

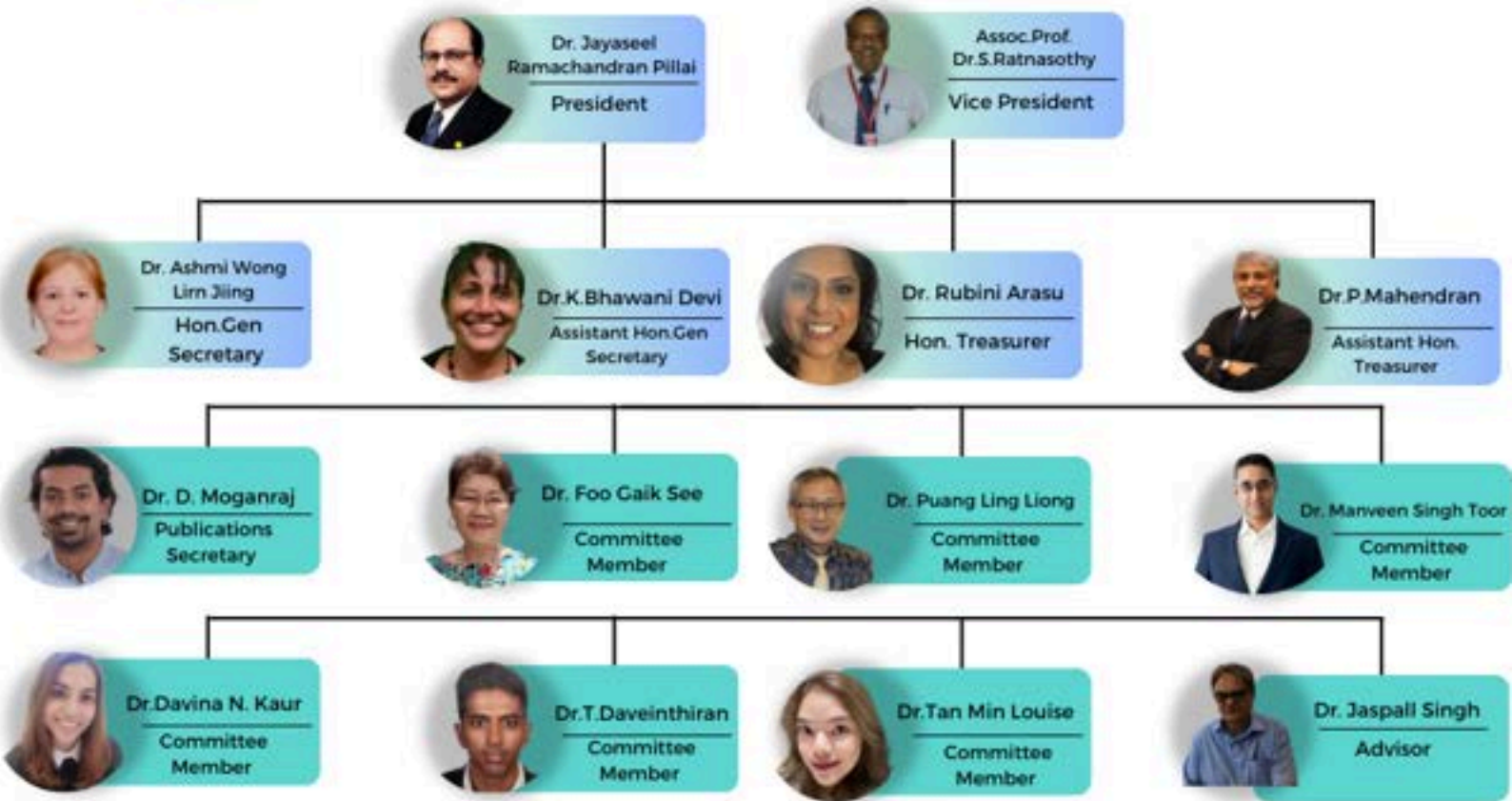
E-Probe



2025 Edition



2023-2025 Organization Chart



Contact Us:



+6011-1188 2188



www.mpdpa.org



[mpdpa_1](https://www.instagram.com/mpdpa_1)



Malaysian Private Dental Practitioners Association

Malaysian Private Dental Practitioners' Association
Suite 525, Block A3, Leisure Commerce Square,
9, Jalan PJS 8/9, 46150 Petaling Jaya, Selangor.

