however important as it forced change within the profession.

Continued on page 12.....

## Read & Win!

Once again we have had another successful session of our Read & Win contest.

Answers to the last Read & Win questions are:

- 1) Cynthia Wiebe
- 2) 7:30 - 8:00 am
- 3) Professional Development Chair

First person that correctly answered the questions was:

Patti Moore

The following two MDHA members were randomly drawn from those who entered:

Anil Madan  
Linda Thompson

Congratulations you all have won a \$10 gift certificate to Tim Horton's.

See page 17 for this issues Read and win questions!

## Employment

Members, if you are looking for employment don't forget to check our website for job postings which are regularly updated. Just visit us at [mdha.ca](http://mdha.ca) and click on *Employment Opportunities*. Also contact us if your office needs to place a job posting at: [employment@mdha.ca](mailto:employment@mdha.ca).

## **President Elect's Message**

WOW! Spring has decided to grace us with its presence already! (Maybe I should not be saying this too soon as we do live in Manitoba!) With spring of course comes a time for change; changing our wardrobe, hairstyles and our general routines as we shed our winter layers and welcome in the spring!

My big spring change for 2010 is that I have decided to step down as MDHA president-elect. I have thoroughly enjoyed my volunteer involvement with the MDHA, but at this time in my life I have decided to focus on my family. I will stay active with my MDHA membership and plan on volunteering again in the future as I want to stay connected to the dental hygiene profession and our association as we forge strongly ahead. I would like to thank those individuals who I have worked and volunteered with who devote their time to making the MDHA a success! Without the efforts of our dedicated volunteers the association would not be the success that it is. MDHA volunteers go beyond the call of duty and step up to the plate to proudly promote the dental hygiene profession and our association.

I would like to introduce you to the individual stepping up to the plate as new president-elect for the 2009 - 2010 membership year and future MDHA president, Kathy Griffiths. Kathy has been practicing dental hygiene for the last six years in private practice and is also a part-time clinical instructor at the University of Manitoba - School of Dental Hygiene. She serves on council for the College of Dental Hygienists of Manitoba and sits on the MDHA board as the Sponsorship Committee Chair. She is actively involved in community outreach activities and events and will be a dedicated and hard-working MDHA president. Welcome Kathy!

Trish Wittmeire, RDH

## **Message from your new President Elect**

What an exciting month February was for athletes and spectators all over the world! I do not know about anybody else, but I was glued to the television during the 2010 Vancouver Olympic Games! I get so excited when the Olympics are on and enjoy cheering on all the athletes; our Canadian team in particular.

I have so much awe and admiration for those athletes as they put blood, sweat and tears into every hour, day, week, month, year, etc. of training. And the training that they do goes way beyond what we see and what we might even think; from physical training to sports psychologists to nutritionists to media coaching and the list goes on! All parts add up to make sure each athlete is a well-oiled machine, ready to tackle any obstacle that comes their way during the two minute run down the hill or four minute free skate or during the last period of a hockey game that ends up going into overtime and the team wins 3- 2 (way to go TEAM CANADA!). And after all is said and done and each athlete has had their moment of glory, training begins again for the next Olympics four years down the road.

As dental hygienists our training takes place all throughout the year. We attend professional development courses, are active members of the Manitoba Dental Hygienists Association (MDHA) and the College of Dental Hygienists of Manitoba, attend meetings and events where we have opportunities to network with other hygienists and oral health professionals, create new inter-professional relationships, do community outreach volunteer work, mentor dental hygiene students, sharpen our instruments and the list goes on for us too! The care we provide our patients is a reflection of all the training we do that allows us to tackle all of the obstacles we are presented with every day. Our glory moment comes when a patient tells us we motivated them to floss more regularly or we see pocket reductions or plaque score reductions or a patient understands the importance of seeing us regularly or they understand the link between good oral health and overall health. Those are gold medal equivalents for us and push us to continue training.

Are your behind-the-scenes skills up to par? Do you require any training? If so, the MDHA is here to help you train to win gold. Talk to us and let us know how we can help your training. The MDHA wants each and every one of us to be gold medal winners!

Kathy Griffiths, RDH

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MDHA wants you!

We are currently looking for the right person to fill the position of our Professional Development Chair.

