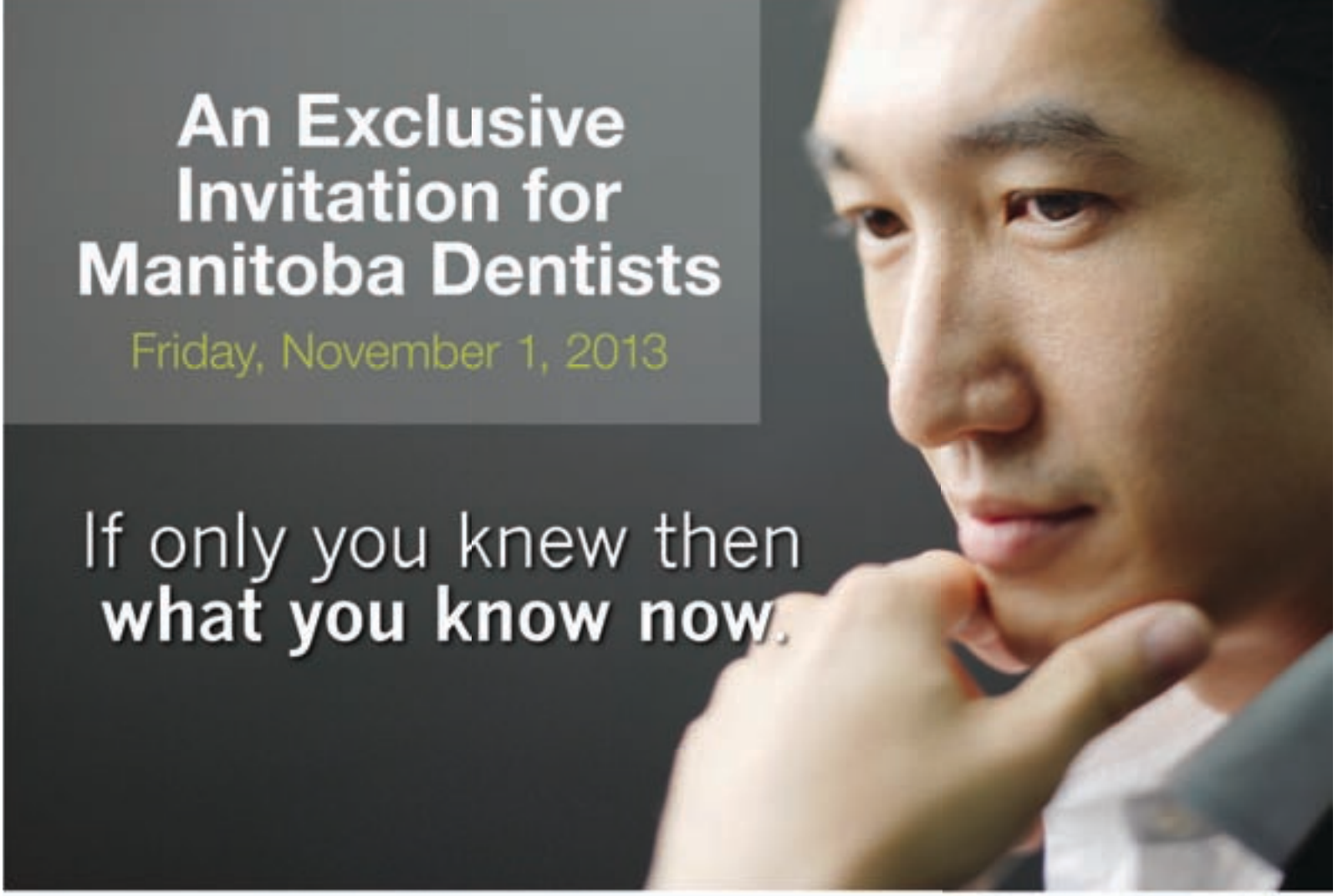
VOLUME
32
ISSUE 3
FALL, 2013
ISSN 070-1717

MANITOBA DENTAL ASSOCIATION

Bulletin

In this issue:

Your Manitoba Dentist



Manitoba dentists are invited to learn first-hand about the strategic issues relevant to investing in today's economy at the **CDSPI/Cumberland Private Wealth Management Presentation and Dinner** in Winnipeg.

CDSPI's **Private Wealth Management Service** (*www.cdspi.com/private-wealth*) is offered through a partnership between CDSPI and Cumberland Private Wealth Management. This service offers discretionary portfolio management designed to benefit dentists with combined investable assets over $1-million.

Friday, November 1, 2013
6:30 p.m. at the
Fort Garry Hotel in Winnipeg.

This invitation is extended exclusively to Manitoba dentists and dental specialists. For details about this **no-cost** event or to RSVP, contact Investment Planning Advisor Evan Parubets at CDSPI Advisory Services Inc.

Call **1-877-293-9455, ext. 6852** or email **eparubets@cdspiadvice.com**

Limited space is available. Please RSVP before October 17th.

CDSPI DENTISTS FIRST

CUMBERLAND

Welcome to the Profession Dinner
August 15, 2013

The Manitoba Dental Association, along with sponsors Scotia Bank, CDSPI, University of Manitoba - Faculty of Dentistry, and UMDAA were pleased to host a dinner welcoming the Class of 2017 to the profession

Congratulations on your acceptance to the Faculty of Dentistry!

1st Year Dental Students

Mr. Andrew Benga
Mr. Daniel Birchard
Ms. Angela Chen
Ms. Stephanie Cooney
Ms. Gurleen Dhaliwal
Mr. Justin Diamond
Ms. Jordan Dunlop
Ms. Rachel Goldberg
Mr. Zach Goldberg
Mr. Ryan Howard
Ms. Alycia Klymkiw
Mr. Artiom Margolin
Mr. Jesse Marques
Ms. Lisha Mehta
Ms. Maria Mikos
Mr. Nicholas Motyka
Mr. Chad Pennington
Ms. Melissa Phaneuf
Ms. Nicole Richardson
Ms. Erin Roloff
Mr. Quin Rusnak
Ms. Depinder Samra
Ms. Ja Youn Seo
Ms. Navi Sidhu
Mr. Niza Sinkala
Mr. David Truong
Mr. Nathan Vercaigne
Mr. Chris Ward
Ms. Maggie Wen

1st Year Mentors
(not pictured)

Dr. Bill Cooke
Dr. Rose Dhillon
Dr. Erin Eyer
Dr. James Ferguson
Dr. Elena Ferrer
Dr. Tabitha Gervais
Dr. Lanny Jacob
Dr. David Kindrat
Dr. Scott Mather
Dr. Mike McIntyre
Dr. Sandra Rosenberg
Dr. Jared Rykiss
Dr. Wendy Stasiuk
Dr. Andrew Stoykewich
Dr. Brant Toy
Dr. Susan Tsang

International Dental Degree Program Students - Class of 2015

Mr. Karim Bakhoum
Ms. Andreea Birsila
Mr. Rohit Dutt
Ms. Goltakin Ezati
Ms. Sharareh Ghodousi
Ms. Rafif Mohammad
Ms. Iliana Paparisto
Mr. Jay Patel
Ms. Viviana Steinberg
Mr. Trystan Thomas

IDDP Mentors
(not pictured)

Dr. Andew Dear
Dr. Betty Dunsmore
Dr. Eileen Eng
Dr. Tony Hayward
Dr. Milos Lekic
Dr. Wally Nider
Dr. Rhiannon Orloff
Dr. Mike Sullivan
Dr. Ron Tough

Dr. Amarjit Rihal
President, MDA

President's Message...

