

MONTAGE

SUMMER
2010



MDHA member in attendance
at our AGM held June 7th
this year at Buccacino's
Cucina Italiana Restaurant



THE VOTES ARE IN! MDHA'S ANNUAL GENERAL MEETING A SUCCESS!

On June 7th MDHA held its Annual General Meeting (AGM). With over a hundred members in attendance we can say this was one of our most attended AGM's to date!

This year we chose a more casual, yet upscale venue. We had originally booked the lounge for our meeting at Buccacino's Cucina Italiana Restaurant but due to the overwhelming positive response Buccacino's graciously offered to

close the restaurant for us. We then had the opportunity to take over the entire restaurant, which we did!

The food, wine, conversation and networking that we all came to experience that evening was fabulous and will be hard to match in the years to come. Positive enthusiasm was the feel in the air!

As stated in last edition of the Montage we were honored to have CDHA's President attend and

bring greeting on behalf of CHDA. Jackie also served as our guest speaker for the evening. Jackie gave an eye opening and informative presentation on her
continued on page 9

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NEW! Tells us
what you think?

mdha

MDHA VISION

To be the collective voice of Manitoba Dental Hygienists in promoting the profession; cultivating partnerships with member-owners and other stakeholders and empowering our member-owners for the good of the profession and the public

MISSION STATEMENT

To advocate and promote the profession of Dental Hygiene; represent our member-owners, encourage lifelong learning and evidence based practice; and provide education & health promotion to the public. This includes:

- Acting as the collective voice, resource and advocacy body for Dental Hygienists
- Providing professional development and social networking opportunities
- Encouraging continued growth and development of the profession
- Creating public awareness of the profession of Dental Hygiene
- Providing opportunities for health promotion, education and community outreach

President's Message

I cannot believe this will be the final submission of Detective Deanna! I remember when I thought of this persona eight issues ago. Eight! I cannot even imagine how the time has flown by. For this issue I have decided to not investigate, but to reflect. Reflect on our past year together.

MDHA has made many positive strides. To note a few highlights MDHA has: hired an executive director, established a partnership with the School of Dental Hygiene to facilitate the mentorship program, had another successful National Dental Hygienists Week, enjoyed great turnouts at our Annual Midwinter Meeting and at our recent Annual General Meeting, and experienced increasing enthusiasm about our profession and organized professional events.



Personally and professionally I believe that I have grown substantially this past year. One year ago in the Summer 2009 Montage, I investigated what characteristics make a great president. Back then, and even now, I certainly cannot attest to encompassing all of these characteristics. But the one characteristic that I found has carried me through all my trials and tribulation this year was enthusiasm. Enthusiasm is infectious. It can be shared, or acquired. It can make yourself or others around you step up or step out of their comfort zone. And, thankfully, enthusiasm can help make those around you not notice all the little hiccups in the road (i.e. stammering when speaking publicly).

With enthusiasm for our dental hygiene profession I want to leave you as I have done previously with thoughts to ponder. Cynthia in her Executive Director comments will explain MDHA's plan to move forward and to better serve its members. My question to you is: When you read the plan, does that sound like this is what you want? Who does all this work? What is MDHA to you? Is MDHA you? Does a strong professional association make a strong profession?

In closing, I would like to say that I was honored to serve as your President. Thank you for allowing me this opportunity! Step up, or out of your comfort zone. I did it, and do not regret a moment of it! Let's work together to make OUR professional association strong!

Detective Deanna
(aka. Deanna Mackay, RDH)

PS. Detective Deanna will always be on the case for you and for our profession!

Read & Win!

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

Answers to the last Read & Win questions are:

- 1) Betsy Reynolds
- 2) Welcome to the Profession and MDHA's Annual General Meeting
- 3) Kay Peschel

First person that correctly answered the questions was:

Gayle Halas

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

Jeannette Rainkie
Tara Kinchen

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

See page 21 for this issues Read & Win questions!