This position holds many benefits such as:

- Stay current on the latest developments in our dental hygiene profession
- Receive all the Professional Development courses that MDHA sponsors for FREE!
- Mentorship will be provided
- Possible honorarium for position will be discussed

Interested contact Mary at: [mbertone@mdha.ca](mailto:mbertone@mdha.ca)

## WELCOME TO THE PROFESSION DINNER

Date: May 26, 2010

Location: Spaghetti Factory at the Forks

Time: 6pm

**All MDHA members invited!  
Come help celebrate and  
WELCOME the Dental  
Hygiene Class of 2010 to the  
profession!**

**RSVP by: May 7 to  
[info@mdha.ca](mailto:info@mdha.ca)**

## Executive Director Report

The role of dental hygienists has changed considerably over the last few years – the biggest change being the establishment of “The Profession” of dental hygiene. But what does it mean to be a profession? And how do I be a profession? Those are both good questions, and ones many ponder. So let’s talk about them.

While at first “The Profession” may not have seemed like a substantial change – other than in name, some revisions to the Act and bi-laws, etc. – work essentially continued on as it had the days and years before. So what does it really mean? To answer this question, I looked to my buddy Google who provided the following commentary hits for my reading pleasure:

“A profession is a commitment to a higher level of education where one must attend and acquire skilled training. A profession requires critical thinking skills. The ability to master technique and a desire to expand one’s knowledge”

“Being professional means fulfilling responsibilities ...holding to more formal standards of performance and ethics...conform[ing] to professional and/or industry standards...”

It really is a bit of that warm fuzzy feeling, being proud to tell people what you do, knowing that you make a difference in the lives of people – and seeking to continue effecting change.

Coming up in April is National Dental Hygienists Week – this is a great time to try getting involved with one of the MDHA sponsored activities. One will be a series of oral health presentations to kindergarten through grade 6 students at Prince Edward School that will align with their school theme this year of “Healthy bodies. Healthy minds. Healthy living.” The second will involve an evening of putting together some dental health kits for Osborne House for them to distribute as the need arises in their shelter. I promise both will be fun (really!), both will involve working with fellow hygienists, and both will be promoting who you are and what you do.

For those looking for longer term participation opportunities, we would love to see you as part of the board or join in on the mentorship program. I can guarantee you’ll be surprised at how much you’ll benefit, both professionally and personally, by being active in your profession.

While there are definitely changes – some small, others big – that come with the move to “The Profession”, I encourage you to welcome the new potential. As your association, we’re here to help you navigate through the change and give you opportunities to discover what the profession is and what it can mean to you. I challenge you to take advantage of us. Look to the future for inspiration and bring it to the present. Be proud of your career, of what you do. Be active and embrace your profession. Be an RDH!

Until next time...  
Cynthia



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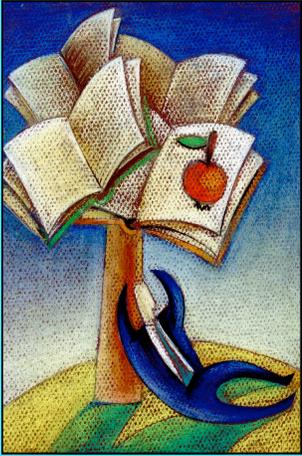
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# Dental Hygiene Professional Development Calendar 2010

## April

### 10th

Manitoba Dental Hygienists' Association Workshop  
Local Anesthetic Refresher Part 1  
Presented by Prof. Salme Lavigne, RDH, BA, MS(DH)  
Schwartz Theatre,  
9:00am to 1:00pm

### 12th

Manitoba Dental Hygienist Lecture Series  
Today's Dental Hygienist  
Mickey Wener, RDH, MEd.  
Schwartz Theatre,  
7:00pm-9:00pm

## Local Anesthetic Refresher I

Presented by Prof. Salme Lavigne, RDH, BA, MS(DH)

Saturday, April 10, 2010

9:00am-1:00pm, Faculty of Dentistry, Schwartz Theatre

### Course Description:

Local Anesthetic Revisited. This 3 hour update on local anesthesia will rekindle your knowledge of local anesthesia administration and introduce you to what's new and what's changed in the world of anesthesia. You will be introduced to some new anesthetic systems that have just reached the Canadian market and will have the opportunity to have a hands-on look at these products and even try them if you wish. Additionally the course will include an overview of the infra-orbital injection which is now part of the School of Dental Hygiene curriculum. A question and answer period will provide opportunities for brainstorming and problem-solving of issues that you may have encountered with local anesthetic administration.

