# MDA Bulletin

**FALL 2024**
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**DR. HEINZ SCHERLE**
2024 Alumni of Distinction Award Recipient

# CDSPI Funds rated #1 in Performance

## Segregated fund family performance, 2023*

| MUTUAL FUND FAMILY[1] | AUM held in 1st and 2nd quartiles<br>Year End 2023 |
|---|---|
| CDSPI | 88.1 |
| RBC Life Insurance | 70.9 |
| BMO Life Assurance | 70.3 |
| Manulife Investment Management | 67.7 |
| Co-operators Life Insurance | 60.8 |
| IG Wealth Management | 59.5 |
| Desjardins Financial Security | 59.5 |
| CI Global Asset Management | 42.3 |
| Industrial Alliance Insurance | 40.8 |

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* Source: Morningstar Direct
[1] Catherine Harris, Seg funds struggled through another difficult year, March 11, 2024, Investment Executive.
** Segregated funds are governed under life insurance regulations and when there is a preferred beneficiary named may provide protection from creditors.

Manitoba Dental Association

# MDA Bulletin


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202-1735 Corydon Avenue,
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Phone: (204) 988-5300
Fax: (204) 988-5310
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**DR. DARON BAXTER, DMD**
PRESIDENT, MDA

# PRESIDENT'S MESSAGE

Greetings all from the tail end of what felt like a summer on fast-forward. To say the first half of 2024 was 'busy' could be the understatement of a lifetime. I think our members all tried to take a collective sigh through the hot weeks of July and turned to spending time with friends and family before picking things up again for this fall season. I hope you carved out time to relax, enjoy the weather, and talk about anything other than dentistry for a little while.

That being said, we are a passionate group of practitioners in this province and I want to begin this bulletin by once again, thanking all of you, our membership, for your time, effort, and contributions over these last months – for the collaborative effort we all put in to navigate the beginning stages of the Canadian Dental Care Plan (CDCP) as well as the ongoing volunteerism, engagement, and participation across a myriad of projects, committees, and events within the Manitoba Dental Association (MDA) and our Manitoba dental community.

I also want to remember Mr. Brian Fawkes of Fawkes Advertising and highlight his talented contributions to our association. Brian and his team did incredible work to promote oral health and dentistry in our province. I wouldn't have had the opportunity to bombard you all with my shining face these past months had it not been for his creativity and leadership in the commercials he developed for the MDA. His passing leaves large shoes to fill and the communications committee has begun the search for his replacement – something that is a good fit for the MDA but gives us room to grow! *Thank you again, Brian, you are already missed.*

In August, I had the privilege to represent the MDA in my own backyard of Dauphin through our sponsorship with the 2024 Manitoba Games. The event brings together youth athletes across the province to compete in various sports. It kicked off on the heels of the Paris Olympics, adding enthusiasm to the thought that future Olympians were likely in the crowd of participants. The ability to contribute to these events across the province, representing our membership and our commitment to Manitobans and their oral health is a highlight for our organization.

Now that fall is here, many committees have resumed their work and we look forward to progress on regulatory updates and membership supports that make up the core of our work. In 2023, the Board finalized a strategic plan for the MDA. The mission developed points to our position as a self-regulated health profession and our obligation to public safety and public trust:

> "The Manitoba Dental Association (MDA) is dedicated to the interests of the public through regulation of Dentists and Dental Assistants in Manitoba. The MDA provides guidance to the public and its members with the goal of delivering quality oral healthcare, an essential component of general health, for all."

Our vision for the association put simply is,

> "The best interest of the public is the best interest of the profession,"

meaning we view all of our work and activities, starting at the Board level on to committees and right down to our membership, with the lens of public protection. This ensures our association and our membership maintain the integrity required to merit self-regulation status. The strategic plan's themes and objectives reflect the mission and vision and create a framework for the Board, the MDA staff, and all committees.

The Governance and Nominations Committee met with all committee chairs to discuss how the themes of *Public Trust*, *Excellence in Learning*, *Culture of Community*, and *Access to Care* are reflected in their roles and activities and what outcomes or data can be collected over the coming years to re-evaluate our success at achieving these goals. The work of strategic planning is a language and mindset all of its own. Our Board members have seen the benefit of mapping and tracking our direction through a world that is increasingly complex and immediate in nature. The CDCP, while rapidly accelerating our Board-level objective of increasing government relations, has caused delays in publishing and discussing the MDA strategic plan with you, our wider membership. The strategic plan is part of modern governance and I'm excited to see how this first step evolves as we get feedback from committees and members alike.

*What would a bulletin message be in 2024 without the latest deep dive into the CDCP?...*

As you all know, July marked the beginning of what the federal government has deemed a 'claim-by-claim' pathway for dentists to participate in and accept the plan in their offices. Ultimately, this is a non-registration pathway that more closely resembles the relationships or agreements dentists have with existing third-party insurers.

We also saw patients under 18 years old and persons with disabilities becoming eligible to enroll in the plan.

In Manitoba and across the country, the summer saw an increase in dentist participation with the CDCP, and dentists and patients began navigating this new benefit and their treatment needs. Conversations with presidents of the provincial and territorial dental associations (PTDAs) and Dr. Joel Antel, president of the Canadian Dental Association (CDA), continued to monitor developments from Health Canada and understand jurisdictional and common challenges to communicate strong, unified messaging to the Federal government from the dental leadership. Consultations continued with the Minister of Health and community stakeholders. Dentists have been providing feedback on their patient and administrative experiences that have helped inform conversations within the Health Canada working groups on communications, administration, and fee methodologies.

Of interest to the membership will be the expansion to include pre-authorized services in November of 2024. We have been informed that Health Canada will hold English and French Zoom orientations in October for oral healthcare providers to ask questions. The dates and links will be provided once available. Also, paper claims will be available for those who need in November, an exact date to be announced.

Over the coming months, dentists will continue their introduction to the CDCP and those participating may have questions about their day-to-day experiences. Please don't hesitate to reach out to the MDA if you have concerns or issues that you feel should be addressed through our existing channels. Your feedback to date has been invaluable. Despite the rollout of the plan, there are ongoing overarching issues that the PTDAs and CDA continue to advocate for on behalf of oral healthcare in Canada. The concept of 'deinsurance' is an offboarding of patients from third-party dental benefits, either initiated by employers or employees, to enroll with the CDCP. This possibility directly affects the sustainability and costs of the CDCP and of third-party dental benefits impacting access to care and disrupting existing coverage for Canadians. We continue to highlight this issue with the Federal government to advocate for timely solutions to mitigate this outcome and ultimately expand access to care, not limit it.

It's impossible to cover everything in this simple message but I appreciate the opportunity to update you on our progress over these last months. The spring was a whirlwind and our communications came to you fast and furious. Our community once again, rises to challenges while maintaining the daily needs of our patients, our teams and our families.

Safe start to the fall everyone. Thank you for continuing to make dentistry a trusted profession in our province!

**HEATHER BROWNLEE, RDA**
PRESIDENT, MDAA

# MDAA PRESIDENT'S MESSAGE

Wow! Where has summer gone? I feel that it has just flown by and now we are watching the Canada Geese fly south and we all know what that means. How is that possible so soon?

The Manitoba Dental Assistants Association (MDAA) has been actively engaged in various initiatives and advocacy efforts over the spring and summer.

As we settle into our virtual office, the MDAA remains committed to supporting our members and advancing the role of Registered Dental Assistants (RDAs) in Manitoba. I am going to summarize some of the recent activities, achievements and the MDAA Board's ongoing advocacy efforts.

On July 8, 2024, Canadian Dental Assistants Association (CDAA) President Kelly Mansfield represented RDAs across Canada at a National Press Conference in Ottawa. She emphasized the crucial role RDAs play in supporting the Canadian Dental Care Plan and addressed the Federal Health Minister off air regarding the contributing factors CDAA sees in the perceived shortage of RDAs across Canada. Her issues were well received and CDAA is hoping to engage in constructive dialogue at a national level with government on how we can work to see some of these issues resolved.

Some of the advocacy initiatives MDAA have been engaged in are:

- Bridging RDAs with direct entry into the Dr. Gerald Niznick College of Dentistry's School of Dental Hygiene of the University of Manitoba
- Concurrent scaling module implementation upon graduation from an accredited Dental Assisting Program in Manitoba
- Expanding Scope of Practice to provide oral health care for vulnerable populations in Personal Care Homes
- Collaborating with the Manitoba Dental Association (MDA) to address concerns regarding online and in-office training programs
- Supporting RDAs with guidance and resources for workplace issues

MDAA is planning a hybrid Annual General Meeting at the upcoming MDA Convention, April 10-12, 2025. Please go to our newsletter on the website and vote for your preferred format.

MDAA is having a joint Virtual Continuing Education Seminar with the Manitoba Dental Hygienist Association on November 2, 2024 with Cindy Isaak-Ploegman presenting on updated current Infection Control Guidelines, and Alex Zlatin presenting on "Empowering Your Voice: Confidence, Communication and Leadership in the Dental Office". Please watch for the registration form on all our social media platforms and register.

In conclusion, the MDAA remains dedicated to advocating for RDAs and enhancing patient care. I encourage you all to continue visiting our website, which is currently being updated, but should be live very soon. The MDAA board appreciates the support of all our members and encourage you to reach out to us with any questions and concerns either by phone or email.