Employment

Members, if you are looking for employment do not forget to check our website for job postings which are regularly updated. Just visit us at mdha.ca and click on *Employment Opportunities*. Also contact us if your office needs to place a job posting at: employment@mdha.ca.

President Elect's Message

When you hear term book club, I'm sure a lot of people think of Oprah and the world wide book club she created several years ago. She is somewhat of a book club pioneer as it seems like book clubs have become increasingly popular over the last few years. I myself have been interested in being part of a book club and looked into a few and each one had their own set of "rules" and none of them really seemed to fit into the niche I was looking for. I wanted to be part of a book club that was casual, read books that were light, fun and not too heavy or depressing (I like to laugh) and did not require a major time commitment (having to read a new book every two or three weeks was too much for my schedule). That's when I got the nudge from my sister who suggested I start my own book club. She said if I'm not happy with what the other book clubs have to offer, then create a book club that follows "rules" that work for me and so that's what I did! I stepped up to the plate and organized the first meeting - I picked out the book, thought of discussion questions, invited people to join the book club and most importantly organized the food! We have met four times since the fall and our "rules" are unfolding as we go, but so far it's working and I'm looking forward to seeing which path the book will travel down next.

Sometimes we need that little nudge to step up to the plate and that is also how I came to be your incoming MDHA President. With a little encouragement and a gentle nudge I decided to take on the position and I am very excited to be your next MDHA President and see what the year has in store for all of us!

Maybe this will be the year you get tapped on the shoulder or gently nudged or encouraged to volunteer with the MDHA and I strongly urge you to step up to the plate. The MDHA is YOU and without YOU, there is no association. We need all the help we can get to be a strong association with a strong voice working for our members. If you feel you want to be involved, but do not know in what capacity, contact myself or the MDHA at info@mdha.ca and we will find a place for you and get you stepping up to the plate!!

Act as if what you do makes a difference. It does. ~William James

Kathy Griffiths, RDH

Andrea Moore O'Connor, BHE
Product Specialist
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Executive Director Report

It's hard to believe that I've been with MDHA for half a year already. It's been a great six months – learning more about the profession of dental hygiene and the great strides the profession has made within a relatively short space of time, exploring the topic of professionalism and how it fits within the broader context of dental hygiene, meeting new people, participating in my first National Dental Hygienists Week, and most recently participating with your Executive in a weekend long strategic planning workshop.

I summarized the outcomes of this strategic planning weekend at the AGM for those that weren't able to attend (and for those that were but would like a bit more time to digest all the information), I'd like to briefly review the outcomes again.

To begin with, what exactly is strategic planning? According to Wikipedia it's "An organization's process of defining it's strategy or direction and making decisions on allocating its resources to pursue this strategy." Essentially, for MDHA, the purpose of strategic planning is to help define where the association is going over the next few years. With the profession having evolved tremendously in the last few years, this was seen as a crucial step in helping your association reflect these changes as well.

The MDHA Executive met with Laura Simmons, CHRP, owner of Focus 4Life CW on the weekend of May 15th and 16th. The main outcomes of this weekend are proposed new vision and mission statements, and a series of short-term action plans. With these in hand, the current and future executive now has a roadmap and framework to help guide them as your association continues to change and evolve to meet the ongoing needs of dental hygienists.

And so, when embarking on any adventure, the foundation for any good roadmap to guide you along the way is always a vision. The new MDHA vision statement is:

To be the collective voice of Manitoba Dental Hygienists in promoting the profession, cultivating partnerships with member-owners and other stakeholders, and empowering our member-owners for the good of the profession and the public.