**COST:** MDHA members-\$50, Non-Members-\$95

**REGISTRATION:** Please contact MDHA by email: info@mdha.ca or phone: 981- 7327 by March 31, 2010  
Payment will be expected on day of this MDHA Professional Development Course. Please make cheque payable to: The Manitoba Dental Hygienists Association or cash accepted.

Andrea Moore O'Connor, BHE  
Product Specialist  
Cell: (204) 793-3866

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The second-year dental hygiene students are excited about the WISH (Winnipeg Interdisciplinary Student-run Health) Clinic this year with the prospect of opening a dental hygiene clinic for Patrons of WISH as early as Spring 2010. WISH offers health care for persons living in the Point Douglas area. It runs every Sunday afternoon out of Mount Carmel Clinic. The health care is provided by health professional students under the supervision of health professional mentors. The clinic was established inter professionally by health professional students, supported by Winnipeg Regional Health Authority, encouraged and mentored by the University of Manitoba inter professional faculty community, and sustained by the growing number of health professional students volunteering their services under the supervision of volunteers from the health professional community. The dental hygiene students involvement with WISH began as an assignment for HYG 2362 Community Health. During Term I, Professor MacDonald had us volunteer at WISH in whatever capacity was needed, for example, some of us helped in the meal preparation as a hearty lunch and snack is served to patrons, others were part of the 'meet and greet' volunteers who welcomed the patrons at the front door, and still others were involved in seeing patrons as part of an interprofessional health care team. Doing this, we learned about the community needs. In class we were learning about developing educational materials for clients and actually created educational posters for use at WISH, one of the learning outcomes of HYG 2318 Community Health. We thank the MDHA for their generous financial sponsorship towards the purchase of the materials for the poster boards. Starting in January 2010, as we entered Term II of HYG 2362 Community Health, we were required to participate in at least one, Sunday afternoon at WISH. We did this in pairs, choosing a poster-board to bring to the WISH clinic to present to the patrons there. The goal was not only to educate and inform the WISH patrons on oral health issues, but to inform the other healthcare students on the important connection between oral health and overall health as well. Our poster boards offer future dental hygiene students and practicing dental hygienists with updated presentation materials to take on any community or school presentations. The posters titles are as follows: "Why Clean Between Your Teeth?", "What is a Healthy Smile?", "Type II Diabetes and the Mouth", "Lift the Lip", and "The Truth About Smoking".



"What is a Healthy Smile?", "Type II Diabetes and the Mouth", "Lift the Lip", and "The Truth About Smoking". We thank the MDHA for their generous financial sponsorship towards the purchase of the materials for these poster boards which all are most welcome to borrow. With our work at the WISH Clinic, we hope to encourage and inspire dental hygienists to become involved in community outreach programs. The call for help is there, can you hear it?

Collaboratively written by: Lorraine Roberts(DH2)& Prof. Laura MacDonald

# oraqix®

(lidocaine and prilocaine  
periodontal gel) 2.5% / 2.5%



## Prescribing Summary



## Patient Selection Criteria

### Product monograph PART I: Health Professional Information SUMMARY PRODUCT INFORMATION

Route of Administration	Dosage Form / Strength	All Non-medicinal Ingredients
Topical Periodontal Administration	Gel / Lidocaine 25 mg/mL, Prilocaine 25 mg/mL	Hydrochloric Acid, NF, Ph Eur Poloxamer 188, purified Poloxamer 407, purified Purified Water, USP, Ph Eur
DO NOT INJECT		

### INDICATIONS AND CLINICAL USE

#### Adults

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is indicated for topical application in periodontal pockets for moderate pain during scaling and/or root planning.

ORAQIX® should NOT be injected.

**Geriatrics (> 65 years of age):** There are limited data available on the use of ORAQIX® in the elderly. Greater sensitivity of some older individuals cannot be ruled out. Caution is advised in dose selection for the elderly (see WARNINGS and PRECAUTIONS, Special Populations, Geriatrics).