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**Sarah Hyslop**
Healthcare & Professional Specialist
sarah.hyslop@scotiabank.com
204.290.7256

**Kenny Luro**
Healthcare & Professional Specialist
kehinde.luro@scotiabank.com
431.388.6950


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**DR. ARUN MISRA, LLB, DMD**
REGISTRAR, MDA

# REGISTRAR'S MESSAGE

## Ethics of Honesty in Dentistry: Upholding the Integrity of Our Profession

As dental professionals, we are entrusted with a significant responsibility. Our patients come to us with their health, fears, and trust. We must respect this trust with honesty and integrity in everything we do. Honesty in dentistry is not just a professional obligation; it is a moral imperative that directly impacts patient well-being, informed consent, and the trust that forms the anchor of the patient-dentist relationship that Manitobans depend on.

I firmly believe that honesty is the most important principle at the heart of our profession. Our patients rely on us almost exclusively to provide them with the information they need to make informed decisions about their treatment. Informed consent, as we all know, is a cornerstone of healthcare ethics. However, proper informed consent can only be given when patients fully understand their condition, the risks and benefits of treatment, and the alternatives available. Most dental conditions are not symptomatic or easily visible to our patients, so they depend on us to fairly and accurately inform them.

Beyond this, honesty is what fosters trust. Trust is the foundation of a successful dentist-patient relationship. A patient's level of confidence in the practitioner determines whether they will regularly seek dental care. Furthermore, a patient who believes a dentist is honest is more likely to accept the dentist's treatment recommendation than one concerned the plan may be financially motivated. When trust is present, communication flows freely. Our patients feel comfortable sharing their concerns, asking questions, and ultimately, following through with the care they need. This trust is not just beneficial for them; it is essential for us to deliver the best care possible.

Maintaining honesty in dentistry, however, is not without its challenges. Dentistry often involves direct responsibility for patient payments, which can create uncomfortable pressure. This pressure might benefit the patient in some ways but compromises our integrity. Additionally, the dramatically increasing costs of dental care have created significant challenges for many dentists to be busier and bill more. We must be vigilant, always putting our professional responsibilities above financial or personal considerations.

Another challenge lies in the complexity of dental care itself. Dentistry is a field filled with nuances, and no matter how much we inform our patients, they still often rely on us to navigate these complexities for them. It's our responsibility to communicate clearly and honestly, ensuring that our patients are not left confused or misled. We might be tempted to oversimplify explanations or omit details to avoid overwhelming our patients or even to steer them towards a particular treatment option that we feel would be right for us. It's not about what we think is right—it's about what is suitable for the patient. This is where our integrity must guide us.

As we move forward in our profession, let us remember that honesty is not just an ethical obligation; it is the essence of our commitment to our patients. By upholding honesty, we build trust, provide better care, and preserve the integrity of our profession. Let us all strive to be worthy of our patients' confidence, ensuring that dentistry remains a beacon of integrity and care. We also encounter significant variability in dental practices, techniques, and professional opinions on the right course of action. There is rarely just one way to treat a dental issue. While these differences are not inherently dishonest, they can create confusion and make it harder for patients to know which path to take. In such cases, honesty means acknowledging these differences and helping our patients understand their options clearly.

Dishonesty erodes the foundation of our profession: public trust. When patients perceive a bias, it becomes harder for us to build and maintain crucial relationships of trust. This loss of confidence does not just affect individual practices—it damages the reputation of our profession as a whole and can lead to increased scrutiny and cumbersome oversight.

So, how do we uphold honesty in dentistry? The answer is simple: by always putting our patients first. We must provide accurate diagnoses, recommend only necessary treatments, and be transparent about costs and potential risks. Continuous education is also vital. We must stay informed about the latest advancements in dental care so that our recommendations are grounded in the best available evidence for what is best for the patient, not just the best for what we might be able to provide.

By establishing clear ethical guidelines and holding us accountable for our actions, the Manitoba Dental Association helps maintain high standards of care and protect our patients from unethical behaviour that would undermine all our interests.

I urge each of you to reflect on the role of honesty in your own practice. Honesty in dentistry is not just an ethical obligation—it is the essence of our commitment to our patients and your colleagues. Let us all strive to be worthy of the trust our patients place in us and, in doing so, ensure that our profession continues to stand as a beacon of integrity and care.

# Clinical Communication

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**DR. MARC MOLLOT, DMD**
CDA BOARD REPRESENTATIVE FOR MANITOBA

# CANADIAN DENTAL ASSOCIATION MESSAGE

I hope this Bulletin finds you all well and enjoying some of our beautiful prairie landscapes. Harvest time is certainly a special time of year with so many colorful and tasty local fruits and vegetables showing up at mealtime. Back to school means for many of us a return to a routine that summer allows many of us to forget for a short while!

## Welcome to the Profession

I recently had the distinct privilege to be invited again to attend the "Welcome to the Profession" dinner. The formal event is held every year in August to celebrate the incoming class of dental students to the University of Manitoba (UofM) Dr. Gerald Niznick College of Dentistry. It is a highlight for me.

As much as I like to attend so that I may visit with my old buddies and instructors, it is inspiring to see the new up-and-comers in our profession! We are all stewards of our profession but they will be the ones to proudly carry the torch and manage the profession for the future generation. They will pick up where we left off in providing care to Manitobans. Naturally the students are both excited and nervous; they are living the emotions of being welcomed with open arms while feeling the understandable butterflies for what is to come.

The event puts on full display the caring and generous nature of dentists. Dentists from throughout our province volunteer their time and energy, committing to providing a safe place for mentorship of students throughout their four years of study. Through this program, the students experience our community and how well we interact with each other. They witness first-hand the pride that we take in providing our best in patient care.

*From left:* Dr. Marc Mollot; UofM Dr. Gerald Niznick College of Dentistry's Associate Dean for Academic Dr. John Perry, Director of Student Affairs & Academic Services Dr. Dieter Schönwetter and Associate Dean for Research Dr. Raj Bhullar; and CDA President Dr. Joel Antel during the Welcome to the Profession Dinner, August 15.

Finally, the Mentorship program is foundational to the maintenance of a strong and collegial dental community. Our program is recognized as one of the best programs in the country. It is a true partnership between the Manitoba Dental Association (MDA) and the UofM College including participation and sponsorship from critical stakeholders in Scotiabank, CDSPI and University of Manitoba Dental Alumni Association (UMDAA).

## CDA Advocacy

Advocacy continues to be a large part of the Canadian Dental Association (CDA) portfolio these days. Our association is the national voice for dentistry dedicated to the promotion of optimal oral health. Being that we are in an era where the federal government is launching a multi-billion dollar program to improve the oral health of Canadians, the CDA has solidified a critical role as the trusted source for information related to dentistry and programs administration.

Consultations related to the the Canadian Dental Care Program (CDCP) continue with senior officials at Health Canada on frequent basis. The full CDCP Fee Grid was released on April 11, patients were eligible to start seeing providers on May 1, and the alternate pathway was released on July 8. Services requiring preauthorization will be available starting in November 2024.

The federal government has recently made changes to the program to address some concerns. This included simplifying the terms and conditions providers agree to and improving what treatments will be covered for eligible patients. They have also confirmed that unilateral changes will not be imposed on dentists.

Following approval of the national communications and public relations campaign proposal by Edelman Global

Advisory (EGA) in April, a CDA/Provincial and Territorial Dental Associations (PTDA) working group continues to meet with EGA on the implementation of the plan. Improving communications to patients about the plan is essential. Key messages have been developed for the public related to misconceptions with the plan. It is expected that the public education program will be launched shortly.

There is continued advocacy work by CDA related to proposed capital gains tax legislation, student loan forgiveness, the Non-insured Health Benefits program, Health Human Resources, the Oral Health Investment Fund, smoking cessation, and sugar reduction (marketing to kids).

## CDA Backs Federal Efforts to Prevent Youth Access to Nicotine Replacement Therapies

The federal government recently introduced[1] measures to reduce the appeal of, access to and use of Nicotine Replacement Therapies (NRTs) for recreational purposes by young people. These new measures will ban advertising, labelling and packaging that could appeal to youth.

"CDA supports the Government of Canada's efforts to regulate and restrict the sale and advertising of NRTs, such as nicotine pouches to youth in Canada", says Dr. Joel Antel, President of the CDA. "Flavours like citrus, cool mint and cherry can attract youth. Companies must ensure these harmful and addictive products don't appeal to children. NRTs should not target youth or be used recreationally, especially by those under 18 years of age."

Flavoured nicotine pouches have gained attention in Canada recently, raising concerns about their appeal to youth because of their candy-like flavours. In March, the Government of Canada released[2] a notice of intent to explore legislative and regulatory options for additional measures to protect youth from new and emerging risks related to nicotine replacement therapies. Then, in June, the federal government issued[3] a recall for several flavoured nicotine pouches, which were popular products marketed as alternatives to smoking.