Every good adventure should also always have a well defined mission. The new mission statement is:

To advocate and promote the profession of Dental Hygiene; represent our member-owners, encourage lifelong learning and evidence based practice; and provide education and health promotion to the public. This includes:

- *Acting as the collective voice, resource, and advocacy body for Dental Hygienists*
- *Providing professional development and social networking opportunities*
- *Encouraging continued growth and development of the profession*
- *Creating public awareness of the profession of Dental Hygiene*
- *Providing opportunities for health promotion, education, and community outreach*

After working on the vision and mission statements, the remainder of the strategic planning weekend focused on a number of exercises designed to help identify the three primary objectives for the association and a few specific action plans focusing on each objective. These are:

1. *Association services and relationship with members*
 - *Expanding member benefits – determine what benefits, based on member opinions and alliances with other partners*
 - *Communicating value in membership*
 - *Expanding and enhancing the mentorship program*
2. *To increase Board and volunteer resources and capacity*
 - *Review Board infrastructure and resources*
 - *Increase volunteer capacity*
 - *Increase membership*



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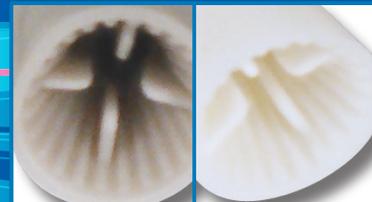
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Dental
Hygiene
TENTATIVE
Professional
Development
Calendar
2010/2011

September

21st

Manitoba Dental Hygienist Lecture Series
Attrition/Abrasion/Erosion of Tooth Structures, and Oral Canadidiasis
Dr. John Perry
DMD, MSc., FRCD(C)
Faculty of Dentistry, Room TBA
7:00pm–9:00pm

November

1st

Manitoba Dental Hygienist Lecture Series
“The Bug Lady” Back by popular demand!
Ms. Monique Liarakos, BA, RN, BN
Faculty of Dentistry, Room TBA
7:00pm–9:00pm

27th

How to search for the answers
Ms. Lola Wong, BSc, MLIS
Faculty of Dentistry, Room/Time TBA
Half day session

January

28th

MDA 126th Annual Mid-Winter Convention
Back by popular demand! Topic TBA
Ms. Betsy Reynolds, RDH, MS
9:30am - 4:30pm

February

28th

Manitoba Dental Hygienist Lecture Series
Topic and Speaker TBA
Faculty of Dentistry, Room TBA
7:00pm–9:00pm

March

12th

Fluoride Update & Tobacco Cessation for your Client
Dr. Doug Brothwell, DMD, BEd, DDPH, MSc
Faculty of Dentistry, Room/Time TBA
Half day session

April

4th

Manitoba Dental Hygienist Lecture Series
Topic and Speaker TBA(Chosen by you)
Faculty of Dentistry, Room TBA
7:00pm–9:00pm

TENTATIVE SCHEDULE ONLY! MORE INFORMATION TO FOLLOW

MDHA Lecture Series: MDHA Members ONLY. Cost for complete series \$120

MDHA Half Day Sessions: MDHA Members \$60, Non-members \$100

Interested/Questions call us at 981- 7327 or send an email to info@mdha.ca

National Dental Hygienists Week April 11-17, 2010

On April 13, 2010 the MDHA teamed up with Prince Edward Elementary School to promote National Dental Hygienists Week. We provided oral health presentations to the entire school on a class by class basis and in essence, did a dental hygiene blitz! We encouraged the students to realize the importance of good dental health and how it relates to good overall health. This fit right in with the schools theme for the year: "Healthy Minds, Healthy Bodies & Healthy Living". Each student and staff received a toothbrush, dental floss and take-home fact sheet.



Sylvia Taylor (Center) Principle Prince Edward School



Deanna giving oral health presentation to the kindergarden class

The MDHA would like to extend a special thank you to the students and staff at Prince Edward Elementary School for welcoming us in their school and to **SUNSTAR** for the product donations.

A big thank you goes out to the MDHA members who volunteered their time to present to the students: Mary Bertone, Amy Cartman, Cara Charlton, Andrea Fruehm, Kathy Griffiths, Deanna Mackay, Shauna McGregor, Margo Nohlgren, Melanie Peters & Cynthia Wiebe. Thank you – the event would not have been possible without YOU!