**Pediatrics (< 18 years of age):** ORAQIX® is not recommended to be used in children (see WARNINGS and PRECAUTIONS, Special Populations, Pediatrics).

#### CONTRAINDICATIONS

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is contraindicated:

- in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product;
- in patients with congenital or idiopathic methemoglobinemia



## Safety Information

### WARNINGS AND PRECAUTIONS

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) must not be injected.

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) should not be used with standard dental syringes.

#### General

**Allergy:** Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock. If these reactions occur they should be managed according to standard clinical practice.

**Methemoglobinemia:** Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin inducing agents. Methemoglobinemia has also been associated with amino- or nitro-derivatives of benzene e.g. aniline, dapsone and lidocaine although reports on the link between lidocaine treatment and methemoglobinemia are limited. Methemoglobinemia is well documented in relation to prilocaine and lidocaine combination treatment and correlated with exposure to prilocaine and the plasma levels of its metabolite *o*-toluidine.

Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) should not be used in those patients with congenital or idiopathic methemoglobinemia.

Patients taking drugs associated with drug-induced methemoglobinemia are also at greater risk for developing methemoglobinemia. Treatment with ORAQIX® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment (see DRUG INTERACTIONS, Methemoglobinemia).

The development of methemoglobinemia is generally dose-related. Levels of methemoglobin observed after application of the ORAQIX® in clinical trials did not exceed normal values (i.e. <2% of the individual patient's total hemoglobin). The individual maximum level of methemoglobin in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g ORAQIX® (see OVERDOSAGE, Methemoglobinemia).

#### Cardiovascular

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) should be used with caution in patients with severe impairment of impulse initiation and conduction in the heart (e.g. grade II and III AV block, pronounced bradycardia) since these subjects may be particularly sensitive to local anesthetics and potential cardiac depression (see also DRUG INTERACTIONS – Antiarrhythmics)

#### Ear/Nose/Throat

ORAQIX® should not be used in clinical situations where it can penetrate or migrate into the middle ear. Tests on laboratory animals (guinea pigs) have shown that a cream formulation containing lidocaine and prilocaine has an ototoxic effect.

When the same animals were exposed to the cream formulation in the external auditory canal, no abnormalities were observed. Minor structural damage to the tympanic membrane in guinea pigs was observed when a lidocaine-prilocaine cream formulation was applied directly to the membrane.

Care should be taken to avoid excess ORAQIX® from spreading to the oropharyngeal mucosa.

#### Special Populations

**Pregnant Women:** ORAQIX® should be used during pregnancy only if the benefits outweigh the risks. There are no adequate and well-controlled studies to evaluate ORAQIX® during pregnancy. Animal reproduction studies are not always predictive of human response.

Lidocaine and prilocaine cross the placental barrier and may be absorbed by the fetal tissues. It is reasonable to assume that lidocaine and prilocaine have been used in a large number of pregnant women and women of child-bearing age. No specific disturbances to the reproductive process have so far been reported, e.g., an increased incidence of malformations or other directly or indirectly harmful effects on the fetus. However, care should be given during early pregnancy when maximum organogenesis takes place.

**Nursing Women:** Lidocaine and, possibly, prilocaine are excreted in breast milk, but in such small quantities that there is generally no risk to the infant being affected at therapeutic dose levels due to low systemic absorption.

#### Pediatrics (<18 years of age)

Safety and effectiveness in pediatric patients have not been studied. Very young children are more susceptible to methemoglobinemia associated with prilocaine treatment and this is related to the development of the enzyme methemoglobin reductase which converts methemoglobin back to hemoglobin. Methemoglobin reductase reaches adult levels at between 3 and 6 months.

**Geriatrics (> 65 years of age):** Of the total number of subjects in clinical studies of ORAQIX®, 7% were aged 65 and over, while 1% were aged 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified differences in responses between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

#### ADVERSE REACTIONS

##### Adverse Drug Reaction Overview

The clinical safety database included 559 subjects, 391 of whom were exposed to ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) and 168 to placebo gel. In a crossover study, 170 patients exposed to ORAQIX® also received an injection of 2% lidocaine with epinephrine.