HALEON



POLIDENT MAX HOLD AND SEAL WITH EASY PRECISION NOZZLE

- ▶ Cone shaped design enables extrusion
- ▶ Precision tip for ease of application
- ▶ Allows bespoke application pattern most suitable for denture design

Guide your patients' application pattern with Polident Max Hold and Seal



Precision nozzle



Upper



Lower

PRECISION NOZZLE



- ✔ Helps you to apply exactly the right amount of product.
- ✔ Delivers 36% more surface coverage than Polident.*
- ✔ The precision nozzle enables the adhesive to form an all-round seal.

*On upper denture when compared with standard Polident in laboratory test

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PM-MY-POLD-24-00037

Formulated for Quick Relief of DRY & ITCHY Skin



Reduces itch intensity significantly in 5 minutes in individuals with dry skin¹



Moisture lock & provides long-lasting moisturization up to 24 hours²



Mild & gentle for frequent use



Suitable for sensitive skin

HYPOALLERGENIC & DERMATOLOGIST TESTED

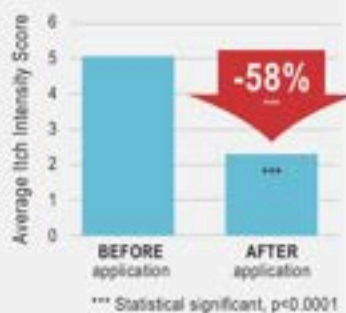
- Steroid Free
- Paraben Free
- Fragrance Free
- Colorant Free



1 Reduce Dry Skin Itch¹

- Purage Intensive Moisturizing Lotion has been tested and proven to reduce itch intensity significantly in 5-minute in individuals with dry skin.
- An average of 58% reduction in the intensity of the itch is reported by all the test subjects in the study conducted.

Itch Intensity Reduction After Treatment with Purage Intensive Moisturizing Lotion



Average Time Required to Subside Itchiness

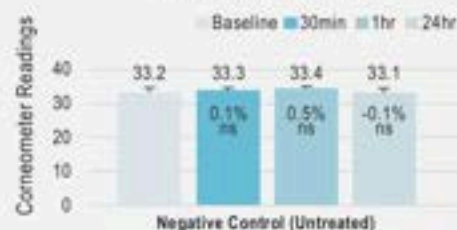
- ✓ Itch relief for 50% of test subjects within 3 minutes
- ✓ Itch relief for 75% of test subjects within 5 minutes

Average Time Required to Subside Itchiness	1 min	2 min	3 min	4 min	5 min	6 min	9 min	≥ 11 min
No. of Individual	2/20 (10%)	7/20 (35%)	1/20 (5%)	2/20 (10%)	3/20 (15%)	1/20 (5%)	3/20 (15%)	1/20 (5%)
Total Population		9/20 (45%)	10/20 (50%)	12/20 (60%)	15/20 (75%)	16/20 (80%)	19/20 (95%)	20/20 (100%)

2 Moisture Lock & Skin Moisturization²

- Purage Intensive Moisturizing Lotion is able to improve the moisture content of the skin by up to 83.6% within 30 minutes of application.
- It is also proven to be able to retain skin moisture content up to 24 hours in the test subjects.

24hr Moisturizing Efficacy of Purage Intensive Moisturizing Lotion



¹ Based on 14-day treatment period with Purage Intensive Moisturizing Lotion clinical studies on human volunteers

² Based on skin hydration level measured using Corneometer® CM825 on human volunteers

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MPDPA2021





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GOODBYE OUCH!