During National Dental Hygienists Week, the MDHA also delivered 250 oral care packages to Osborne House. The care packages were MDHA travel bags filled with toothbrushes, dental floss, and toothpaste. We have heard that the packages have been well received and we look forward to working with Osborne House in the future. Thank you again to the volunteers who helped put the packages together, and to **SUNSTAR** for the product donations.



Margo reenacting what goes on during an appointment with a dental hygienist

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Kellie Hildebrandt receiving her gift from MDHA



CDHA President Jacki Blatz (Left) with Deanna Mackay



Linda Casson of Oral B in front of gifts for members

AGM Cover story continued...

experiences of being an independent dental hygiene practitioner. She showed us her store front business Dentique located in Fort Alexander, Alberta. Jackie discussed the trials and tribulations she experienced in her journey thus far. Great advice and information was taken from this presentation.

Kellie Hildebrandt was presented with a gift of appreciation on behalf of you the members, for all the work that she has done for our profession while she served as our Executive Director/Registrar of the CDHM. Also presented with a token of our gratitude to acknowledge her contribution to our profession and the MDHA was Mary Bertone.

Crest Oral B Proctor & Gamble Professional Oral Health more than generously sponsored financially a greater half of the evening, on top of this they also gave each member in attendance a gift. This included a gift bag with Oral B oral health products and a YES your reading this correctly a Oral B Triumph electric toothbrush! Unfortunately last minute, Dave Roberts National Sales Manager - Canada from Oral B had to send his regrets for being unable to attend our AGM. Luckily Linda Casson Territory Account Manager from Oral B was able to attend and say a few words on their behalf. We THANK Crest Oral B Proctor & Gamble Professional Oral Health for their continued sponsorship and support for our profession. Without corporate sponsors like Oral B we would not be able to hold such great events.

Three members in attendance won door prize's which were drawn that evening. MDHA would like to congratulate the following members again for their win: Taryn Greenberg - \$50 gift card for Joey's, Pat Korpesho \$50 gift card for Earls, and Erin Mirecki \$50 gift card for The Keg.

MDHA hopes that you enjoyed the AGM, and we hope you continue to support your professional association through membership and attendance at events like these. For those who were not able to attend we hope you will consider it in future years to come!



Mary Bertone (Right) with Kathy Griffith (Left) receiving her gift from MDHA

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.

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(lidocaine and prilocaine
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Oraqix[®] provides a needle-free, blunt-tipped application that can be conveniently administered by a Registered Dental Hygienist.

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Oraqix[®] is not for injection or use with standard dental syringes. Oraqix[®] (lidocaine and prilocaine periodontal gel) 2.5%/2.5%. Indications and Usage: Oraqix[®] 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[®] dispenses as a liquid, then sets as a gel in the periodontal pocket. Contraindications: Oraqix[®] 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[®] Product Monograph, DENTSPLY Canada Limited 2009.

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



See prescribing summary on page 10

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CONGRATULATIONS PATTI MOORE ON YOUR RETIREMENT!

Pattie Moore began her career in public oral health 30 years ago with the City of Winnipeg, Dental Department. At that time she shared her time between the Social Assistance clinics and the Elementary School Screening and Education Program.

In 1999, the program transferred over to the WRHA. It was at this time that her talents were really able to shine through. Pattie has always loved to work on the development of new initiatives. The excitement and flash generated when she gets excited about something is nothing short of phenomenal. She has also expanded her role a few times throughout the years, past that of a dental hygienist.

In 2001, Pattie accepted a temporary secondment with the Healthy Smile/Happy Child Program. She visited many remote areas and assessed dental needs. When she noticed that there were no relatable dental books for children in these areas, she set about writing a story, finding an illustrator and harder yet – a publisher. Many would have given up at some point but she has a way of persisting and making such things become a reality. She completed her first of two children's books (Skye's Smile) and went on to write a dental children's book for children with heart problems (A smile from the Heart). She also developed the film A Smile from the Heart in conjunction with Children's Variety Heart.