The most frequent adverse reactions in clinical trials were local reactions in the oral cavity. The frequency and type of reactions were similar for ORAQIX® and placebo-treatment patients.

The treatment-emergent adverse events observed in three placebo-controlled parallel studies (B1 – B3) are summarized in Table 1.

**Table 1: Treatment-Emergent Adverse Events for ORAQIX® in placebo controlled parallel studies (B1 – B3) (≥ 1% and more frequent than placebo)**

Adverse Event	ORAQIX® n = 169 (case, %)	Placebo n = 168 (case, %)
Application Site Reaction	25 (15)	20 (12)
Headache	4 (2)	3 (2)
Taste Perversion	4 (2)	1 (1)
Accident and/or Injury	2 (1)	2 (1)
Application Site Edema	2 (1)	1 (1)
Respiratory Infection	2 (1)	0 (0)

**Allergic Reactions: In rare cases, local anesthetics have been associated with allergic reactions and in the most severe instances, anaphylactic shock (see WARNINGS AND PRECAUTIONS, Sensitivity, Allergy)** Allergic reactions were not reported during clinical studies with ORAQIX®. Very rare cases of anaphylactic or anaphylactoid reactions associated with the use of ORAQIX® have been reported.

For more details on adverse events reported during clinical trials, see ADVERSE REACTIONS in the Supplemental Product Information.

To report a suspected adverse reaction, please contact DENTSPLY Canada Inc. by:

Toll-Free Number: (800) 263-1437

Fax: (905) 851-9809

By regular mail: DENTSPLY Canada Inc.: 161 Vinyl Court, Woodbridge, ON L4L 4A3



## Administration

### DOSE AND ADMINISTRATION

#### Dosing Considerations

**ORAQIX® is for TOPICAL USE ONLY. DO NOT INJECT. ORAQIX® should not be used with standard dental anesthetic syringes. Only use this product with the ORAQIX® Dispenser, which is available from DENTSPLY Canada.**

Conditions where dosing may require adjustment:

- In patients who are administered other local anesthetics or amide type local anesthetics (see DRUG INTERACTIONS).
- In elderly patients or those with impaired elimination, dose selection should be cautious, usually starting at the low end of the dosing range to avoid toxicity due to increased blood levels of lidocaine and prilocaine.

#### Recommended Dose

Typically, one cartridge (1.7 g) or less of ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) will be sufficient for one quadrant of the dentition. The maximum recommended dose of ORAQIX® at one treatment session is five cartridges, i.e. 8.5 g gel containing 212.5 mg lidocaine base and 212.5 mg prilocaine base.

If additional local anesthesia is needed in combination with ORAQIX®, please refer to the product monograph of each adjunctive anesthetic. Because the systemic toxic effects of local anesthetics are additive, it is not recommended to give any further local anesthetics during the same treatment session, if the amount of ORAQIX® administered corresponds to the maximum recommended dose of five cartridges.

The use of ORAQIX® in children and adolescents has not been assessed and therefore its use is not recommended in patients less than 18 years old.

#### Administration

Apply ORAQIX® on the gingival margin around the selected teeth using the blunt-tipped applicator included in the package, then fill the periodontal pockets with ORAQIX® using the blunt-tipped applicator until the gel becomes visible at the gingival margin. Wait for 30 seconds before starting treatment. A longer waiting time does not enhance the anesthesia. Anesthetic effect, as assessed by probing of pocket depths, has a duration of approximately 20 minutes (individual overall range 14 - 27 minutes). If the anesthesia starts to wear off, ORAQIX® may be re-applied if needed.

At room temperature ORAQIX® stays liquid; it turns into an elastic gel at body temperature. If it becomes excessively viscous in the cartridge, the cartridge should be placed in a refrigerator until it becomes a liquid again. When in the liquid state, the air bubble visible in the cartridge will move if the cartridge is tilted.

Instructions for application of ORAQIX® using the ORAQIX® Dispenser are provided in the package insert supplied with the ORAQIX® Dispenser.

#### OVERDOSAGE

For management of a suspected drug overdose, contact your regional Poison Control Centre.

#### STORAGE AND STABILITY

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is a liquid at room temperature and transforms to an elastic gel at body temperature in the periodontal pockets.

Store at room temperature 15° - 30°C.