Although NRTs can serve as a viable substitute option for adults who are trying to quit smoking, it is important to acknowledge the harmful impact of nicotine consumption on the entire body, especially in younger populations. Nicotine, taken in any form, can be harmful for one's oral and overall health as it can deteriorate periodontal (gum) tissues and raise blood pressure, respiration and heart rate. Oral nicotine pouches pose significant oral health risks, especially for adolescents and young adults who make use of these products for recreational purposes.

CDA supports the government's efforts to protect our youth and will continue backing initiatives that safeguard children's health across Canada. Please check the CDA website to learn more about the effects of tobacco on oral health: www.cda-adc.ca/en/oral_health/talk/complications/tobacco/

## Strategic Plan

CDA's new Strategic Plan, entitled **Forward Focus: Strategic Plan 2024-29**, was approved by the Board in May. The members of the Strategic Planning Working Group (SPWG) were thanked for their service and the SPWG was disbanded. The CDA has developed a communications plan for the Strat plan to create a greater awareness among our key audiences. It is also available on the CDA website now: www.cda-adc.ca/en/about

The approval of this new plan contributes significantly to strengthening and stabilizing CDA and creates a roadmap for CDA's activities over the next five years.

## Update on CDA's International Strategy and CDA Attendance at the 2024 FDI World Dental Congress

Work is underway on a new international strategy. It is targeted for presentation to the CDA Board in April 2025. It was noted that the international landscape has changed since CDA's previous strategy was developed in 2012. The new strategy will focus on working with the western English-speaking countries and like-minded organizations in particular, the American Dental Association.

## CDA Meetings/Joint Conventions

CDA's 2025 convention will be held in St. John's Newfoundland from August 27-30, 2025, in partnership with the Newfoundland and Labrador Dental Association. Mark your calendars for future CDA Joint meetings:

- 2025 Joint Convention with the Newfoundland and Labrador Dental Association, August 27-30, 2025 in St. John's, NL
- 2026 Joint Convention with the Manitoba Dental Association April 17-18, 2026 in Winnipeg, MB
- 2027 Joint Convention with the Ontario Dental Association Annual Spring Meeting, May 10-15, 2027, in Toronto. CDA will be celebrating its 125th anniversary.
- 2028 Joint Convention with the Dental Association of Prince Edward Island, August 9-12, 2028, in Charlottetown, PEI

## About the Canadian Dental Association

The CDA is a trusted national voice for dentists and leader working to improve the oral health of all people living in Canada. We promote oral health, support our members, and advance the dental profession. Founded in 1902, CDA has no regulatory role and is a federally incorporated not-for-profit organization whose corporate members are Canada's PTDAs. We represent over 21,000 practising dentists nationwide and are a trusted brand and source of information about oral health and the dental profession on national and international issues.

Because the MDA is a corporate member of the CDA, all MDA members are CDA members. Together, we all benefit from the work of the CDA. Why an Association? In addition to the many products, services, and practice supports offered by the CDA, the simpler answer is, 'We are always better together than alone.' I have observed that in Manitoba we understand this very well.

If you have any questions related to the CDA, or just want to chat, please feel free to reach out to me anytime at mmollot@cda-adc.ca.

[1] https://www.canada.ca/en/health-canada/news/2024/08/health-canada-introduces-new-measures-to-help-prevent-harms-to-youth-from-nicotine-replacement-therapies.html
[2] https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/notice-intent-address-risks-youth-appeal-access-nicotine-replacement-therapies.html
[3] https://recalls-rappels.canada.ca/en/alert-recall/zyn-nicotine-pouches-15-3mg-no-market-authorization

Manitoba Dental Association

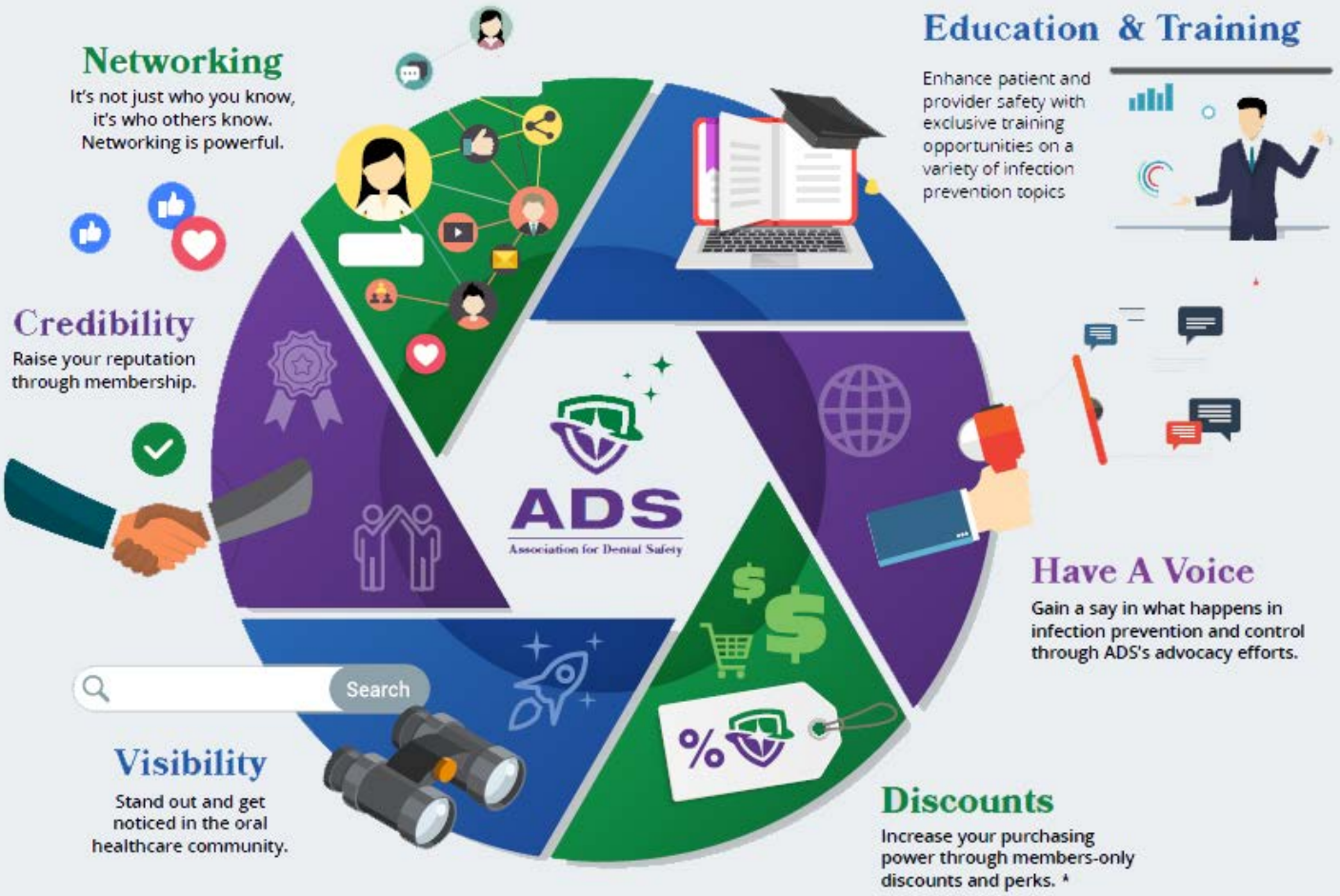
ADS Association for Dental Safety

The Manitoba Dental Association, in partnership with the Association for Dental Safety (ADS) (formerly known as OSAP), offers its members access to ADS membership at a discounted rate starting January 2024:

- Individual annual membership: $32.50 + GST
- Office annual membership (up to 10 staff*): $275.00 + GST

* For more than 10 staff, please contact the MDA. Send an email to lberg@manitobadentist.ca to discuss a package that can work for you.

# ADS Member Benefits




**InfoBites** - Each Monday, receive an email highlighting late-breaking infection prevention and safety news

**Infection Control in Practice (ICIP)** - Six times per year, receive an educational publication featuring real-life scenarios with checklists. ICIP is worth up to 6 CE credits per person annually

**The Safest Dental Visit™ Toolkit** - Utilize carefully assembled resources to help ensure the safe and infection-free delivery of oral healthcare to all

**Toolkits & Topics** - Access an expanding list of toolkits & topics available 24/7 addressing relevant infection prevention and safety issues

**Ask ADS** - Submit infection control questions and receive a written response within 3-5 business days

**Webinars** - Participate in live and on-demand webinars on relevant and emerging issues and earn CE credits.

**Education & Training** - Receive discounts for Boot Camp, Annual Conference, workbooks, online courses, and products. Access past Annual Conference PowerPoint presentations

**Online Community** - Share problems & perspectives through ADS' members-only online community and forum

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**Recognition** - Earn infection control awards and serve on ADS committees