- Fast pain relief that lasts for hours
- Enhanced with 5X higher concentration of Hyaluronic Acid
- Free from alcohol, steroid, analgesic or local anesthetic
- Safe & effective for all ages from babies to the elderly



ALOCLAIR® PLUS promotes healing and helps in the management of pain caused by small lesions in the mouth such as aphthous ulcers, aphthous stomatitis and minor lesions; chafing and traumatic ulcers caused by braces and ill-fitting dentures and lesions of surgical origin.



ultra EFFECTIVE ultra CONFIDENT ultra DEX

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- Eliminates bad breath instantly for 12 hours
- Antibacterial effect
- Protects teeth & gums
- Restores natural teeth whiteness
- Free from alcohol & chlorhexidine

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with HRD TTT Certificate

✓ 6 CPD Points -
Pending Approval

✓ A Computer Based
Hands- On Workshop



10th April 2026
9am – 5pm
Petaling Jaya

Learning Highlights :

- Front Desk Management & Clinic Website
- Diagnostic Imaging & Radiograph Analysis
- Clinical Diagnostic Tools & Various Other Apps To Run Your Practice In AI Mode



CPD Points
A1 Category
Pending Approval



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MDPC 2026

2 DAYS CONFERENCE

" CLINIC
REALITIES
OFF THE
TEXTBOOK "

11 & 12 APRIL 2026

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MPDPA 011 1188 2188



9th MPDPA ASEAN DSA CONGRESS & TRADE EXHIBITION 2026

“DSAs At The Heart Of Dental Care”



SAVE THE DATE

June 2026

Registration & Details To Follow Soon

President's Message



Dear Colleagues,

This marks my final message to you as President of the MPDPA.

The past two years have been a period of significant regulatory changes, with new requirements impacting our practices—from the staircase issue and window blind restrictions to portable suction unit mandates. Be assured that your MPDPA Council has been actively engaged, meeting with relevant government agencies to consistently advocate for our members and negotiate for reasonable, practical requirements.

A particular concern we have raised is the exorbitant penalties for non-compliance in areas like PDPA and X-ray Licensing. We recognize that running a private practice is no longer as straightforward as it once was.

Despite these challenges, the core objective of the MPDPA Council remains steadfast: to protect our Members' interests and work tirelessly for your welfare.

I would like to extend my deepest gratitude to the dedicated Council Members for their unwavering support, to the general membership for your trust, and to our valued sponsors and Doctor Shield for their steadfast partnership.

It has been an honour to serve you.

Best Wishes,

Dr. Jayaseel Ramachandran,

MPDPA President

2023-2025

Publications Secretary Writes...



Dear MPDPA Members ,

Warm greetings.

It is my pleasure to share our 2025 edition of E-Probe, MPDPA's official newsletter dedicated to keeping our Members informed and connected.

In this issue, you will find flashback on our 2024 activities and insights related to clinical practice. As we continue to face changes in the dental landscape, it is important that we stay **united**, updated, and well-supported as a professional community.

Through our publication, we aim to provide information that is practical, relevant, and useful in your daily practice while highlighting the many efforts and initiatives carried out by MPDPA.

Moving forward, I hope E-Probe continues to grow as a platform that encourages open sharing, professional unity, and continuous learning. I warmly welcome articles, suggestions, and personal experiences from any member who wishes to contribute. Together, we can build a newsletter that truly reflects the voice of our Profession.

Thank you to the MPDPA Executive Committee, contributors and all our members for your ongoing support and dedication. Let us continue working together to uphold the standards of private Dentistry in Malaysia and build a stronger future for our Profession.

Season's Greetings for the upcoming year!

Warm regards,

Dr Moganraj Dharmalingam

AN OFFICIAL MEETING BETWEEN MPDPA AND THE MINISTER OF HEALTH, DATUK SERI DR. HAJI DZULKEFLY AHMAD.



Date : 27 June 2024

Time : 3.30 - 4.20 pm

Venue : Pejabat YB Menteri Kesihatan, Jalan Cenderasari, Kuala Lumpur.

The MPDPA Council members attended by President Dr.R.Jayaseel, Vice President Dr.S.Ratnasothy, Assistant Treasurer Dr.P.Mahendran , Senior MPDPA Member Dr. Vijayakumar S.Chellapa and Treasurer Dr.Rubini Arasu, had the opportunity to meet with the Honourable Health Minister, Datuk Seri Dr.Haji Dzulkefly Ahmad.