When the dental world started stirring about periodontal disease possibly being linked with Preterm Low Birth Weight Babies – she developed a study with Dr Bob Schroth and the head obstetrician of the Women's Outpatient Clinic. The study, which involved determining the PSR score of pregnant women and asking them about their dental habits spanned over two years. The findings should soon be published in the Journal of Obstetrics and Gynaecology Canada.

The WRHA, SMILE Plus dental clinic is situated in Machray School in Point Douglas. A few years ago, the principal of the school mentioned in passing that he was interested in hosting a health fair at the school. Pattie immediately offered our services. About a month later, Machray School hosted its 1st health fair complete with about 15 community service tables, firemen and Cuffs the police mascot, and thanks to a community liaison contact of Pattie's, pizza for the hundreds of visitors to the fair. This was quite the coup for a school in an area where participation is usually quite low.

Upon embarking on a new project a few years ago involving home visits in the core area for children at risk of developing ECC, Pattie impressively proved able to step out of her comfort zone and right into the lives of our clients. These core area homes included some nice homes but also gang homes, condemned homes, homes with bed bugs, little rooms on the 3rd floor or basement of rooming houses – freezing in the winter, sweltering in the summer... Although she didn't relish going into some of these particular places, she never let it get in the way of completing her work with the grateful young mothers and their babies. For those of you that know her, you might be able to picture the Beamer pulling up and Pattie jumping out and walking in with her diamonds and perfect nails and wonderful clothes...all of this in an area that some people won't even drive through anymore. She'd also would often get involved in the lives of her clients. She gave much unsolicited, yet helpful advice to the moms she worked with about deadbeat boyfriends, schooling... She worried enough about a few babies and their living conditions to make a few difficult phone calls. She spoke to the environmental health officers more than once about negligent landlords. In other words – she didn't stop at teeth – she cared about the families she worked with.

Pattie is well known for never saying no to an opportunity and finding a way to make things happen which are invaluable assets in the world of public health! Now it's time to share more of that energy with friends and family. Enjoy your retirement. You deserve it!



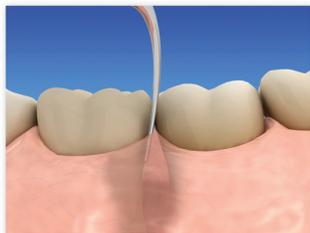
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Executive Director's comments continued from page 5....

3. To increase public awareness of the profession and strengthen association partnerships

- To distinguish the career of Dental Hygienists in the public
- Promotion of Dental Hygienists as able to contribute like other health care professionals
- Develop solid partnerships with other stakeholders of the Dental Hygiene profession and within the oral health profession

The above vision, mission and action plans will provide a framework for MDHA to move forward with and set a foundation that can be built upon in the coming years; they're also intended to be flexible enough to adapt as the profession of Dental Hygiene continues to evolve.

But what I've highlighted above is really just the first steps in the process. The ideas are there. The desire is there. But there's a lot of work ahead to see these steps through. And the Executive can't do it alone....but together, we can.

I strongly encourage everyone to be active in YOUR association – YOU are MDHA. Whether you'd like to sit on the board, be mentored into a position, or only have two days or even a couple hours available per year – we'd love to have you and we can pair up your availability with your particular interests. MDHA is growing. We're moving forward! And Together, we can collectively grow it exponentially with everyone's involvement.

As always, I'd love to hear any feedback – particularly on the outcomes from the planning sessions. All work (mission, vision, action plans) proposed is still in draft form. Take a few moments to share your thoughts on the direction being proposed...it's YOUR association.

Wishing everyone a wonderful summer!!!