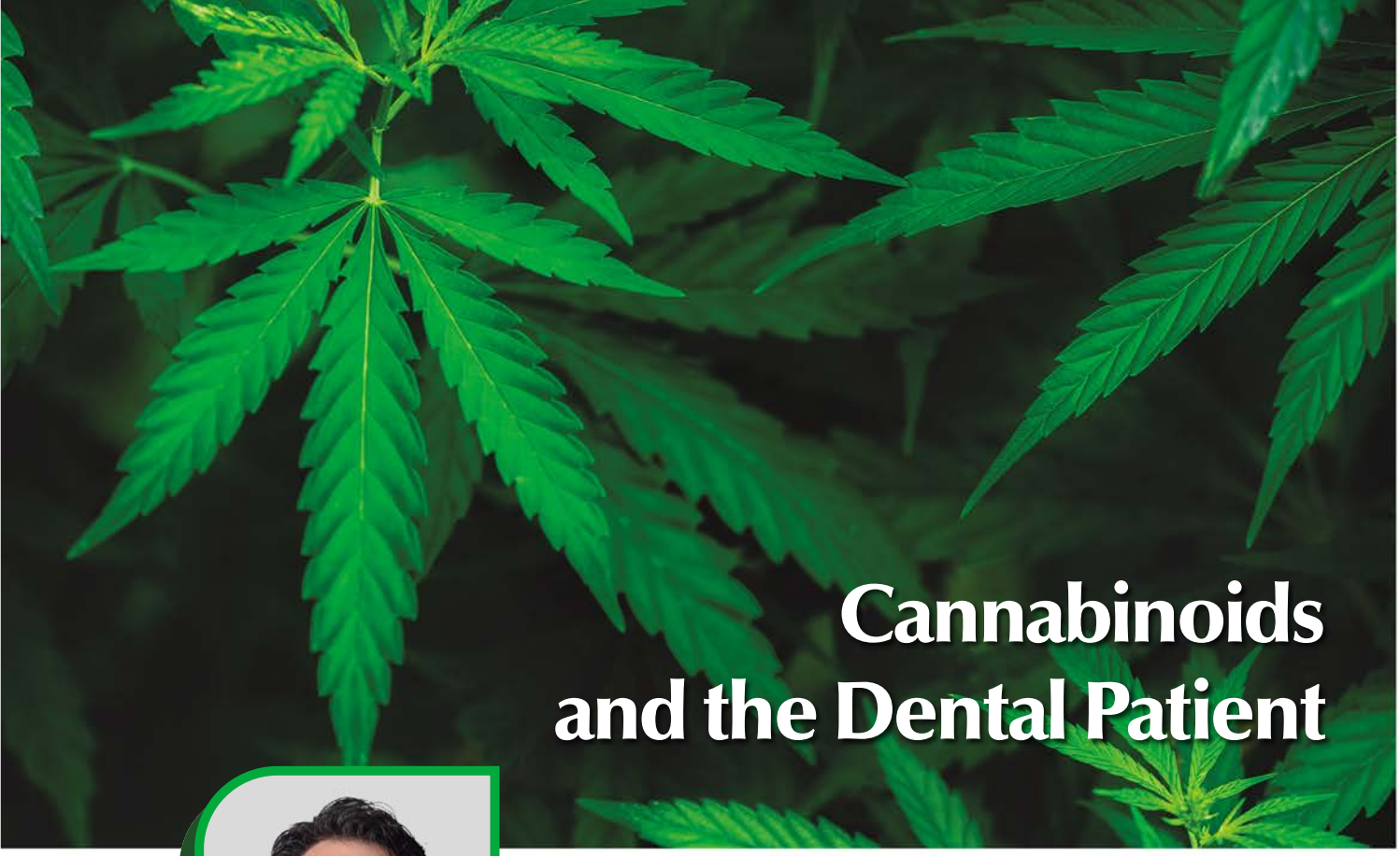
# MDA Director of Regulatory Programs is a Certified Dental Industry Specialist in IPC

Congratulations to Manitoba Dental Association's Director of Regulatory Programs Linda Berg, who has recently received her certification as "Dental Industry Specialist in Infection Prevention and Control" through the Association for Dental Safety (ADS, formerly known as OSAP) and the Dental Assisting National Board (DANB).

Prior to earning this certification, Linda also obtained the Dental Infection Prevention and Control Certificate, a voluntary certificate program for new and experienced dental professionals and anyone who wants to learn more about dental infection prevention and control (IPC).
The certificate also meets one of the eligibility requirements for OSAP-DANB infection control certification programs.


Linda has been a member of ADS since 2015, and enjoys the continuing education and IPC resources available through the membership.

MDA has partnered with ADS to offer its members access to ADS at a discounted rate.
To join the ADS through the MDA, please visit www.manitobadentist.ca/dental-professionals/ads.
For more information on ADS, visit their website at www.myads.org.



# Cannabinoids and the Dental Patient

**Dr. Mark Donaldson is a clinical professor in the Department of Pharmacy at the University of Montana in Missoula, clinical associate professor in the School of Dentistry at the Oregon Health and Sciences University in Portland, and adjunct professor at the Faculty of Dentistry at the University of British Columbia. Dr. Donaldson currently serves as associate principal pharmacy advisory solutions for Vizient.**

Dr. Mark Donaldson likes to discuss the bigger picture before getting into the smaller details of how societal-level changes can affect dentistry. "Cannabis use is common, even more so in Canada after it was legalized in 2018," he says. "One in three Canadian adults use cannabis regularly, so we know that it will influence the health of many patients we see in the chair."

Like many other drugs or medications, cannabis use affects people's oral health and influences the efficacy and safety of some dental treatments. "About 85% of cannabis users are under age 45, so when we are treating teenagers and younger adults, cannabis use will be something that we should talk about with our patients," he says.

Smoking is still the most common way to consume cannabis, with vaping the next most popular method. Dr. Donaldson says that patients often believe that vaping cannabinoids has fewer health implications than smoking, but the evidence is not yet clear on the subject, because vaping is relatively new. He says there are health costs associated with both behaviours. "Smoking is associated with a high incidence of periodontal complications, xerostomia, leukoplakia and an increased risk of developing head and mouth cancers," says Dr. Donaldson. Regular cannabis smokers also sometimes present with gingival enlargement, hyperplasia and oral candidiasis. "In addition, hydrocarbons present in cannabis provide an energy source for *Candida albicans*," he says.

The following article originally appeared in CDA Essentials, Issue 4, 2024, pp. 32-34.
This article is reprinted with permission from the Canadian Dental Association.

A complete comprehensive oral examination is essential for all patients and may be of extra importance for regular cannabis users. Dr. Donaldson suggests intake forms can include specific questions related to cannabis use that includes information about how it is consumed and how often. "Some cannabis users may need to see the dentist more often than every six months to maintain their oral health," he says.

**Smoking is associated with a high incidence of periodontal complications, xerostomia, leukoplakia and an increased risk of developing head and mouth cancers. Regular cannabis smokers also sometimes present with gingival enlargement, hyperplasia and oral candidiasis.**

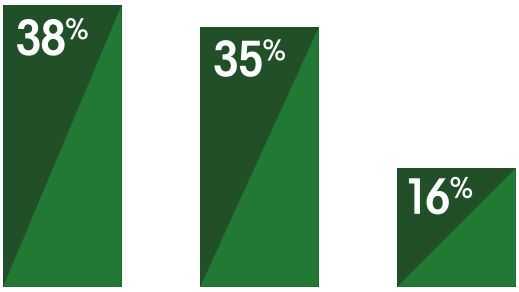
A conversation about healthy snacking is often helpful because cannabinoids are appetite stimulants. "Non-medical or non-pharmacological approaches to xerostomia are also often beneficial because hyposalivation is a common side effect of cannabinoid use," says Dr. Donaldson.

Clinically, both nicotine and marijuana smokers tend to be less sensitive to local anesthetic because such anesthetics are metabolized by enzymes that are induced by these drugs in the body. Specifically, the enzyme cytochrome P450 1A2 (CYP1A2) is responsible for metabolizing most, but not all, local anesthetics, and people who smoke tend to produce more CYP1A2.

"Smokers usually need a higher dose of local anesthetics to be comfortable," says Dr. Donaldson. "Rather than giving higher doses of local anesthetics, however, you could avoid this interaction between smokers and local anesthetics by simply switching to articaine." The two most common subclasses of local anesthetics are amino amides, such as bupivacaine, ropivacaine and lidocaine, and amino esters, such as procaine, chloroprocaine and tetracaine. Both subclasses are primarily metabolized by CYP1A2. "The articaine molecule is unique, in that it has both an ester and an amide linkage, and it is not metabolized by CYP1A2," he says. "Instead, it is metabolized by carboxyesterases in the periphery, which means it will avoid this enzyme induction and be more effective in smokers."

## STATISTICS CANADA DATA (2023):

ABOUT 1 IN 3 ADULTS USED CANNABIS RECREATIONALLY IN THE PAST YEAR.




ABOUT 1 IN 10 ADULTS USED CANNABIS DAILY OR ALMOST DAILY.

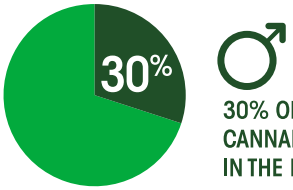

For patients with high dental anxiety for whom dentists might consider using nitrous oxide, the younger demographic of regular cannabis users brings up an extra consideration. "Chronic obstructive pulmonary disease, or COPD, is a major contraindication for nitrous oxide—oxygen inhalational sedation," says Dr. Donaldson. "Traditionally, patients with COPD are older, but with more young people smoking cannabinoids on a regular basis since legalization, COPD has become a bigger issue among younger people."