#### SPECIAL HANDLING INSTRUCTIONS

DO NOT FREEZE. Some components of ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) may precipitate if cartridges are frozen. Cartridges should not be used if they contain a precipitate.

Do not use dental cartridge warmers with ORAQIX®. The heat will cause the product to gel.

#### DOSE FORMS, COMPOSITION AND PACKAGING

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is a microemulsion in which the oil phase is a eutectic mixture of lidocaine and prilocaine base in a ratio of 1:1 by weight. This eutectic mixture has a melting point below room temperature, therefore both local anesthetics exist as liquid oils rather than as crystals. ORAQIX® contains poloxamer excipients, which show reversible temperature-dependent gelation. Together with the lidocaine-prilocaine 1:1 mixture, the poloxamers form a low-viscosity fluid system at room temperature and an elastic gel in the periodontal pocket. ORAQIX® is administered into periodontal pockets, by means of the supplied special applicator. Gelation occurs at body temperature, followed by release of the local anesthetics, lidocaine and prilocaine.

ORAQIX® is supplied in single-use glass dental cartridges that provide 1.7 g gel (42.5 mg of lidocaine and 42.5 mg of prilocaine). Each gram of ORAQIX® contains 25 mg lidocaine base and 25 mg prilocaine base. The gel also contains poloxamer 188 purified, poloxamer 407 purified, hydrochloric acid, and purified water. The pH of ORAQIX® is 7.5-8.0.

Individually blister-packaged cartridges of ORAQIX® are distributed in a carton of 20. Each individual blister package also contains a sterile blunt-tipped applicator. The applicator has a blunt-tip end for ORAQIX® application and a sharp-tip end for piercing the rubber top of the ORAQIX® cartridge. Each blunt-tipped applicator is for single use only. Any unused periodontal gel should be discarded.

Product Monograph is available on request:  
DENTSPLY Canada Inc.: 161 Vinyl Court, Woodbridge, ON L4L 4A3

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## Needle-Free Anesthesia<sup>1</sup>

**oraqix**<sup>®</sup>  
(lidocaine and prilocaine  
periodontal gel) 2.5% / 2.5%

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Oraqix<sup>®</sup> dispenses as a liquid, then sets as a gel, in the periodontal pocket. Showing its efficacy, Oraqix<sup>®</sup> demonstrated less pain than placebo treated patients.<sup>1</sup>

Oraqix<sup>®</sup> provides a needle-free, blunt-tipped application that can be conveniently administered by a Registered Dental Hygienist.

### Needle-Free: Periodontal Debridement Anesthetic Gel

**Oraqix<sup>®</sup> is not for injection or use with standard dental syringes. Oraqix<sup>®</sup> (lidocaine and prilocaine periodontal gel) 2.5%/2.5%. Indications and Usage:** Oraqix<sup>®</sup> is indicated for topical application in periodontal pockets for moderate pain during scaling and/or root planing. Safety and effectiveness in pediatric patients under 18 have not been studied. Product Characteristics: A subgingival locally applied anesthetic gel consisting of a eutectic mixture of lidocaine and prilocaine in a new thermosetting system, Oraqix<sup>®</sup> dispenses as a liquid, then sets as a gel in the periodontal pocket. Contraindications: Oraqix<sup>®</sup> is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product; and/or in patients with congenital or idiopathic methemoglobinemia. Adverse Reactions: The most common adverse reactions in clinical studies were application site reactions 15%, headaches 2%, and taste perversion 2%.

Reference: 1. Oraqix<sup>®</sup> Product Monograph, DENTSPLY Canada Limited 2009.

DENTSPLY CANADA, 161 Vinyl Court, Woodbridge, ON L4L 4A3



See prescribing summary on page 10

Oraqix<sup>®</sup> is a registered trademark of DENTSPLY International, Inc. and/or its subsidiaries.  
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## Presidents message continued from page 2