I hope everyone took some time to enjoy the summer with friends and family. As the summer slowly comes to an end, there is also an end in sight for a major technical overhaul the Manitoba Dental Association has been undertaking. The new Central Resource Management (CRM) system went live in the MDA office on August 15, 2013 and the process of refining the computer system has begun. Our old database system of countless tables and databases has been compiled into a single efficient operating system to allow easy access to information for both our members and our hard working MDA staff. Along with this new CRM system you will see a new Manitobadentist.ca web site on the horizon. Change is never easy and I would like to personally commend the staff at the MDA for working through the bumps for what will be a more efficient system for everyone in the end. Keep up the great work!!

The MDA also went through our Fairness Commission Review. The purpose of the Fairness Commission is to improve Qualification Recognition (QR) for internationally educated professionals.

"The Office of the Manitoba Fairness Commissioner works cooperatively with Manitoba regulators to ensure their registration practices comply with The Fair Registration Practices in Regulated Professions Act. The result is more internationally educated professionals working to their fullest potential..."

The process of evaluation with the Fairness Commissioner occurred this summer over four meetings and was truly a productive and educational process. It ensures that all of our licensing and regulation processes are transparent and fair to the applicants while also respecting the safety of our public through the national evaluation processes that ensures these candidates are qualified to work in both Manitoba and across Canada. From the National Dental Examination Board (NDEB) to the Royal College of Dentist of Canada (RCDC) our registration and evaluation processes were evaluated and critiqued by the Fairness Commissioner. The reports and suggestions that were recommended by the Fairness Commissioner can be found on their website at wwww.manitobafairnesscommissioner.ca. I would like to thank the fairness commissioner Ms. Ximena Munoz and Mr. Robert Millman for their insight and feedback during the entire process.

The MDA will also begin formatting and re-vamping some of our bylaws which were initially drafted to comply with The Dental Association Act. These revisions will include expectations of the much anticipated Regulated Health Professions Act and will address bridging potential gaps necessary to maintain public safety and issues that were previously absent in the old bylaws. Some of the bylaws that we will be dealing with include the Continuing Education, Registration and Licensing, Pharmacological Behavior Management and a newly proposed Botox bylaw. After board approval of amended and new bylaws they will be circulated to members for ratification in November. Please look for them in the MDA mail package in November.

The Annual Convention Committee is busy putting the final touches on what I believe will be an exceptional annual convention. The 2014 Convention "There's no place like home" is being paired with the annual CDA convention. This has added an additional level of excitement as we are expecting delegates from across the country to join and partake in our events. An all star lineup of speakers has been confirmed and we are anticipating attendance of over 3000 people. There is even a day of ice fishing planned for our out of town guests to give them a true taste of a Manitoba winter in what is historically the coldest weekend of the year.

On August 15, the Mentorship program in conjunction with the Scotia Bank hosted the annual "Welcome to the Profession" dinner at the Fort Garry hotel for the incoming dentistry and International Dental Degree Program (IDDP) classes. MDA Vice-President, Dr. Michael Sullivan, delivered a fantastic welcome on behalf of the MDA to these new members of the dental profession. Once again, welcome to our community.

Continued on page 5....

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As I close my message there is one individual whose efforts for the association often go overlooked. Dr. Marcel Van Woensel, our registrar, has put a tremendous amount of work under extreme time limitations to deliver the information necessary for our Fairness Commissioner's review as well as bylaw review processes. His systematic process ensures fairness and accuracy when it comes to our regulatory processes. As a result the MDA is highly regarded on a national level as a regulatory body. Thanks for all your hard work Marcel!!

I wish you all a long, warm fall and if there is anything I can do for you please feel free to contact me!

Regards,

Dr. Amarjit Rihal DMD
President, Manitoba Dental Association.

ManitobaDentist.ca

Please Keep us Updated!

If you have not provided the MDA with an email address or Practice name please do so at your earliest opprtunity

As the MDA transitions to a new CRM and Website, we will begin sending members important notifications via email. Examples are:

- CPR Expiry [6 weeks prior to expiry date on file]
- Continuing Education [upcoming anniversary date, short hours or exceeded limits in bylaw]
- WDS Clinic reminders
- E-Alerts
- MDA Convention information
-Corporation renewal

Members will continue to receive an *information update form* on a bi-annual basis in the mail, but we remind members to update their information as quickly as possible throughout the year.

All updates are requested in writing and can be faxed to the office at 204-988-5310 or emailed to april@ManitobaDentist.ca Thank you.

Dr. Marcel Van Woensel
Registrar, MDA

Registrar's Column...

"Everything should be made as simple as possible, but not simpler."
Albert Einstein

"We all have an enormous responsibility to bring to the attention of others information they do not have, which has the potential of causing them to rethink long-held ideas."
Howard Zinn

With the implementation of the Office Assessment Programme, there is increasing interest by members in the development of written protocols and policies. The MDA has gathered and produced resources on a variety of topics relevant to dental practice and has made them available at member request.

The intent of any document produced is to provide a concise summary of information and analysis of an issue. The purpose is to give members knowledge for making decisions appropriate to their practice situation. In this Registrar's Report, I am including the content of a Critical Thinking Document on medical emergency management. References are available on request.

ISSUE:
What does a dental office need to consider in managing medically emergent and emergency situations?

APPLICABLE RULES:
The Workplace Safety and Health Act, s.4, Duties of Employers
The Workplace Safety and Health Act, ss.7.4(5), Workplace Safety and Health Program
The Workplace Safety and Health Act, s.45, Needles in Medical Workplaces
Workplace Safety and Health Regulation 217, Part 39, Health Care Facilities
MDA Bylaw 17-10 - Dentist Registration and Licensing: cl. 1(d)(v), 2(c)(v)
MDA Bylaw 32-12 - Office Assessment
MDA Bylaw 27-09 - Pharmacologic Behaviour Management
MDA Bylaw A-10 - Dental Assistant Registration and Licensing
MDA Code of Ethics: Principle 2 – Nonmaleficence
MDA Code of Ethics: Part A, Article 1 - Service
MDA Code of Ethics: Part A, Article 2 – Competency
MDA Code of Ethics: Part A, Article 9 - Emergencies
MDA Guideline for Office Assessment:

1. Facilities, protocols and conduct:
   - promote trust and confidence of patients and public in the profession.
   - comply with MDA bylaws, *Code* and current standards of practice for the profession.
   - will provide patients a safe and respectful care environment.
   - will provide staff a safe and respectful work environment.

ANALYSIS:
A medical emergency is an injury or illness requiring intervention as it poses an immediate threat to a person's life or health requiring intervention. A medically emergent situation does not pose an immediate risk but requires early intervention to avoid progression to a medical emergency or harm to future health. An emergency would be a person who has stopped breathing; an emergent situation would be respiratory distress. As the management of medically emergent and emergency situations exists on a continuum, the factors a dental office should consider are similar.

Continued on page 7...

A medical emergency can arise from a known or unknown pre-existing medical condition (i.e. cerebrovascular accident, myocardial infarction); directly from a dental procedure (i.e. uncontrolled bleeding, anaphylaxis) or indirectly associated with a dental procedure (i.e. syncope, exposure to blood borne pathogens by contaminated needlestick injury[1]).

It is important to ensure emergency protocols consider not only patients but also employees and yourself. *The Workplace Safety and Health Act* mandates employers to provide employees with the information, training and facilities to protect their safety and health at work.

Generally, an effective emergency protocol should include:

1. clear protocols establishing procedures and responsibilities for various emergencies;
2. appropriate training for all personnel to fulfill responsibilities during an emergency;
3. necessary emergency equipment to respond effectively to various emergencies; and
4. above all keep protocols focused and simple.