> **In high-fear patients who have recently consumed a cannabinoid, I would not recommend using an oral sedative that might have a synergistic effect with it.**

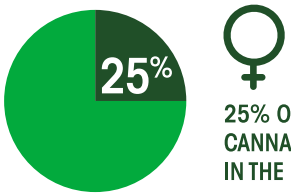
On occasion, a patient may arrive at a dental clinic just after ingesting cannabis. "Some high-fear patients might feel it will make them less anxious," Dr. Donaldson says. "While I would not recommend treating an active user outside of a dental emergency, you may want to limit the amount of epinephrine that you to expose the patient because of the cardiovascular effects that marijuana can cause." Cannabinoids can also have sedative effects. "In high-fear patients who have recently consumed a cannabinoid, I would not recommend using an oral sedative that might have a synergistic effect with it," he says. "It could cause a deeper level of sedation than you intend and that could be an unpredictable situation."

Dr. Donaldson says that it is fairly obvious if a patient has smoked cannabis recently due to smell, but with an increased use of edible cannabinoids and other ways of consuming cannabis with fewer outward indicators of use, it helps to have an open, honest discussion with patients about the topic. "If a patient is not forthcoming, I would suggest saying something like, 'I want to keep you safe today. I want to give you that smile that we've always talked about, and I can't do that safely if I don't know all the drugs, chemicals and medicines that might be in your body. This is a nonjudgmental safe space. I'm not sharing this information with anybody else. I just want to be able to make sure that we provide safe dental care for you today,'" says Dr. Donaldson. He suggests that framing the discussion around patient safety might help a person talk more openly about a potentially sensitive subject.

## HEALTH CANADA SURVEY DATA (2022):

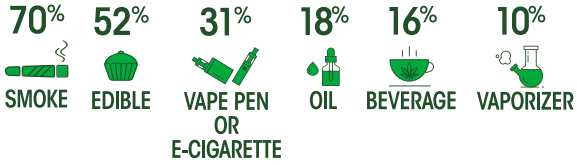



30% OF MEN USED CANNABIS RECREATIONALLY IN THE PAST YEAR.




25% OF WOMEN USED CANNABIS RECREATIONALLY IN THE PAST YEAR.

### AMONG PEOPLE WHO CONSUMED CANNABIS (WAYS OF CONSUMPTION):




### AMONG PEOPLE WHO CONSUMED CANNABIS (ADDITIONAL CONSUMPTION):

**67%** SOMETIMES DRANK ALCOHOL WHILE USING CANNABIS.

**31%** SOMETIMES SMOKED TOBACCO WHILE USING CANNABIS.

Watch a conversation with Dr. Donaldson on cannabinoids and dentistry on CDA Oasis: bit.ly/3YAbjUL

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Manitoba Dental Association

# Welcome to the Profession Dinner 2024

The Manitoba Dental Association (MDA) hosted the Welcome to the Profession Dinner for the University of Manitoba's Dr. Gerald Niznick College of Dentistry Class of 2028 and International Dentist Degree Program Class of 2026 on August 15th at St. Charles Country Club.

This event is part of the MDA's Mentorship Program - a program that gives the students opportunities to learn more than just the theory of dentistry by partnering them with mentoring dentists. As shared by the Mentorship Program Co-Chairs Dr. Carolyn Robertson and Dr. Michelle Jay, the mentor-mentee relationship is intended to be a nurturing process... and provide the students with resources that go beyond the dental school experience and will complement and enhance it.

The evening was proudly supported by premier sponsor ScotiaBank, and event sponsors CDSPI Advisory Services, Inc and the University of Manitoba Dental Alumni Association. All three sponsors have been supporting this event since 2008.













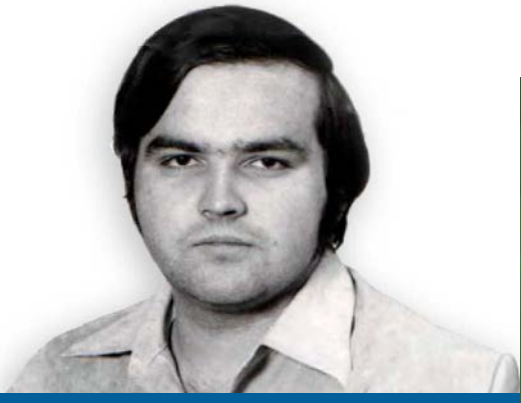



# DR. HEINZ SCHERLE

## 2024 Alumni of Distinction Award Recipient

UNIVERSITY OF MANITOBA
DENTAL ALUMNI
ASSOCIATION

The University of Manitoba Dental Alumni Association announced Dr. Heinz Scherle as the 2024 recipient of the Alumni of Distinction Awards Winner for his contributions to the profession.



Dr. Scherle has served the profession of dentistry in an exceptional manner throughout his career. Not only was he a dedicated, ethical, and committed dentist serving the community, he recognized the importance of dedicating time to the profession of dentistry. From his tenure with the Manitoba Dental Association (MDA), the National Dental Examining Board of Canada (NDEB), and the International College of Dentists (ICD), he has also demonstrated the value of instilling his passion for dentistry in our students. Dr. Scherle is a mentor and an inspiration to everyone in the profession.

> Dr. Scherle is a mentor and an inspiration to everyone in the profession.

Dr. Scherle has had an active role in organized dentistry including:

- University of Manitoba Dr. Gerald Niznick College of Dentistry part-time instructor: 1978-1993, 1995-2001, 2021-current
- NDEB Canada - Served as an examiner, presiding examiner, invigilator, facilitator, assistant supervisor, appeals: 1987-current
- NDEB Rep: Accreditation Team - University of Alberta
- MDA President 1992-93, Board member (7 years)
- Manitoba Regent ICD
- Canadian Section President of ICD

Outside of the profession of dentistry, Dr. Scherle also volunteered for local sports leagues for his three children including volunteering on parent council committees and church council committees.

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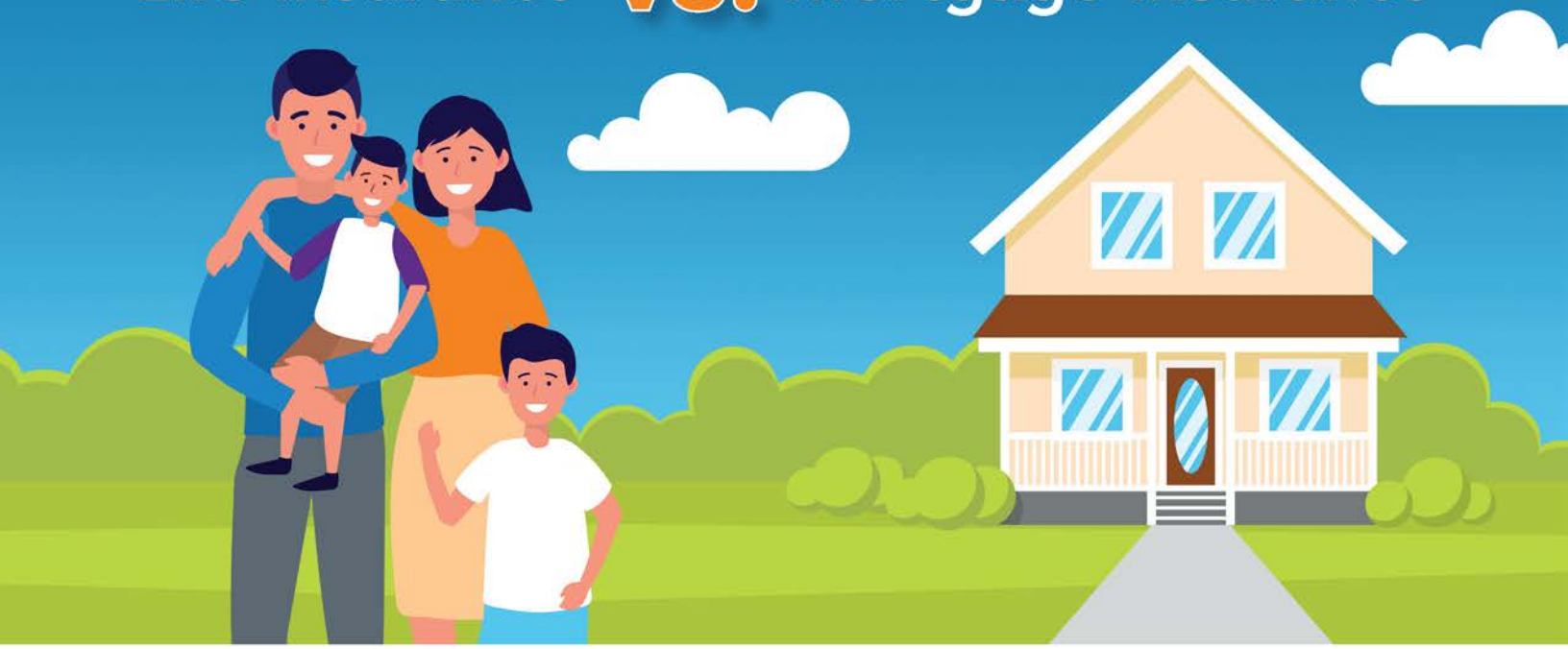
# REAP THE BENEFITS:

## Life Insurance VS. Mortgage Insurance



If you've taken out a mortgage to purchase your home, your lender likely asked whether you wanted to purchase their mortgage insurance. It makes sense to want to protect one of the biggest investments you are likely to make, particularly if you plan to live and raise a family in it.