Cynthia

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REACHING OUT TO COMMUNITIES IN MANITOBA...MDHA IS JOINING FORCES WITH THE HEALTHY SMILE HEALTHY CHILD (HSHC) PROJECT

HSHC has put together resource kits for dental hygienists to use when presenting to expecting/new parents or to young children (daycares) could give to participants (i.e. brochures etc). Example of resources include sugary drink displays, games, books and items for display purposes such as toothbrushes, infant massagers, sippy cups which would be used to talk about different stages of oral health/hygiene. MDHA will offer oral health supplies to hand out. The greatest part of this partnership is that dental hygienist across Manitoba will be able to access the resource kits. Check out the Fall Montage to receive more information on how and when the kits will be available.

What is Healthy Smile Healthy Child Project?

The project began in 2000 in response to the growing waiting list for dental surgery in Manitoba. HSHC is a collaborative, multiagency group that looks to increase the knowledge of early childhood caries (ECC) as well as to support communities' ability to practice proper childhood oral health. HSHC takes a preventative approach using health promotion to strengthen and support communities hoping to reduce the incidence and severity of ECC. The goals of the project are 1) to gain community acceptance of the importance of early childhood oral health, 2) to build on existing programs which target young children, 3) to increase parental knowledge of ECC prevention, 4) To increase the knowledge of existing service providers (i.e. public health) of the importance of prevention of ECC, and 5) to encourage existing service providers to incorporate ECC prevention activities into their practice.

A baseline study for Early Childhood Caries in 2001-2002 was done with four pilot communities; Norway House Cree Nation, Roseau River First Nation, Thompson, Winnipeg – Point Douglas. 406 children under the age of 6 were surveyed and it was found that 54% of all children had early

Continued on page 20.....

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MDHA Member's Reaching Out to the Community

On Saturday, April 24, 2010 Maria Borges, Darcie Cormier, and I, Jaimelee Woo volunteered at the Canadian Diabetes Association - Diabetes Wellness Expo at Gymnasium of the Winnipeg Evangelical Free Church at 500 Lagimodiere Blvd. It is an annual event open to the public but, especially those individuals affected by diabetes. There are a number of information booths from "Ask a Nurse" to "Ask about your Eyes" to "Ask your Nutritionist" etc. We were at the "Ask about your Oral Health" booth. We were very honoured to provide our dental hygiene expertise and knowledge amongst these other professions.



Darcie Cormier(Left), Maria Borges (Center), Jaimelee Woo(Right)

Most of the participants did not know that their diabetes and their mouth had any connection. So, we found it essential to relay the message that diabetes and periodontal disease was an established two-way relationship. Individuals with uncontrolled diabetes will be more at risk for the advancement of periodontal disease, and it should be noted that periodontal disease could adversely affect their diabetes. We are grateful for the opportunity that the Canadian Diabetes Association has given us by inviting us to take part in such a unique event. We would like to thank the CCOH for lending their professionally created diabetes information board for us to use. We used this display to point out relevant information and explain important facts to the attendees. Also, we would like to extend our thanks to the MDHA for giving us toothbrushes and the CDHA for providing the necessary information brochures, all which we used to pass onto the participants at the event.

Through this experience, we have learned the importance of teamwork within our own dental hygiene community. We represented the dental hygiene profession and dental hygienists as a whole. We demonstrated that dental hygienists could do more than "just clean people's teeth". We can act on behalf of the clients, as client advocates, as oral health educators, and as clinicians. It was so fulfilling and rewarding to put into practice what we know about oral health and share it with some of the people that we met. We felt that we were ready and prepared to answer any of the possible questions with the tools that we had. We had met people that either had diabetes, know, or heard of at least one person living with it. Through volunteering, we can grow both personally and professionally as ambassadors of oral health promotion. It takes more than just wanting to do something good for others, but, actually doing it is what the community needs.

Respectfully submitted
Jaimelee Woo, RDH



Notice of the Newly Appointed Registrar/Executive Director of the College of Dental Hygienists of Manitoba - Ms. Stephanie Gordon, RDH, BA

The Council of the College of Dental Hygienists of Manitoba is very pleased to welcome Ms. Stephanie Gordon to Winnipeg as the newly appointed Registrar/Executive Director, effective July 26, 2010. Stephanie is a Registered Dental Hygienist who has played an active leadership role in both the private and the public health sector in Ontario for the past 10 years. In addition to the key skills she brings to the position, Stephanie continues to grow professionally as she pursues her Masters in Public Health.