CLEAR PROTOCOLS

An effective response to an emergency requires preparation, organization and coordination. Usually many tasks need to be carried out in a short period of time. The ability to have several people functioning simultaneously without prompting is a significant advantage.

Practically, this can only be achieved with a written protocol describing who and how each person should respond. As duties may be different dependent on the nature of the emergency, written protocols should be specific to the particular emergency.

Written protocols are a requirement for dental offices (MDA Bylaw 32-12) and those providing sedation/anaesthesia services (MDA Bylaw 27-09).

APPROPRIATE TRAINING

As an employer and a professional, dentists need to ensure office personnel have the necessary knowledge and skill to perform their responsibilities as identified in the protocols. It is each individual dentist professional responsibility to have up-to-date knowledge on recommendations and best practices for identifying and managing the various potential emergencies which can arise in their office.

Appropriate training should consider didactic and hands on courses for dentists and their staff; regular renewal of written office protocols and regular review and performance of those protocols. Due to the rarity of emergencies in many offices and risk in losing skills and coordination of personnel, offices may wish to carry out mock emergencies or dry runs.

Protocols and practices to identify risks and avoid emergencies is also a crucial component to a successful strategy especially as it relates to employees. Careful review and updating of medical histories; assessment of a patient's clinical signs and symptoms and clear training on the handling of sharps and potentially hazardous microorganisms are important in managing medical emergencies.

MDA Bylaws A-10 (dental assistants) and 17-10 (dentist) establish a minimum requirement for members to have valid certification in an appropriate resuscitation programme. Discretion is provided to a member's professional judgement in assessing what is appropriate, but it should be based on an objective assessment of risks related to the practice. Please note certification in specified resuscitation programmes is required for offices providing sedation/anaesthesia services (MDA Bylaw 27-09).

NECESSARY EQUIPMENT

A dental office must have available the necessary emergency supplies and equipment to manage emergencies as contemplated in your protocols and training. A dental office should develop a system to ensure emergency drugs are viable (unexpired) and equipment regularly tested.

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1 While dental offices are not yet required to use "safety-engineered needles", dentists should ensure other aspects (written policies for staff exposure to blood borne pathogens and documenting of incidents) are complied with in their dental office. See Reference section for specifics of legislation.

Continued on page 8...

Continued from page 7...

MDA Bylaw 27-09 has specific requirements for dental offices providing sedation or anaesthesia services. They are helpful recommendations for every dental office.

CIRCUMSTANCES

While circumstances vary between individual dental offices, every facility must be capable of responding to a medical emergent or emergency situation quickly and effectively. In determining the documentation, training and equipment your office requires for managing potential medical emergencies a dentist should review:

1. relevant statutes and MDA bylaws;
2. the overall nature of your patient base and staff;
3. identifiable risk factors of individual patients and employees;
4. the types of dental procedures performed in the office; and
5. accessibility of emergency medical responders.

Relevant legislation is described in the APPLICABLE RULES section. Both MDA Bylaws 17-10 and 27-09 establish the minimum requirements for documentation, training and equipment in specific situations. A dentist or dental assistant may face regulatory sanction for not complying with those Bylaws.

Dental offices with a large component of medically compromised patients - sometimes associated with age - or who care for patients with identifiable risks (allergies. blood disorders, communicable diseases) should develop protocols to manage the increased or specific risks those patient populations entail. Similarly, dental offices performing more invasive, complicated or extended procedures should consider the different or increased potential emergencies and plan accordingly.

Large offices with personnel working different shifts need to clearly identify the various roles, individuals will be expected to perform. Dental offices with more than 20 employees have additional obligations in this area under *The Workplace Safety and Health Act* s.7.4.

Dentists who practice in hospitals or in facilities with other medical personnel may develop agreements to allow for a rapid medical response or access to emergency equipment which may adequately meet the dental offices needs. In those circumstances, their involvement should be detailed in your protocols.

Dentists who practice in situations without ready access to an emergency medical response (often geographic) should consider developing more extensive written protocols; take additional training and have a larger array of emergency equipment available to allow for delays in medical support.

Dentists should arrange for at least two people be available in the office when dental treatment is planned for a patient. While this may not always be possible, the ability to effectively manage an emergency is significantly compromised in situations where only one person is attending.

Emergency protocols, training and equipment allow you and your staff the capacity and confidence to make effective decisions quickly in managing emergency and emergent situations. Establishing protocols to manage employee exposure to potential blood borne pathogens demonstrates your care for their health and complies with workplace safety legislation.

The intent of this process in an office is to minimize uncertainty in responding not only to patient but also employee medical issues. Whatever the emergency, a plan should be in place to address possible emergencies and ensure the training and resources are available.

Marcel Van Woensel
Registrar, Manitoba Dental Association

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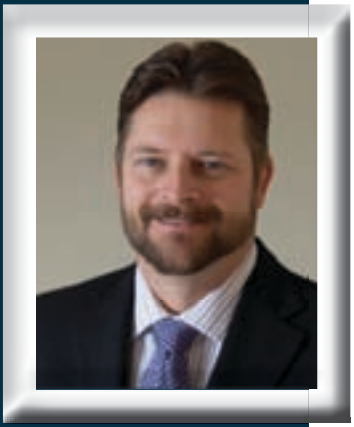

Dr. Alexander Mutchmor
Board of Directors, CDA

Over the last few months, many of us will have taken a little extra time off to enjoy our beautiful, but far too short, Canadian summer. You can rest assured though, that the CDA staff has continued to manage the affairs of the organization and address the CDA strategic priorities.

The summer began with the addition of two new staff members at CDA. Mr. Kevin Desjardins became the new Director, Public Affairs and Ms. Kindha Gorman became the new Manager, Communications. Both bring a wealth of knowledge and experience in their field and are a welcome addition to the CDA team.

In past articles, I have told you about The CDA's three Priority Projects: Trust and Value, Advocacy on Access to Care – Children and Seniors, and the JCDAOasis.ca. We have now added a fourth Priority Project, the National Oral Health Strategy. The object of this initiative is to develop, through consultation and collaboration with national stakeholders, a comprehensive, action-oriented national strategy for oral health in Canada; one that will identify the needs of Canadians and develop coordinated approaches to address the challenges and opportunities for the promotion of optimal oral health.

While I'm on the subject of Priority Projects, I would also like to note that as part of the National Coordinating Working Group on Access to Care's mandate, generic legislation for implementing national standards in Long Term Care Faculties has been created. This legislation is consistent with CDA's position on minimum oral health care standards in LTC facilities and is to be used by the Corporate Members as a tool for advocacy issues in their individual provinces and territories.

Another new project that is being undertaken involves the Seal of Recognition program. The CDA Seal of Recognition program has been around for a long time, and in terms of public information, is the most visible public program. It is in place to ensure that Dentistry remains the "go to" source for oral health information.

The CDA Board has established a Working Group to review this program in order to ensure that it continues to effectively serve its purpose with maximum benefit.

Some of the other meetings/projects that have continued over the summer are:
- Discussions with the Canadian Institute of Health Research about their Aboriginal Heath Pathways Project.

- Discussions with CLHIA on issues of common interest; HIEC, Sun Life Direct, the USC&LS, UINs, adjudication procedures, and timing of fee guide changes.

- For discussion at the FDI General Assembly, the Canadian views on the FDI Policy Statements on;

* Non-communicable diseases

* Oral health and the social determinants of health

* Oral infection/inflammation as a risk factor for systemic disease

* Salivary diagnostics

* Bisphenol-A in dental restorative materials

-The ACFD-CDA DAT survey working group which was developed to provide advice to the CDA BOD and Association of Canadian Faculties of Dentistry on all aspects of the DAT Program and broader admissions processes, and propose changes required to enhance their value in the student selection process.