Ensuring your loved ones can keep your family home if something unforeseen happens to you should be a top priority. However, the type of mortgage insurance your lender offered you, commonly called "creditor insurance", may not be the best option for your situation. Life insurance offers options and benefits that may better fit your financial priorities.

### Mortgage protection: mortgage insurance vs. life insurance

Let's take a step back and examine what these products do and how they compare. Mortgage insurance and life insurance have a similar purpose – ensuring your family can continue to live in their home if something happens to you - but there is one main difference.

The death benefit on mortgage insurance only covers your outstanding mortgage amount and is paid directly to the lender. Life insurance pays the death benefit to the beneficiaries named in your policy. Your beneficiaries can apply the money towards the mortgage or anything else. There could be many reasons why your loved ones might prefer to use the death benefit for something other than paying off the mortgage. Your beneficiary may prefer to instead use the funds to cover other expenses such as funeral costs, childcare or other living expenses, to pursue academic or business opportunities, or to invest. Only personal life insurance gives them the flexibility to choose for themselves.

### Knowing you've got it covered – it's is better than hoping you do

Another way in which these types of insurance differ is in how they determine if you qualify for the coverage and ultimately if they will pay the claim. Mortgage insurance usually determines if you qualify for the coverage ***after*** your beneficiaries submit a claim. Even though you answered their questions when you applied for the insurance, if a pre-existing health condition is found, the claim may be denied. This is called "post-claim", or "post-death" underwriting and its potential consequences are not the kind of legacy you want to leave behind.

According to Julie Berthiaume, a senior insurance advisor at CDSPI Advisory Services, "with life insurance, all the underwriting is completed ***before*** your insurance goes into effect. You may be asked to complete a health questionnaire or take medical tests, but you can be confident that your beneficiaries won't be left in the cold when they need to make a claim".

## How life insurance and mortgage insurance compare:

| | Life Insurance | Mortgage Insurance |
|---|---|---|
| **Who owns the policy?** | You do. | Your lender. |
| **Who benefits?** | Your chosen beneficiaries. | Your lender. |
| **How can the benefit be used?** | Your beneficiaries decide how to use the funds. | To pay off the mortgage only. |
| **Does the benefit amount decrease?** | No, it remains constant.<br>You can also (depending on your policy terms and conditions):<br>· Increase your coverage as needed.<br>· Decrease your coverage amount at any time.<br>· Keep a constant premium for the full term. | Yes, it declines with the mortgage balance, so even if there is only a single payment left, that becomes the benefit. In addition, the monthly premium stays the same even as the benefit decreases. |
| **When am I underwritten?** | Before you are approved. | After a claim is filed. Your coverage can be cancelled, for example, if a pre-existing health condition is found after your application was "approved". |
| **Is it portable?** | Yes. This is your policy. It doesn't matter who the lender is. | No. If you change lenders, you will have to find new coverage and you may no longer qualify. |
| **How long does coverage last?** | You decide what works best for your situation. | At the end of your mortgage term or when you change lenders. If you still need insurance, you will have to find new coverage (see above). |

While mortgage life insurance can be convenient – since premiums can be built into your monthly mortgage payments, and you only need to answer a few questions to be "approved" – it has significant limitations that could leave your loved ones no better off. In fact, many industry experts have expressed skepticism about the efficacy of this type of insurance[1], with Rob Carrick of the Globe and Mail warning consumers to avoid it under most circumstances[2].

## Choosing your life insurance protection:

Life insurance offers the guarantees needed for today while remaining flexible to adapt as needs change. Life insurance policies can provide you options that include allowing you to change your coverage as your financial needs evolve, and some policies may allow you to suspend payments if you become disabled and cannot work. With so many options available, there is a life insurance solution available to suit your financial needs and priorities.

A licensed insurance advisor can answer your questions and help you decide if life insurance is the right option for you to protect your mortgage and your family. They can also help you explore alternatives like disability insurance and critical illness insurance to create a more comprehensive and robust protection plan.



1 https://www.moneysense.ca/spend/insurance/life-insurance/life-insurance-vs-mortgage-insurance/

2 https://www.theglobeandmail.com/investing/personal-finance/household-finances/article-if-your-bank-offers-this-product-the-answer-should-be-a-hard-no/

The information contained in this article is of a general nature only and should not be considered personal insurance or financial advice. For specific advice about your situation, please consult with your financial advisor.

# DUE DILIGENCE - A TWO WAY STREET!

Written by: Rob Spillane, Sales Representative of ROI Corporation

With the ever-growing size and complexity of practice transactions, the level of scrutiny selling owners find themselves under has increased. What looks like a very simple operation from the inside is not so straight forward to those on the outside looking in. Transactions that would ordinarily have taken 3 months to complete have for a multitude of reasons increased to 4 – 6 months.

First, risk tolerance of inexperienced buyers is extremely low, they often shell out vast sums of money to consultants that will seek to justify these fees.

Next, landlords and the assignment or negotiation of leases can absorb significant time at the tail end of a transaction.

And finally, interest rate hikes and the associated eroding margins have made financing deals tighter and meant increased scrutiny from financiers.

All this said, the acquisition of a profitable dental practice by an owner/operator remains one of the most lucrative financial vehicles in our complicated economy. That's why it is so important that when picking a buyer, a selling dentist chooses one that will deliver. Extravagant offers are not worth the paper they are printed on if they are ill-conceived.

Most vendors have a significant vested interest in the legacy of their practice that goes far beyond the purchase price. We encourage all our vendors to demand a conditional offer, rather than a letter of Intent.

As the name suggests, conditional offers give a purchaser the confidence to place an offer on a practice knowing they have conditions in place to correctly understand the target acquisition before completing the sale.

What most people fail to grasp and what Letters of intent don't appropriately ponder is the existence of conditions to afford comfort to the vendor and allow them an opportunity to have a stake in the tempo a deal takes and in extreme cases an off ramp if they don't like the direction things are going.

In my role representing vendors we take great comfort cosigning all conditions and having satisfaction about the status of the terms in our own right as opposed to making the contentment of the purchaser the overarching focus of any transaction. A vendor should be able to counter examine the purchaser and their intentions just as a vendor is put under the microscope in the form of financial and clinical due diligence.

An experienced broker will guide a vendor in an examination of the following, allowing the vendor to build a comfort level with a buyer prior to an offer being accepted or a firm deal going through.

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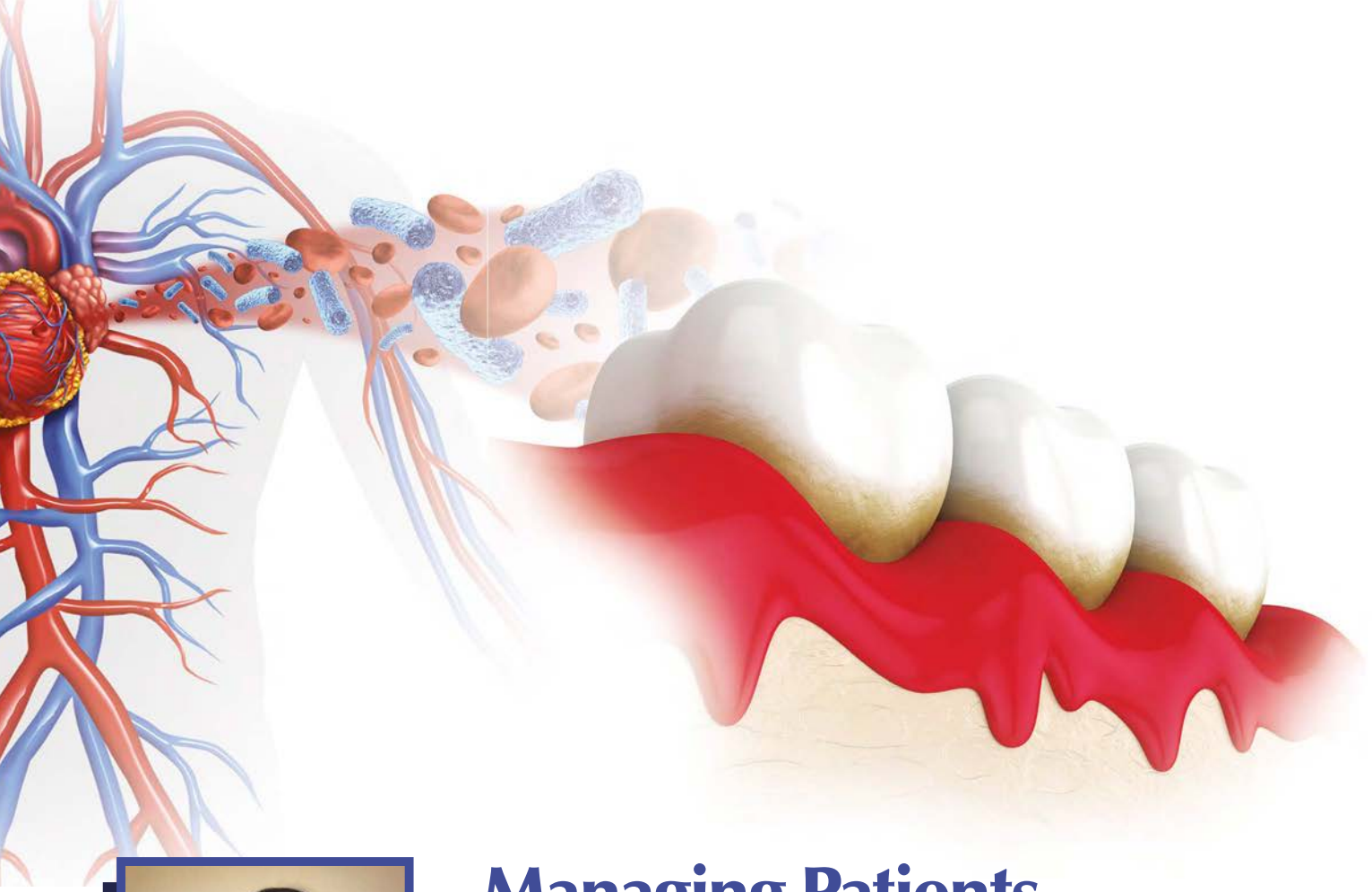
These points are not mutually exclusive, and the list is not exhaustive.