As the President of the Ontario Association of Public Health Dentistry and Manager of the Dental Program at Niagara Region Public Health, Stephanie has proven herself to be an independent, action-oriented individual who believes in excellent clinical quality and is a strong proponent of evidence-based interventions to promote oral health leading to an increase in overall health.

Effective immediately, please update your contact lists and direct any correspondence/emails to registrar@cdhm.info

Mickey Emmons Wener, RDH, MEd
Chair, CDHM Council

University of Manitoba Dental Hygiene Alumni Association

Calling all dental hygiene graduates! The School of Dental Hygiene, in conjunction with the Manitoba Dental Hygienists Association and The College of Dental Hygienists of Manitoba are banding together in hopes of establishing an alumni association for dental hygiene graduates from the University of Manitoba.

After nearly 50 years of operation, those involved feel the time has come for an alumni association to be struck for one of the few university-based hygiene programs, said Kellie Hildebrandt, previous Registrar and Executive Director of the College of Dental Hygienists of Manitoba.

Similar to its dentistry counterpart, the dental hygiene alumni association would strive to provide relevant and valuable services for U of Manitoba alumni with the prime objective of helping alumni connect with each other and their university.

It would also play a lead role in the Alumni of Distinction awards, the annual salute to oral health alumni who have had a profound impact in the community through the course of their career. The dental hygiene alumnus will soon be announce. Please plan to attend the 2010 Alumni of Distinction Banquet and Award night to celebrate their honour.

Anyone interested in learning more or joining the alumni association is welcomed and encouraged to contact either the CDHM, MDHA or the School of Dental Hygiene.

The University of Manitoba Dental Alumni Association, in partnership with the Faculty of Dentistry, is pleased to invite you to attend the



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"Welcome to the Profession" Reception



On May 26th the MDHA welcomed the 2010 University of Manitoba - School of Dental Hygiene graduates to the dental hygiene profession at a reception held at the Old Spaghetti Factory. This was an excellent opportunity for all MDHA members to meet and greet the new graduates. The MDHA members and the students dental hygiene mentors in attendance took turns introducing themselves, had the students guess how many years they have been practicing and shared stories of words of wisdom

U of M's - School of Dental Hygiene Graduating Class of 2010 with Lori Olafson(middle row, right)

and memorable work moments with their colleagues, both old and new. The evening ended with a highly skilled game requiring balance and agility and the lucky winners of Starbucks gift certificates were Michael Alvermere, Brian Bui-To and Salme Lavigne! MDHA would like to gratefully acknowledge SUNSTAR for generously sponsoring this event. A big thank you also goes out to Lori Olafson, of SUNSTAR, for attending the event and providing all those in attendance with goody bags!

Congratulations Class of 2010!

Michael Alvermere, Gloria Bisesi, Brian Bui-To, Cara Charlton, Kyle Conrad, Amber-Dawn Daniels, Karen Dela Cueva, Chanelle Dorrington, Claire Fast, Janis Gojda, Taryn Greenberg, Tarya Johansson, Jade Kraynyk, Anna Le, Diane Manness, Amber Marschall, Erin Mirecki, Tereena Neufeld, Jiwon Park, Rachel Racicot, Lorraine Roberts, Jennifer Seeman, Tracy Sloan, David Truong, Minxia Zeng

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MDHA members in attendance with Lori Olafson

THANK YOU DENTAL HYGIENE MENTORS!!

MDHA would like to thank all of the mentors who participated in MDHA/School of Dental Hygiene Mentorship Program 2008-2010. Without you this program would not have been possible! We thank you for your continued commitment to the growth and integrity of our profession. The time you have taken out of your busy personal and professional lives has not gone unnoticed. MDHA hopes you consider putting your name forward again for this years upcoming dental hygiene incoming School of Dental Hygiene class.