Again, these are just a few of the many things that are keeping us busy at the CDA. I look forward to providing you with another update in the next edition of The Bulletin.

Dr. A. Mutchmor, D.M.D.
CDA Board Representative

The Bulletin, Fall 2013
Published quarterly
Contact: Linda Berg, Editor MDA Bulletin
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www.ManitobaDentist.ca

THERE'S NO PLACE LIKE Home

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Dr. Peter Doig,
CDA President

An Invitation from Dr. Peter Doig, President of the Canadian Dental Association

In 2014, the CDA national convention will be hosted by the Manitoba Dental Association in Winnipeg, Manitoba. I am delighted to invite you to my home province to attend this stellar event. For me, there is no place like home. I hope that you too can experience your "home away from home" in wonderful Winnipeg this January.

A national convention is the best way to bridge the gap of our country's geography. Come to Winnipeg to meet with colleagues from across Canada and to be part of the national meeting place for our profession; a role that CDA plays.

Although the weather may be cold, the hospitality you will experience will be warm and inviting and is not to be missed. Combine this with a dynamic scientific program, an exciting trade show featuring the latest dental products and services, and a fun-filled social program, and your home away from home will be complete.

Come and experience a convention like no other where there is good learning, good fun and good fellowship.

I hope to see you there.

Dr. Peter Doig,
CDA President

"Gateway to the West"

"Welcome Back U of M Alumni"

"Share Ideas and Network "

"There's No Place Like Home"

MDA-CDA 2014

Schedule at a Glance

THURSDAY, JANUARY 23, 2014

Registration Starts

Ice Fishing Experience – Fort Whyte Centre

U of M Dental Alumni Reception

CDA Reception

FRIDAY, JANUARY 24, 2014

Trade Show Opens

Registration

Pierre Fauchaud Academy Induction Luncheon

Student Poster Competition

University of Manitoba Faculty of Dentistry – Research Day Presentations

Clinical Program

Rosemary Bray
- *Waaaasup with Good Communications*
- *Teamwork, it Makes Your Dental Dream Work*

Dr. Harold L. Crossley
Know your Patients Medications and Their Impact on Dental Treatment

Dr. Graeme Cunningham
Children of Chaos

Dr Paul Earley
Addiction in 21st Century: A Treatable Disease

Dr. Elliot Mechanic
A Cookbook for Today's Restorative Esthetic Dental Practice

Dr. David Sweet
CSI Winnipeg – Investigation High Profile Cases

Dr. David Clark
- *Modern Conservative Dentistry – From Sealants to Cracked Teeth*
- *Better Faster Prettier Anterior Composites*

CDSPI – Dale Gillespie
Member Assistance Program

CPR Certification Courses

Social Program
Entertainment – **" Kenny Shields & StreetHeart"**

SATURDAY, JANUARY 25, 2014

Trade Show

Registration

Clinical Program

Dr. Howie Fogel
How to Avoid Endodontic Disasters

Dr. Catalena Birek
Viral Infections of the Oral Cavity and Oropharynx

Dr. Igor Pesun
Selecting the Right Implant Restoration

Dr. Gord Levin and Erin Anderson
Strain, Pain and Energy Drain

Kary Odiatu
- *Women Wellness and Weight Loss*
- *Get Fit – Get Smart: Boost your Brain Power with Physical Fitness*

Dr. Marvin Berman
- *Special Patients... Special Dentists. Opportunity Calls*
- *The Extraordinary Dentist... Why Your Patients Love You*

Dr. Graeme Cunningham
Addiction in Caregivers

CDSPI
Member Assistance Program

Dr. Larry Guam
Oral Surgery for the General Dentist

Dr. Jay Greenfeld/
- *Stress Management and Conflict Resolution*
- *Nutrition and Relaxation*

Dr. J. Robert Kelly
- *Ceramics for Restorative and Implant Dentistry*
- *Updates in Restorative Dentistry*

Dr. Marcel Van Woensel and Kari Kasenfohen
Office Assessments and Infection Control

CDSPI's – Evan Parubets, Renata Whiteman, Michael Trklja
What's Your Plan? Creating Wealth and Security with a Financial Plan

CPR Certification Courses

Social Program
President's Gala – Dinner and Dance
featuring **"Those Guys", " StreetHeart"** and **" The Danny Kramer Event Band"**

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The Dental Specialist

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental speciality groups (on a rotational basis). In this quarterly's issue, the article is submitted on behalf of the Oral Pathologists.

DENTURE ADHESIVE TOXICITY ("DAT")

Zinc and copper toxicity from denture adhesive creams

Hyperzincemia with secondary hypocupremia, progressive sensori-motor polyneuropathy and bone marrow hypofunction was first proposed as a syndrome in 2003 (12975299) and etiologically linked with denture adhesive cream in 2008 (18525032). Similar cases from 1985 were associated with OTC zinc supplements at 450 mg/day or coin-pica but not with denture adhesive cream. Twenty five cases associated with denture adhesive cream including one associated fatality (20555248) have been reported, mostly in the non-dental literature. The first dental publication was in 2010 (20493327) and that year Health Canada described a manufacturer-initiated association of a "myelopathy and blood dyscrasia" with ™ Poligrip. In February 2011 the FDA issued a "request for action" based on 360 complaints and requested better labelling with a zinc-free formulation but did not issue an advisory or recall (ABC News; 20/20 program). In March 2011, the ADA and CDA issued short "news releases". Solicitations for a potential class action lawsuit can be found on the internet. Interestingly, a year and a half previously in June 2009 the FDA had advised consumers to discard zinc-containing nasal cold medication due to a loss of smell based on 130 complaints.

DAT characteristically presents as paresthesia of the extremities which evolve to ambulatory problems sometimes requiring mobility-aids. Other features, including brain dysfunction may be present. Blood tests show high zinc and low copper levels with anemia and leukopenia. The average age at diagnosis is 49 years (33-69 yrs) with symptom evolution over 34 months (4-84 mths) and a history of excessive use of zinc-containing denture adhesive cream ranging between 291-2584 mg of zinc/day. This is about 7 times the maximum daily nutritional requirement and about 3.5 times the daily therapeutic dose for Wilson disease. It equates to 1-3 tubes/week which exceeds the manufacturer's instructions. The prognosis is a slow recovery over several months with permanent disability in 40% of patients, mostly related to the motor component. The fatality rate is 4% based on published cases. The pathophysiology seems to be demyelinization of nerves and impaired hematopoiesis.

Under-diagnosis is likely for a variety of reasons but mostly unawareness of the association. Some reasons might be the lack of a scandal or class action lawsuit, lack of motivation or skill in accessing subspecialty journals or large institutional archives and forgotten "cues" due to limited scope of practice or ineffective continuing education. Additionally, (a) the patient may not provide historical clues associating their walking difficulties with denture adhesive use or know their average daily zinc intake from dietary choices, OTC supplements, personal care products or pica (b) manufacturer's instructions and warning labels may not be followed or even read (eg tobacco products, fine print or just lack of label information). The number of persons using denture adhesives is very large (eg market sales were about $212 million in 1999 and growing) and the number of FDA complaints are probably over 360 by now.