1. Look at any other offices owned by the buyer. If they are an associate, who do they work with? Have they built tenure in one location, or are they more of a journeyman?
2. Understand who the buyer intends to work with and verify the credibility of these individuals. Who is their lawyer, banker and accountant?
3. Engage the associated lawyers, bankers and accountants and understand that they are well intentioned. Do they like the deal for their client? Ask them directly!
4. Quantify what the buyer's due diligence looks like and find out who they plan to hire to conduct it. I have seen perfectly good purchasers take bad advice from overzealous consultants, causing them to lose out on deals.
5. Determine the estimated assignment costs and prepare to absorb them. They are usually small, but they should never be a surprise.
6. Landlords are pricklier than ever, and they usually want a personal indemnity. As a default position, we prepare for an unreasonable landlord and hope for reason to prevail.
7. If they've purchased offices before, find out how those transactions played out. The dental industry is small, and reputations last. Acquisition histories can be determined from brokerage records and anecdotal evidence. It is a big red flag if there is a history of multiple signed offers and a lack of closed transactions.
8. There is a story to be told in how a previous acquisition has progressed since the subject individual took possession. How did the previous owner enjoy the process? I have often requested a reference from a previous acquisition, and this has helped a vendor sleep better at night.
9. Look up the buyer on the RCDSO. Are there any disciplinary proceedings? These investigations are often trivial in nature, but best believe questions would be asked if the shoe was on the other foot.
10. Prepare the buyer for terms of any associate agreement well in advance. Ensure these terms are fair while respecting the wishes of the outgoing vendor. Experience is key. Many of the individuals we sell a practice for will add untold value in the form of goodwill and mentorship post-sale. A properly motivated previous owner is the ultimate glue during a transition. This contribution is impossible to quantify, and buyers would do well to gravitate toward this kind of owner.
11. Understand the kind of work they do. Are the styles practiced like yours? Would their philosophy gel with yours and the wider team? A fit is important, and synergies on clinical delivery are helpful to all sides.

It's important for vendors to provide detailed documentation and satisfy all the requests of a buyer. This is what you commit to when you choose to sell a business. After all, most purchases are share sales and significant corporate and employment legacy is usually inherited. This said, I encourage all vendors to make this conversation a dialogue and know exactly to whom your office being sold. Many selling owners end up working with this individual for some time and there is an onus on them to prove themselves as an appropriate successor.

The happiest clients are the ones that build a great rapport with the new owners.

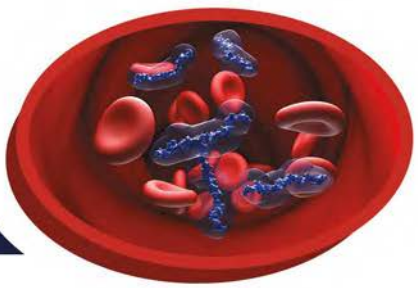
Many vendors have superb assets that would be the envy of many purchasers. The selected buyer should never forget this important fact. Vendors should consider recruiting the broker, accountant, and lawyer that will fight the hardest for the vendors interests before, during and after this process. The leverage resides with the selling owner until such a time as you chose to give it up. Buyers should be kept honest, and the dignity of the seller is to be maintained always. The tried and tested way to do this is to expose the opportunity to the open market.



**Dr. Sanjukta Mohanta is a general dentist from Brampton, Ontario.**

# Managing Patients on Blood Thinners

As practitioners, one of the scariest things we encounter in the dental office is a patient bleeding excessively. That's why we are on high alert when patients tell us they are taking blood thinners. The class of medications that we call blood thinners are, in fact, anticoagulants and antiplatelets that work by preventing blood clots from forming. These medications are prescribed to patients to prevent stroke, myocardial infarction and systemic embolism. Patients on these medications bleed more easily, therefore oral health care providers should ask themselves a few important questions before proceeding with treatment. Can we perform invasive procedures on patients taking blood thinners? If so, what modifications to treatment must be made? How can excessive bleeding be prevented and how should we manage it?



The following article originally appeared in CDA Essentials, Issue 4, 2024, pp. 35-37.
This article is reprinted with permission from the Canadian Dental Association.

## Anticoagulants

Warfarin (sold under several brand names including Coumadin) is an oral anticoagulant which works by preventing the formation of vitamin K-dependent clotting factors. Patients on warfarin are getting their blood tested routinely to ensure their International Normalized Ratio (INR) is within the therapeutic range. Dentists should ask patients about their most recent INR before providing any invasive dental care. A 2016 Clinical Practice Statement from the American Academy of Oral Medicine (AAOM) states "…moderately invasive surgery (e.g. uncomplicated tooth extractions) is safe with an INR up to 3.5, with some experts stating it is safe up to 4.0." The AAOM recommends that the INR should be checked within 24 hours before highly invasive procedures.

There are fewer prescriptions for warfarin since the introduction of direct acting oral anticoagulants (DOAC). These directly inhibit specific proteins in blood clotting. Compared to warfarin, DOAC's are safer, more effective, cause less serious bleeding, do not require diet restrictions and do not require frequent lab tests to check INR.

There are four common DOACs available in Canada:

- apixaban (sold under the brand name Eliquis)
- edoxaban (Liixiana)
- rivaroxaban (Xarelto)
- dabigatran (Pradaxa)

## Antiplatelets

Antiplatelet and anticoagulant drugs work at different places in the coagulation system. Antiplatelets prevent platelets from sticking together and creating a blood clot. According to the Heart and Stroke Foundation, most people who have had a cardiac event take an antiplatelet drug.

Antiplatelets are:

- ASA, also called acetylsalicylic acid (sold under the brand name Aspirin, Asaphen, Entrophen, Novasen)
- clopidrogel (Plavix)
- prasugrel (Effient)
- ticagrelor (Brilinta)

**A medical consult should be considered if you are concerned that you won't be able to manage excessive bleeding. Procedures with a higher risk of excessive bleeding include extracting more than 3 teeth, surgical extractions, periodontal surgery and osteoplasty.**

## What Treatment Modifications Should be Made with Patients on Blood Thinners Before Doing Invasive Dentistry?

It is recommended to continue low-dose aspirin with invasive dental treatment.

If a patient is on a blood thinner other than low-dose aspirin, the following are recommended:

- Get a medical consult if you are concerned there will be unmanageable excessive bleeding.
- Time the procedure so it is not performed soon after taking the medication.
- Manage bleeding.

### Medical Consults

A medical consult should be considered if you are concerned that you won't be able to manage excessive bleeding. Procedures with a higher risk of excessive bleeding include extracting more than 3 teeth, surgical extractions, periodontal surgery and osteoplasty. Procedures considered to be low risk include scaling, doing 3 or less simple extractions, and a single implant.

### Discontinuing Blood Thinners

A physician may advise a temporary discontinuation of a blood thinner if there is a risk of excessive bleeding, but this is not common. Stopping blood thinners is not often recommended to patients because:

- The risk of having a heart attack or stroke is higher than the risk of uncontrolled bleeding.
- It is easier to manage excessive bleeding than it is to manage a heart attack or stroke.

Dentists should consult with the patient's physician before altering drug regimens.

## DIRECT ACTING ORAL ANTICOAGULANTS (DOAC) AVAILABLE IN CANADA:

- APIXABAN (SOLD UNDER THE BRAND NAME ELIQUIS)
- EDOXABAN (LIIXIANA)
- RIVAROXABAN (XARELTO)
- DABIGATRAN (PRADAXA)

## ANTIPLATELETS ARE:

- ASA, ALSO CALLED ACETYLSALICYLIC ACID (SOLD UNDER THE BRAND NAME ASPIRIN, ASAPHEN, ENTROPHEN, NOVASEN)
- CLOPIDROGEL (PLAVIX)
- PRASUGREL (EFFIENT)
- TICAGRELOR (BRILINTA)

### When is the Best Time to Treat Patients on Blood Thinners?

It is best to wait at least 12 hours after the patient takes a blood thinner before providing invasive care. Ask the patient what time of day the blood thinner is usually taken and book the dental appointment several hours (ideally >12 hours) later.