- 1923 - American Dental Hygienists Association was formed
- 1949 - The year that is considered when the profession of dental hygiene became official in Canada. Ontario was the first province to recognize dental hygienist as a health occupation in 1947.
- 1949 - Dorothy Peters, Annabel Allen and Thelma Read of PEI received Canadian National Health Grants to train as dental hygienist in Boston
- 1950 - Mary Geddes became Canada's first registered dental hygienist. She registered in Saskatchewan
- 1947 and the two decades that followed was how long it took the rest of Canada to recognize dental hygiene as a health occupation
- 1951 - Andree Hebert (later Andree Brunelle) became the founder director of Canada's first dental hygiene program at the University of Toronto, Faculty of Dentistry
- 1963 - Canadian Dental Hygienists Association was founded. Mai Pohlak was the first president.
- 1980 - CDHA presented a brief of recommendation to a federally sponsored commission on dealings with: regulation and supervision, research, practice standards, quality assurance mechanisms, improvement in dental hygiene education and accreditation, wider roles for dental hygienists in health promotion and in the community
- 1952 - Dental Association Act, Bylaw IV gives the Manitoba Dental Association the foundation to keep licensing and registration records of dental hygienist in Manitoba
- 1956 - Kay Peschel becomes Manitoba's first dental hygienist
- 1963 - Margery Forgay becomes the founding director of the University of Manitoba, School of Dental Hygiene. Dixie Scoles was the programs first full-time assistant professor and clinic director.
- 2000 - Dental Hygienists in Manitoba are able to administer local anesthetic
- 2005 - The Dental Hygienists Act received Royal Assent in the Manitoba Legislature on December 8. This was achieved through the tremendous work by the Legislative Committee of the MDHA. This committee was led by Mickey Wener
- The Dental Hygienists Act in Manitoba came into force April 15, 2008. This makes Manitoba the 7th Canadian provincial jurisdiction in which dental hygienists are self-regulated

I know what you must be thinking...how did she find all those facts? I wish I could say I found them all myself but I did not. All points above except the last two were taken from an article published in the CDHA journal.(reference below) I encourage you to have a look at the complete article, as it includes many other interesting facts and information.

When I look at these facts above it reminds me of why I volunteer with the MDHA. I volunteer so that I have a voice. If no one stood up, had a voice for dental hygienist were would we be now? What then would we see above? What milestones would have been accomplished? Grass root dental hygienist like YOU and I worked tirelessly to get us to this point. A point were we can be proud to stand up and say " I am a dental hygienist!". Let's work together, a unified voice so we can add to the milestones above. What does your voice want for our profession? I challenge you to step up, let YOUR voice be heard.

Until next time...I leave you with that challenge! And as always, I will be on the case for you!  
Detective Deanna  
(a.k.a. Deanna Mackay, RDH)

Jette Ron. Dental hygiene: 150 years in the making. *Probe* 2001;35(5):181-186



# MDHA Annual General Meeting

Date: June 7, 2010

Time: 6:15 - 6:45pm Registration, meeting to follow

Location: Buccacino's Cucina Italiana Restaurant  
155 Osbourne St.

You are invited to attend our Annual General Meeting, at Buccacino's Cucina Italiana Restaurant, to be held on Monday, June 7, 2010. Guest Speaker: Jacki Blatz will be discussing her experiences of being an independent dental hygienist practitioner.

This is your opportunity to learn more about the work of the MDHA over the past year, meet your board members, and take an active role in the governance of your Association. We will be accepting nominees for the many positions such as: President-Elect, Professional Development Chair, Rural Representative, Sponsorship Chair, Westman Representative, Promotions, Fundraising, PCWM.

If you have any questions regarding any of the positions, please don't hesitate to email us at [info@mdha.ca](mailto:info@mdha.ca) or phone 981-7327.

Dinner, beverages(non-alcoholic), dessert will be provided. Once again we have the great honour of having CDHA's President Jacki Blatz in attendance to bring greetings on behalf of CDHA. This evening includes our annual business meeting, dinner, greetings from CDHA, guest speaker and most of all networking and FUN!

Please RSVP by May 15, 2010 by calling 981-7327 or email: [info@mdha.ca](mailto:info@mdha.ca)

Hope to see you all June 7th!



MDHA would like to extend a long over due

THANK YOU to the following dental hygienist who volunteered their services at Open Wide held at the faculty on October 24, 2009. Open Wide is a free day of dentistry put on by the MDA & The Faculty of Dentistry.