Zinc absorption

Specific food combinations can promote or inhibit zinc absorption and require digestive alterations for absorbability in the small intestine. Intracellular transit modifications, binding to blood transport proteins and tissue storage is not completely characterized nor is the feedback mechanism that controls absorption and excretion. About 60% of zinc is bound to serum albumin and 30% to globulin. About 86% of the body's zinc is stored in musculoskeletal tissue (10801944) which reflects the target organ pathology of bone marrow depression and skeletal muscle dysfunction. The manufacturer believes zinc is not absorbed through oral mucosa (21525151). However the oral mucosa is permeable to several drugs and the permeability barrier can be altered by sodium lauryl sulphate, loss of keratinization associated with denture stomatitis and chronic periodontitis. Discontinued zinc gels for the common cold were absorbed through nasal mucosa. These suggest that zinc absorption can occur in non-enteric mucosa. Forms of zinc such as zinc sulphate, acetate and ionic forms are much more absorbable than the oxide, carbonate or bound zinc (9701167, 199064). Therefore food combinations, site-specific gastrointestinal disease, serum protein level, the form of zinc, permeability conditions of the oral mucosa and chlorhexidine-like substantivity contribute to the pharmacokinetics of oral zinc absorption from denture adhesives. High serum zinc metabolically reduces copper levels, as is the profile in DAT syndrome. Copper levels decrease with zinc ingestion at 50 mg/day but become clinically significant at 450 mg/day. The recommended daily intake of zinc is 11 -15 mg (maximum of 40-45 mg). About 3 ounces of oysters (6 medium sized oysters) would provide 74 mg of zinc which is almost 7 times the daily upper limit and has implications for test preparation when ordering or interpreting zinc serology. Zinc and copper are cofactors for hundreds of enzymes which partly explains the varied signs and symptoms in DAT.

In an August 2013 visit to five Winnipeg pharmacies, OTC dental and non-dental products containing zinc were available on the shelves. Mouthwash and denture adhesives with and without zinc were available. For some products the labelling instructions were unclear. Some products exceeded the maximum recommended daily allowance (eg the unit dose for one product was 79 mg or twice the recommended daily limit).
The differential diagnosis of hyperzincemia without the secondary hypocupremia includes (1) familial asymptomatic hyperzincemia (2) exogenous sources (eg zinc-containing denture adhesive, coin-pica, cold lozenges, oysters, dietary supplements, enteral nutrition) (3) gastrointestinal disorder (eg surgery or malabsorption) and (4) metabolic disorders (eg vitamin B12 deficiency, hypercalprotectinemia, some dialysis patients and idiopathic situations).

Continued on page 15...

Continued from page 14...

Zinc in dental products and OTC products

Extrapolation of in vitro toxicity results for dental materials (eg cell culture or animal studies) to clinical situations is challenging. However insightful case reports may provide clues about whether toxic, allergic, irritant or idiosyncratic mechanisms may be involved. In-vitro studies in the last three years show cytotoxicity and genotoxicity for some zinc-containing dental materials. There are case reports of a systemic "neurocutaneous syndrome" from calcium hydroxide liners that contain toluene, sulphonamide and zinc oxide (15553959), a painful irritant-neurotoxicity from zinc oxide-eugenol socket packing (21253516), anosmia from zinc-based nasal gels for the common cold (20644061) and zinc oxide-eugenol allergy (17608675). A 2x2 matrix model for zinc toxicity in dentistry based on denture adhesive toxicity cases is proposed.

	Low dose (40 – 300 mg/day; 16% of cases)	**High dose** (>300 mg/day ; 84% of cases)
Short exposure time (< 1 yr; 20% of cases)	Likely to be an unusual individual reaction (eg allergy, individual sensitivity, irritation). Largely unexplored area.	More zinc may be absorbed if the mucosa is damaged (eg denture stomatitis, immediate dentures, chronic periodontitis (78641, 82351). Acute zinc toxicity occurs at about 4 grams and fatality at about 8 grams but these are unlikely situations in dentistry.
Long exposure time (>2 yrs ; 80% of cases)	There are many clinical situations for zinc exposure from dental materials or products and several in-vitro toxicity studies. (discussed below).	At least 350 FDA complaints with 25 published toxicity cases. Alerts have been issued by dental and government organizations.

Zinc containing materials used in dentistry could be sources for chronic low dose zinc exposures. They include mouthwashes, chewing gum, bone graft materials, implant hardware, toothpastes, anti-calculus gels, orthodontic materials, ZOE dressings, zinc phosphate cements and restorative metal alloys. Since the first dental cement formulations in the 19th century, the choice to use zinc oxide powder was not a better option but the only option. Among many metal candidates (Ti, Mg, Al, Ca, Sn, Ba, etc) zinc is the only element that forms an oxide which fits the following dental requirements (1) radio-opaque with respect to tooth tissue without being a heavy metal (2) not extremely reactive (3) not strongly coloured and (4) not expensive. Another source of zinc cations could be corrosion from conventional amalgam alloys or from semi-precious alloys. Some brands of conventional amalgam alloys have approximately 2% zinc for reducing the silver corrosion during the lathe fabrication and it might be released if exposed to an acid environment. Semi-precious alloys for casting procedures are very popular in developing countries. One of the most used is a kind of brass, CuZn alloy or CuAlZn alloy which contains between 3-12% of zinc. These alloys have acceptable mechanical properties and a very low cost but they corrode easily in the oral environment. Even if they contain aluminum to create a passivation shell, their corrosion products are easily removed by water or saliva. Although these alloys are not used in North America, they may be found in immigrant patient populations.

Non-dental OTC products that could add to the zinc burden from chronic use are sunscreen, diaper rash products, shampoo, cosmetics, cold lozenges and vitamin-mineral supplements. Appropriate use of these products may be challenging since zinc absorption is affected by many factors, labelling may not be clear (eg "every 2-4 hours or as needed"), dose equivalence is unclear (eg "Zinc Acetate: 25 mg and 7.5 mg elemental zinc") and "off-label use" is common. The Mayo clinic web site has about 50 uses for zinc products in variable concentrations. Additionally, pica and environmental sources (eg welding galvanized cookware, living near a zinc smelter, drinking water) may contribute to the zinc burden.

Zinc may have antagonistic or synergistic drug interactions. It is recommended that denture adhesive creams be used 2 hours after taking prescribed or supplemental preparations. Excessive zinc absorption may reduce the effectiveness of some antibiotics (eg quinolones and tetracyclines), bisphosphonates and penicillamine. Amiloride has the potential to increase zinc absorption. Zinc reduces the hyperpermebility effects of sodium lauryl sulphate in toothpaste. Many other drugs reduce zinc absorption.

The antimicrobial effects of zinc salts and their substantivity may encourage manufacturers to put zinc products into the materia-medica of dentistry. Vigilance and reporting about efficacy and safety in dental products to avoid pitfalls such as the precancerous lesions from Sanguinaria mouthrinses and the foreign body reactions with interpositional Proplast-Teflon TMJ grafts are historical lessons to be remembered.

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Faculty Corner

Dr. Anthony Iacopino
Dean of Dentistry
University of Manitoba

All About Alumni

Renaissance age for Faculty Fraternal Associations

Over the past number of months, I have shared with you all many of the wonderful activities, advancements and events that we have been witness to at our Faculty of Dentistry and the School of Dental Hygiene here at our Bannatyne campus. And, to be sure, there has been much to share throughout our time together.

Over the years, we have seen a host of positive change and development, starting pretty much from square one – that is our golden anniversary as an institution some five years ago. It was at that time that we looked back in quiet reflection at how fast the time had gone and took stock of how much has transpired between then and now; where we were at that point in time and how we got there.

And it became almost immediately apparent that we did indeed have much to celebrate; much to be thankful for; much to be proud of. From fairly small and humble beginnings, our Faculty of Dentistry has grown and matured into the exemplary training facility that we are today: a well-respected, highly motivated and principled academy that has established and maintained a solid and well-earned reputation as a world-class institute of higher learning.