### How Can We Prevent Excessive Bleeding?

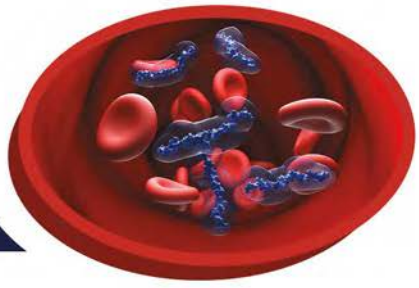
- Good oral hygiene decreases inflammation, which will decrease bleeding and the need for invasive dental procedures.
- Achieve hemostasis one tooth at a time.
- Do not provide invasive care soon after a blood thinner was taken.
- Get a medical consult asking if medications need to be temporarily discontinued if you expect unmanageable excessive bleeding.

### How Can We Manage Bleeding?

- Pressure with gauze
- Sutures
- Resorbable hemostats
- Other: local anaesthetic with epinephrine, tranexamic acid, tissue glue, bone wax, silver nitrate, electrocautery.

References available upon request.

Watch Dr. Mohanta's video on managing patients on anticoagulant and antiplatelet medication on CDA Oasis: bit.ly/3QB8jCs



ClearCare Periodontal & Implant Centre

# Perio-Prostho Corner Did You Know...

**Dr. Katie Chung**
DDS, MDent (Perio)

## ...that tooth eruption occurs in two phases?

These phases are active and passive eruption, which not only describe the movement of the teeth but also the gingiva. These are observed in our pediatric and teenage patients. Let's dive more into these eruption processes and their implications.

### Definitions

***Active eruption:*** The process by which a tooth moves from its germinative position to its functional position in occlusion with the opposing arch.

***Passive eruption:*** Tooth exposure secondary to apical migration of the gingival margin to a location at or slightly coronal to the CEJ.

***Tip:*** Think of the tooth "actively" erupting into the arch and that the letter P in "passive" stands for "pink" gingiva.

Both eruption phases are described as altered when incomplete:

***Altered active eruption (AAE):*** a condition in which teeth achieve the opposite relationship to the occlusal plane prematurely and the osseous crest is less than 1.5 mm from the CEJ.

***Altered passive eruption (APE):*** a condition in which the free gingival margin fails to recede relative to the CEJ, which can occur in the presence or absence of altered active eruption.

### Clinical Implications

***Aesthetics:*** Impaired aesthetics are the main consequence of altered eruption, resulting in excessive gingival width and shorter square-shaped teeth. The most common complaint would be a gummy smile. When the etiology is determined to be APE, we must confirm with imaging or bone sounding if AAE is also occurring. Both soft and hard tissue conditions must be diagnosed for proper surgical management in aesthetic crown lengthening. Otherwise soft tissue rebound and defects may result, which are detrimental in an already aesthetically-driven patient.

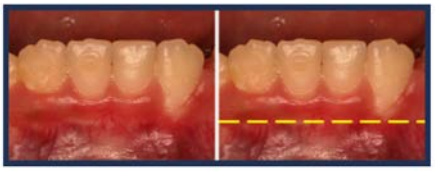
Put simply, should the hard tissue be left alone or resected to create a minimum distance of 1.5 mm from the CEJ to alveolar crest? Should the soft tissue be resected or apically positioned to maintain 2 mm of keratinized tissue width?

If you would like to learn more about AAE and APE, I recommend the 2017 modified classification proposed by Ragghianti Zangrando et al.. While Coslet et al.'s 1977 APE classification is cited frequently and addresses the soft and hard tissue relationships, it erroneously does not include AAE as a diagnosis.

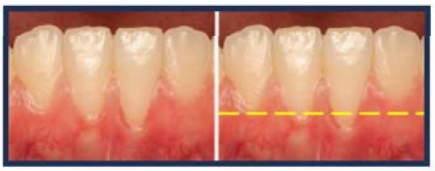
***Pseudopockets:*** Pseudopockets can result from APE, or gingival enlargement associated with plaque, systemic conditions or drugs. In these conditions, the free gingival margin is located coronal to the CEJ and may result in deeper probing depths. It is crucial to determine the presence of clinical attachment loss when probing depths are greater than 3 mm. If present, the next steps are to investigate if the patient is a periodontitis case. If absent, the pockets are pseudopockets and can be treated with a gingivectomy to improve oral hygiene access and aesthetics.

***False recession:*** The process of passive eruption can create an optical illusion of recession, when the free gingival margins migrate apically at different rates. A tooth which completes passive eruption sooner will look significantly longer than its neighbours and could be accidentally diagnosed with recession. However, upon closer inspection, the CEJ is in its proper location and there is absence of root exposure.

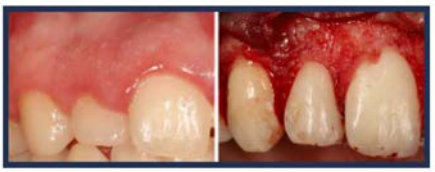
***Limited crown height for restorations:*** Some clinicians have expressed concern that shorter crown heights may pose a challenge for indirect restorations and force subgingival margins, which may harm the periodontium. With modern day bonding techniques and proper execution, these concerns are of lesser importance.



***10-year-old-patient:*** A common clinical presentation in a young patient undergoing passive eruption. Note that #32 appears longer with normal exposure of its anatomic crown. The dashed yellow line represents the CEJ level.



***20-year-old-patient:*** #32 altered passive eruption results in the contralateral #42 appearing longer. Only #31 and 41 have buccal gingival recession.



***Altered passive (left) and altered active eruption (right):*** A gingivectomy and osseous resection were performed for aesthetic crown lengthening.

**For more information about this topic and related courses, please visit the website or scan the QR code using your phone's camera.**

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# 2024-2025 Lecture Series: WDS Winnipeg Dental Society

- Sept 27 : Dr. Charlene Solomon : Canadian Museum for Human Rights (CMHR)
- Oct 25 : Dr. Gaurav Krishnamoorthy : CMHR
- Nov 22 : Dr. Aviv Ouanounou : Victoria Inn
- Feb 28 : Dr. Sergio Quaresma : CMHR
- Mar 28 : Speaker TBC : CMHR

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- Sept 19 : GPSC Meet & Greet, Winnipeg Trans Canada Brewing
- Sept 21 : Endodontics Lecture & Hands-on | Dr. Rodrigo Cunha | Dauphin, MB
- Oct 18 : Endodontics Lecture : Dr. Andy Dosanjh : Winnipeg TBC
- Nov 6 : Crown & Bridge Leacture : Dr. Paresh Shah
- Jan 21 : ZOOM: An Overview of Dental Codes : Dr. Jeff Hein
- Feb 7 : ZOOM : Periodontics Lecture : Dr. Katie Chung
- Mar 1 : Orthodontics Lecture : Dr. Rob Mintenko : Brandon, MB
- May 3 : Suture Lecture & Hands-on Session : Maxillo Winnipeg Team

**Watch for 2024-2025 GPSC Lecture. Details in our MDA Weekly Updates.**



# OBITUARY

## Dr. Morley Zlonim, DDS

Peacefully on July 7, 2024, at the age of 93.

He will be forever missed by his wife of almost 66 years, Lil. Loving father and father-in-law to Shari (Jeff Shulman) and Marni (Gavin Rich). Adored Zaida Moe to his grandchildren, Dylan, Cory, Samantha (Jake), Seth, Justin (Katie), Jordan, Jamie, Jadon, Asher, and Lily. Devoted uncle, great-uncle, great-great-uncle and great-great-great uncle to his nieces and nephews. Predeceased by his parents, Henry and Anne, and brothers, Sidney and Aubrey.

Born in Winnipeg's North End in 1931, Morley attended Peretz School, Machray and St. John's Tech. After attending the University of Manitoba for his undergraduate degree, he spent four years in Toronto, graduating from the Faculty of Dentistry in 1958.
He practiced for many years in Fort Garry and retired in 1992. He was able to enjoy more than 30 years of retirement, working out religiously and spending invaluable time with friends and family.

A man of many interests, he prided himself on being able to fix everything he could, cared for his yard and garden, had a keen interest in sports and was a loyal fan of the Winnipeg Jets for many years. He also followed politics and world events, was fascinated by the construction of buildings and loved music. He was known for his quick wit and sense of humour and tried not to miss an opportunity to make a joke or pun or pull a prank.

The funeral was held at the Shaarey Zedek Cemetery on July 10, 2024. The family wishes to thank the pallbearers, Abe Borzykowski, Justin Gertenstein, Dylan Huber, Jordan Gertenstein, Jeff Shulman and Gavin Rich as well as the honorary pallbearers, Bryan Borzykowski, David Borzykowski and Josh Chisick.

The family would also like to thank Dr. Hayward and Dr. Vidal for their dedicated care over the years.

# CONVENTION AT A GLANCE

REGISTRATION FOR THE EXHIBITORS WILL OPEN OCTOBER 2024
REGISTRATION FOR ATTENDANTS WILL OPEN FEBRUARY 2025


# National Oral Health Convention 2025 in St. John's, Newfoundland & Labrador

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