THANK YOU TO THE 2008-2010 MENTORS: Karen Kiazzyk-Katz, Laura Loewen, Paula Klimchak, Leanne Enns, Kathy Kost, Susanne Morin, Andrea Fruehm, Deanna Mackay, Trish Wittmeier, Harriet Rosenbaum, Angela Rosales, Twyla Hoffman, Sandy Vickner

To all MDHA members if you are interested or have any questions about the mentorship program do not hesitate to contact Deanna at: info@mdha.ca or call 981-7327.



As part of the MDHA/School of Dental Hygiene Mentorship Program mentors are invited to the annual MDA Graduation breakfast. Mentors presented their mentee with a gift from the School of Dental Hygiene. Pictures taken of the Mentor/Mentee groups at the MDA Breakfast. Top of page: Chanelle Dorrington(L)/Harriet Rosenbaum. Middle of page clockwise: Jade Kraynyk(L)/Andrea Fruehm, Sandy Vickner(L)/Gloria Bisesi, Taryn Greenberg/Deanna Mackay, Trish Wittmeier(L)/Claire Fast



HSHC continued from page 15

childhood tooth decay (ECTD), 74% of children over the age of 2 had ECTD with 20% reporting problems with pain, infections, eating and sleeping. It was also reported that 63% had not seen a dentist and 1/3 were not brushing their teeth.

Currently HSHC has funding until March 31, 2011. This covers a part time coordinator to support oral health promotion and knowledge transfer throughout Manitoba. HSHC does not have the capacity to deliver education sessions directly to the community so are exploring other sustainable ideas to deliver community education sessions.



School of Dental Hygiene
University of Manitoba
November 12-14, 2010
Local Anesthesia Course

Duration: Minimum 6 weeks self-study. 24 hour course attendance. (Friday, Saturday, Sunday)

Cost: \$950 Payment in full with registration form

Registration: Full amount due Oct. 1st, 2010

If interested or need more information contact Lisa Chrusch at the School of DH at 272-3062



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.

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 has MDHA joined forces with to provide you the member with resources to provide health promotion to pregnant or expecting mothers?
- 2) What is the name and date of the event that will be a great evening to come and celebrate with the Dental Hygiene Alumnus of Distinction?
- 3) Which organization received oral health care packages and which school did MDHA partner with during National Dental Hygienists Week?



Manitoba Dental Hygienists Association

Contact Information:

Mailing Address:

Box 25112
Winnipeg, Manitoba
R2V 4C7

Website:

www.mdha.ca

Email:

info@mdha.ca

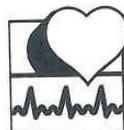
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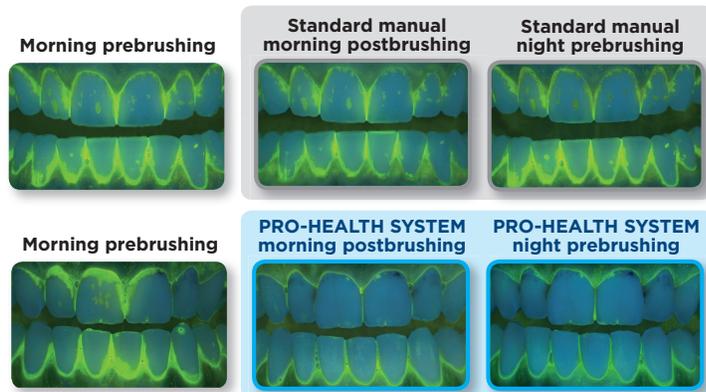
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¹Gerlach RW, Walanski AA, Booker DL, Barker ML, Biesbrock AR. Daytime Plaque Effects of Power Brush, Therapeutic Paste, and Rinse. J Dent Res 2010;89A. Abstract 1272.



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