Our graduates depart from our midst well prepared and confident in their skills and abilities. And they have proven their mettle, time and time again, not only as outstanding clinicians but also as equally accomplished scientists, policy makers, political movers, community leaders, pioneers, innovators, friends. So it has been; so it is; so it shall be.

This, my friends, is the proud heritage of our Faculty of Dentistry: one that was forged by our forefathers and all those who came before, who continually set a high standard and were never afraid to raise that bar when the time was right.

And it was from this most firm of foundations that we were able to move ahead, not only with a series of celebratory events that appropriately marked the triumvirate of our legacy in education, research and outreach but also upon which the blueprint for the future was laid.

Since that time, we have collectively gone about the business of continuing to build upon this proud and storied tradition. Fully mindful and empowered by the efforts of those who preceded us, we have moved forward together, with the common goal of making our institution the best it can possibly be – the best in North America today.

And throughout this time, I have eagerly shared with you the results of our collective diligence, just as a son or a brother would share good news with the rest of his family. For here, my friends, is where we find the essence of our success – it's all about you!

Of all the many accomplishments and advances we have seen over the past five years, the rejuvenation of our alumni fraternity could arguably be among the most remarkable of them all.

Not that our alumni were not always involved, always there and ready to pitch in to move the Faculty forward; far from it! The time and effort put in by folks like Dr. Ron Peterson, the long-time president of our alumni association, went a long way to set the tone for what would come in the years ahead. Indeed, Dr. Peterson is to be commended for his many years of dedicated service that always had the best interests of the Faculty at the forefront. Following his retirement from the post, the gauntlet was dropped. We needed folks to come to the fore, to continue on and to fight the good fight. As so they did. And, as it turns out, they have done so in droves.

Today, the University of Manitoba Dental Alumni Association boasts its highest-ever membership, posting new and bigger numbers with each passing year. Armed with this impressive mandate, the UMDAA continues to pursue and expand its mandate of taking an active role and being a positive influence in Faculty affairs.

First and foremost among these is their pivotal role in our annual Alumni of Distinction awards, which has become the signature event of the year in Manitoba oral health. Further, the UMDAA has gone the extra mile and has

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started the new tradition of showcasing golden anniversary classes as guests of honour at the annual celebration of oral health excellence in Manitoba.

They have taken even further initiative by offering Continuing Dental Education opportunities in congruence with the weekend, thanks to the partnership and good work of the Winnipeg Dental Society.

All this, in addition to the UMDAA's support of academic awards and its ongoing and burgeoning relationship with current students through various activities such as the Alumni-Faculty Hockey Challenge Series, the 2013 edition of which is now underway.

The 2013 executive continues to drive things forward with new members appearing on the board each and every year. Who would ever have thought that we would see such resurgence; a renaissance if you will, of former students coming to the fore and stepping up for the benefit of the common good?

So too are we witnessing a similar renaissance at our School of Dental Hygiene. Just like their dental counterparts, the UMSDHAA is now brimming with a robust membership, continuing competency programming opportunities, all the while looking to increase student aid, awards and other incentives.

Yes, throughout our success, one thing has emerged crystal clear: our alumni have been our backbone, our lifeblood, the secret to our success. Quite simply put, we could never have achieved all we have without you at our side.

That our alumni fraternity has come forward with such dedication and commitment is truly remarkable. It stands as a testament to the loyalty and devotion towards our institution.

In the days and months ahead, we will look to do everything within our power to aid and abet the advancement of these two wonderful, essential and most effective entities. We will continue to fortify the pride and passion of our alumni and instill this spirit, drive and commitment in our student cohort towards continuing this legacy and lineage for years to come.

As always, I look forward to hearing from you!

Grazie.

Anthony Iacopino, DMD, PhD,
Dean of Dentistry, University of Manitoba

Continued from page 15...Dental Adhesive Toxicity

SUMMARY: Overuse of denture adhesives (ie more than 1 tube per week or 300 mg/day) can increase zinc and reduce copper levels in the body. This results in bone marrow dysfunction with sensory and motor impairment of limbs that may require permanent use of walkers or wheelchairs. Other associated morbidities may occur. Additional sources of zinc may contribute to the total body burden but could be difficult to identify. Zinc pathoses from other OTC dental products or in-office dental materials are a largely unexplored area but case reports exist. Selected references are given as PubMed identification numbers.

Submitted by:

Stephen Ahing DDS, FRCD (Oral Medicine and Pathology)

Rodrigo Franca DDS, PhD (Dental Materials)

The Classified Ads have been discontinued.
The following information can now be found on the MDA website:

Dentists Seeking Opportunites [Members Section]
Associate Opportunities [Public & Members Section]
Equipment for Sale [Members Section]
Practices for Sales [Members Section]

You will have to log in to the members site using the same ID & Password that you use to check your CE record

Practice Dentistry in Manitoba First Nations Communities

Flexible scheduling: full-time or part-time

- Provide oral health care while experiencing the cultures of First Nations. The Government of Canada contracts with licensed dentists to travel to First Nations communities in Manitoba to provide dental services in government dental clinics.
- Must have or obtain a license to practice dentistry in Manitoba.
- Compensation is based on a fixed daily rate.
- Health Canada schedules services to all sites. Transportation and accommodation in fly-in northern sites is arranged by Health Canada. Drive-in sites have year-round road access.

Dentists who are interested in this unique opportunity should email **contracts.west-contracts.ouest@hc-sc.gc.ca** with the subject heading "Manitoba Dentist" in order to obtain a Request for Proposal (which includes the Statement of Work and Bid Submission requirements).

Completed contract submissions are required by **January 6, 2014**. Any completed submissions received after January 6, 2014 will be accepted but priority will be given to those submissions meeting the deadline.

Pratiquez la médecine dentaire dans les collectivités des Premières nations du Manitoba

Horaire flexible : temps plein ou temps partiel

- Le but est de fournir des soins de santé bucco-dentaires aux peuples des Premières nations. Le gouvernement conclut des marchés avec des dentistes autorisés à exercer leur profession afin qu'ils se rendent dans les collectivités des Premières nations du Manitoba pour offrir des services dentaires dans les cliniques dentaires du gouvernement.
- Le soumissionnaire doit être autorisé à exercer la profession au Manitoba.
- La rémunération se fait selon un tarif journalier fixe.
- Santé Canada organise les visites vers toutes les régions concernées. Le Ministère se charge également du transport et de l'hébergement pour les régions du Nord accessibles uniquement par avion. Les régions accessibles par transport routier le sont toute.

Les dentistes intéressés par cette offre d'emploi unique doivent envoyer un courriel à l'adresse **contracts.west-contracts.ouest@hc-sc.gc.ca** en indiquant « Dentiste Manitoba » dans l'objet afin d'obtenir une demande de proposition (demande incluant l'énoncé de travail et les exigences relatives aux soumissions de proposition).

Les soumissions remplies doivent être reçues au plus tard le **6 janvier 2014**. Les soumissions remplies reçues après cette date seront acceptées, mais la priorité sera accordée aux soumissions transmises selon les délais établis.

Canada

Is There A Fatal Flaw in Your Risk Management Strategy?

Life and disability insurance planning mistakes to avoid

As a part of their risk management strategies, most dentists obtain life and disability insurance. However, it's important to understand that if you don't have the right type of life and disability coverage or if the insurance isn't structured properly, you could suffer needless financial hardships. To illustrate those points, consider the following hypothetical situations.

Hypothetical Scenario: Poor Estate Planning

Dr. Chadwick is a 75 year-old dentist, who is a widower and has three adult children. In addition to having some personal savings, Dr. Chadwick fortuitously invested $30,000 in a stock portfolio several years ago that is today worth $330,000. He bought a vintage sports car early in his career for $10,000, which would now fetch a price of $110,000. The only time he drives this vehicle is during summer excursions to the cottage another of his assets that has significantly appreciated in value. Purchased for $160,000, the market value of the cottage is now $360,000.