Agee Azcueta, Andrea Fruenm, C Withoos, Deanna Mackay, Diane Girardin, Jeanne Trinh, Kaleigh Warden, Kathy Griffiths, Laura Loewen, Maria Borges, Maria Dela Cruz, Monica Gratton, Roxie Trembath, Shawna Kufley, Shawna Rossoueh, Shora Niaboli, Mary Bertone, Jeffrey Azila

THANK YOU!



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Contact Kyle Conrad if you are interested at: [wish.dentalhygiene@gmail.com](mailto:wish.dentalhygiene@gmail.com)

# 126th MDA Annual Convention

The votes are in, the convention was a unanimous success. Not only did we have the highest attendance at our MDHA Annual Midwinter Meeting, everyone loved Betsy Reynolds our speaker! So much so, we have invited her back for next year. Mark your calendar and book off work now as you will not be disappointed!

We would like to congratulate the following MDHA members who have won the two additional door prizes for being in attendance at our AMM: Marina Archibald and Kiranpreet Grover! Both have won a \$25 gift certificate.

MDHA would like to thank the following people for making this event the great success it was:

- Manitoba Dental Association - Rafi Mohammed, Ross MacIntyre, the staff at the MDA office, and the MDA convention committee

Continued on page 16...



Mary Bertone(L) and Guest Speaker Betsy Reynolds

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## Upcoming Events...

Available now for CDAs and Reception for credits.

### Ottawa Rideau Rhapsody

Crowne Plaza Ottawa, Ontario

Within Winterlude -

February 5 - 6 2010

### Banff Rocky Mountain Rhapsody

Banff Park Lodge - Mar 26 - 27 2010

### Vancouver Pacific Rhapsody

Delta Burnaby Hotel/Grand Villa Casino -

September 24 - 25 2010

**Bring a colleague and you'll each save \$30!**

# MDHA Reaching Out to the Community

## Today's Brown Bag Special: Manitoba Dental Hygienists Association Oral Health...Don't Brush It Off!

The MDHA was able to represent dental hygienists at a brown bag luncheon for Manitoba Hydro employees. Every month a speaker is invited to speak on health and safety related topics, during employees' lunch breaks. There was an attentive group in attendance. We discussed oral disease, the mouth & body health connection, pregnancy and early childhood caries, daily oral health tips and whitening. Many of the attendees asked questions through out and found the topics very interesting. Some participant even stayed back to ask further questions when the presentation was complete. Some questions asked were regarding toothpastes, when to change a toothbrush, what products were safe for whitening and the sensitivity associated with bleaching. We were also able to provide those that attended with toothbrushes, floss, and toothpaste. We were very well received and hope to do presentations of this nature more often.

Submitted by:  
Andrea Fruehm, RDH  
Mary Bertone, RDH



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Register on-line at [rdhu.ca](http://rdhu.ca) and we will keep you updated with upcoming courses and seminars. Stay tuned for our next P & G rdhu Study Group beginning September 2010 – June 2011. Limited registration begins March 2010. Waiting list has already started. Don't miss out! This is a great way for you to advance your Quality Assurance requirements.



- Mary Bertone for booking our guest speaker and coordinating efforts with the MDA
- MDHA Board and Executive for organizing and helping at our AMM registration table and meeting.
- The first and second year dental hygiene students who put their names forward to help with registration and organizing our meeting room



## Read & Win!

First MDHA member to correctly answer the questions and emails their response wins a \$10 gift certificate. Two additional entries will be randomly chosen to win a \$10 gift certificate!

- 1) Who will be MDHA's guest speaker at the 127th MDA Convention?
- 2) What two evenings are MDHA members invited to attend and also receive the added bonus of a complimentary dinner?
- 3) Who was Manitoba's first dental hygienist ?

**GOOD LUCK!!**

## Hope to see everyone next year at the 127th Annual MDA Convention and MDHA Annual Midwinter Meeting!

MDHA's Executive Director Cynthia Wiebe (right)

Speaker Betsy Reynolds and Salme Lavigne in audience (below)



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## MDHA wants to hear from you!

We are currently in the process of planning for next years professional development calendar and we need your help. MDHA would like to know which topics, speakers, courses you would be interesting in attending. Our goal it to provide YOU the member with a professional development calendar that will help you achieve your continued growth and development as a dental hygienist.

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