Dr. Chadwick dies as the result of an illness. Among the stipulations in Dr. Chadwick's will to help equalize the estate among his surviving heirs is that his eldest daughter receive the cottage, his son receive the sports car and that his youngest daughter receive the money from his stock portfolio.

Dr. Chadwick had purchased some life insurance to cover matters such as his funeral expenses. However in preparing his estate plan, Dr. Chadwick didn't consider the crushing financial effect his bequests would have on his family due to tax laws, and had done nothing to prepare for this situation.

As a result of what is known as a "deemed disposition," the government assumes you have effectively sold everything you own at a fair market value when you die. It then demands taxes on the capital gains (the growth in the value of an asset) on certain assets. The capital gain on Dr. Chadwick's cottage, for example, is $200,000. Fifty per cent of the capital gain ($100,000) is taxable. Since Dr. Chadwick was in the top tax bracket (46.4 per cent in Manitoba), the tax owing on the cottage is about $46,000. Using the same calculations, the tax owing on his stock portfolio is around $70,000, and about $23,000 on the car.

The total value of these three assets alone is $800,000. His estate, however, is left with a combined tax bill of about $139,000. So how will Dr. Chadwick's children arrange for the payment of these taxes? The unfortunate reality is that they could be forced to sell the cottage or car, or surrender money that was intended to make their future brighter just to cover the taxes on these assets. However, had Dr. Chadwick obtained permanent life insurance (or prepared to have these taxes paid through other means), his family may have been able to avoid this burden.

Hypothetical Scenario: Failing to Consider How Practice Costs Would be Covered in the Event of a Disability

Dr. Tammy Lutz is 32 years old, a partner at a pediatric dental practice and has two very young children. While skiing, she suffers a severe hip injury. Her physician expects it will be 12 months before she can return to work. She receives a long term disability insurance benefit of $6,400 per month.

That monthly benefit is sufficient to cover her mortgage, childcare costs, medication and other personal expenses. However, she did not take into account other professional expenses she'll have to contend with. As per the terms of her partnership agreement, Dr. Lutz is contractually obligated to pay half of the practice's overhead costs (even though she is disabled), which total $14,000 per month. To cover these office expenses, she must deplete her personal savings.

Dr. Lutz could have avoided this financial crisis by obtaining office overhead expense insurance (www.cdspi.com/ooe). While disability insurance is designed to cover personal costs, office overhead coverage is specifically designed to help dentists cover specified business expenses in the event of a disability.

For no-cost assistance in making insurance planning decisions — from licensed advisors who work exclusively for dental professionals — call us at CDSPI Advisory Services Inc. Dial toll-free at 1-877-293-9455, ext. 5002.

By Bee Braganza
Supervisor, Insurance Advisory Services
CDSPI Advisory Services Inc.
insurance@cdspiadvice.com

CDSPI provides the Canadian Dentists' Insurance Program as a member benefit of the MDA, the CDA and other participating provincial and territorial dental associations. Insurance planning advice is provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

Life and disability insurance coverage offered through the Canadian Dentists' Insurance Program is underwritten by The Manufacturers Life Insurance Company (Manulife Financial).

CDSPI

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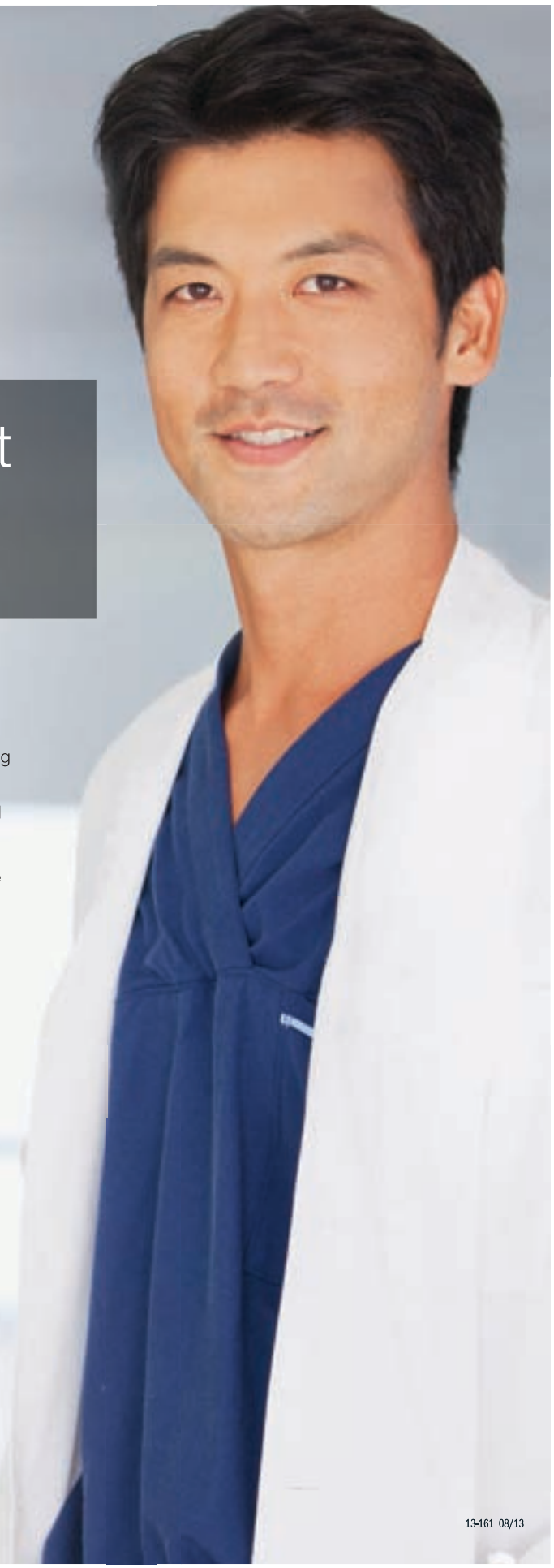

We'll Help You Protect What Matters to You

Canadian Dentists' Insurance Program

To help you protect what matters to you, such as your family, income, practice and personal belongings, the **Canadian Dentists' Insurance Program** offers a comprehensive range of exceptional plans — including **life, disability, office, group benefits*, home & auto*, travel, malpractice*** and **legal expense insurance** — with many specialized types of coverage for dentists.

You'll gain additional peace of mind knowing that the licensed insurance advisors at CDSPI Advisory Services Inc. work exclusively with dental professionals and will provide the best advice at every stage of your life and career.

Our strong connection to organized dentistry is one of the reasons why *CDSPI is the most widely*[1] *used insurance provider* among Canadian dentists. Contact us today to find out how we can help you protect what matters to you.

1-877-293-9455, ext. 5002
www.cdspi.com/protect-what-matters

[1] Source: 2012 CDSPI Survey

The Canadian Dentists' Insurance Program is provided by CDSPI as a member benefit of the CDA and participating provincial and territorial dental associations, with advisory services provided by licensed insurance advisors at CDSPI Advisory Services Inc.

** CDSPI Group Benefits are not available to dentists in Quebec and Ontario. Ontario dentists can contact the Ontario Dental Association (ODA) for information about the ODA Extended Health Care plan and Accerta for information about their Health Spending Account (HSA) and Group Benefits program. This auto insurance is not available to residents of Manitoba, Saskatchewan and British Columbia and this home and auto insurance is not currently available to residents of Quebec. Dentists licensed only in Ontario or Quebec must obtain malpractice insurance from their provincial licensing bodies.*

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As a dentist, your insurance needs are like no one else's. Fortunately, you can turn to a single source to address your distinct protection needs: CDSPI.

CDSPI is a non-profit organization that has been serving the financial planning needs of dental professionals for over 50 years. CDSPI provides insurance, investment and other programs and services on behalf of its members - the MDA, the CDA and other provincial and territorial dental associations.

The licensed advisors at CDSPI Advisory Services Inc. offer insurance planning service that's unlike any other in the marketplace. To start, they only serve dental professionals and their families. That means they have an in-depth understanding of the profession's distinct insurance needs. Secondly, they are not paid on commission — so they provide objective advice without any sales pressure. They can expertly assist you with virtually all of your insurance planning needs — at absolutely no cost to you.

CDSPI insurance advisors can also help you access a wide of insurance plans - including life, disability, accident, office, legal/liability, employee group benefits, travel and home insurance - offering special advantages that aren't readily available elsewhere. For example, through the CDSPI Group Benefits plan, Manitoba dentists can cover health-related expenses (such as prescription medications, vision and more) for themselves and their staff in a highly flexible and cost-effective way.

To benefit, contact CDSPI Advisory Services Inc. to speak with a professional advisor for a no-cost, no-obligation review of your insurance portfolio. Dial 1-877-293-9455, extension 5002. For online information, visit www.cdspi.com/insurance.

Dr. Amarjit Rihal
President
Manitoba Dental Association

In Memoriam

Dr. Susan Lukas 1960 - 2013

Dr. Susan Lukas passed away peacefully, with her family at her side, on August 9, 2013 after a valiant battle with breast cancer. Susan leaves to mourn her passing, children Matthew and Lindsay Weiser, husband Rob Weiser, parents Nikolaus and Elisabeth Lukas, and siblings Doris Jordan, Anton, Kathleen and Robert Lukas, along with their families. Susan was an extremely determined and intelligent person who didn't stop until her goals were reached.

After graduating from Garden City Collegiate in 1978, she went on to obtain her diploma in Dental Hygiene, Bachelor of Arts, Doctor of Dental Medicine and Master of Clinical Dentistry-Orthodontics. She worked as a Dental Hygienist in Victoria BC, practiced dentistry in northern Manitoba and taught at the University of Manitoba as an Assistant Professor in the Dental Hygiene, undergraduate Dental and Orthodontic programs. While at the University of Manitoba, she was voted "Best Teacher" by her students.

In 2009, she opened her own practice (Family Orthodontics) that grew solely by word of mouth. Dr. Lukas was a gifted orthodontist and was very proud of her work. Though education and career were important to Susan, it was her children, Matthew and Lindsay, that were her pride and joy. Her biggest regret was not being there to see them grow up and become the wonderful people she raised them to be.

Her other regret was not being able to finish the work on the last of her orthodontic patients herself. Special thanks to Dr. Tim Dumore, Lynn and Chantal for all their help.

Helpful advice and practical banking solutions made this dentist say, "Ahh!"

At Scotiabank, we have experts that can help you grow your business. Our *Scotia Professional*® Plan is a customized financial package that includes everything you need to set up and run a successful practice. You'll get competitive financing rates*, flexible payback plans, and a dedicated advisor - all in one convenient package to meet your day to day banking, financing, and investment needs. It makes managing your money easy, so you can focus on serving your clients and growing your practice.

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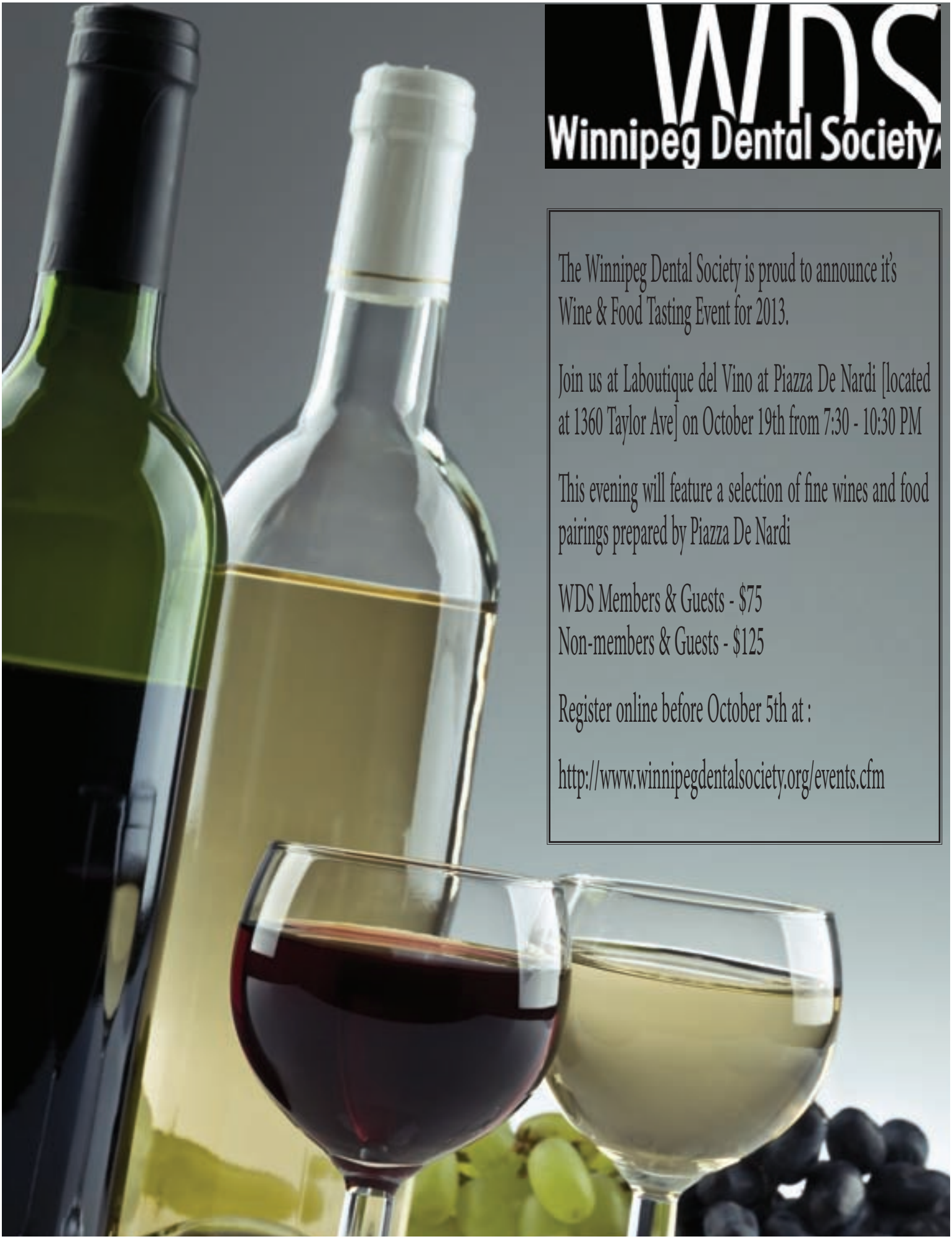

WDS
Winnipeg Dental Society

The Winnipeg Dental Society is proud to announce it's Wine & Food Tasting Event for 2013.

Join us at Laboutique del Vino at Piazza De Nardi [located at 1360 Taylor Ave] on October 19th from 7:30 - 10:30 PM

This evening will feature a selection of fine wines and food pairings prepared by Piazza De Nardi

WDS Members & Guests - $75
Non-members & Guests - $125

Register online before October 5th at :

http://www.winnipegdentalsociety.org/events.cfm