The meeting was also attended by Dr.Nurul Syakirin (MDC Secretary) , Dr.Ainon (Ketua Penolong Pengarah Kanan Pergigian) and Dr. Habibah (Pengarah Bahagian Amalan dan Perkembangan Kesihatan Pergigian).

AN OFFICIAL MEETING BETWEEN THE MALAYSIAN PRIVATE DENTAL PRACTITIONERS' ASSOCIATION AND THE MINISTER OF HEALTH, DATUK SERI DR. HAJI DZULKEFLY AHMAD.

Matters That Were Discussed :

1) APC (Annual Practicing Certificate)

Dr. Rubini Arasu explained the current MHPS System (Malaysian Healthcare Practitioners' System) that has been set up for Private Dental Practitioners to apply for APC, seems very inefficient. The system has been poorly developed and managed resulting in a lot of inconvenience for dentists to apply and obtain their APCs. Issues faced such as unable to make payment, wrong payment information, and list of clinic were not updated in the system in time for dentists to renew their APCs. The delay in issuing APC has resulted in MPDPA Members to be unable to purchase medication (antibiotics & other registrations) for their clinic, Atomic Energy Radiology Department insisting on APC during inspection and CKAPS demanding for a report to justify why the APC issue is delayed.

Datuk Seri enquired how long the delay has been? Assoc Prof Dr.S.Ratnasothy explained he just received his APC 2 weeks ago after waiting for 6 months and this has been the longest wait ever and he has been questioned by the Atomic Energy Radiology Department insisting on his APC during inspection.

Dr.Nurul Syakirin explained that Practitioners can show their proof of APC submission and approval on MHPS as evidence their APC is in process to any relevant bodies who questions them. Dr Rubini further explained despite a Member doing so, he was still asked by CKAPS to write a report on why his APC is delayed!

Dr. Nurul Syakirin explained that she understands the frequent 'crashing -system of MHPS' and this is because the current MHPS system is shared by 4 other regulatory bodies as well. The MDC is working with a new vendor to set up a new MHPS system solely for the dental fraternity. This new system will likely to be implemented next year or so. She also gave us assurance that for this year's APC Application, priority for online application will be given to the Private Practitioners' to reduce the system- overload as what we encountered last year to ease everyone's application by 31st October.

Dr. Rubini Arasu also put forward the idea of ONE APC FOR ONE PRACTICING DENTISTS to Datuk Seri Dr.Dzulkefly.

Dr. Rubini Arasu explained the need for this not only because it is practiced by our medical colleagues but also this initiative will open more job opportunities for locum dentists to easily obtain job from dental clinics without having to worry if the clinic is listed in their APC and thus it might actually reduce the glut of dentist and the need for dentist to set up their own clinic.

Datuk Seri Dr. Dzulkefly enquired what is the average number of clinics in a dentists APC. Dr. Rubini and Dr. Ainon mentioned that average of at least 3 clinics and it can go up to 10 or more clinics listed, especially for big group practices or even for Private Dental Specialist practicing and covering various hospitals.

AN OFFICIAL MEETING BETWEEN THE MALAYSIAN PRIVATE DENTAL PRACTITIONERS' ASSOCIATION AND THE MINISTER OF HEALTH, DATUK SERI DR. HAJI DZULKEFLY AHMAD.

2) Online sale of unauthorised dental materials

The rise of illegal dentistry & fake dentist has been mainly due to the ease of accessibility of unauthorised dental materials being sold openly and easily on online platforms such as Lazada, Shopee etc. MPDPA has been trying to set up a meeting with the Medical Device Authority but we have yet to hear from them.

Dr.Ainon mentioned that her team have an upcoming meeting to meet with Shopee to discuss this matter, but she is unsure to what extent can Shopee put a limit to such sale of items as there's also International trading involved and such issues will also concern the jurisdiction of the Medical Device Act.

Dr.P.Mahendran further added that these cheap unauthorised items are the reason why fake and illegal dentistry is on the rise. Dr.Rubini Arasu mentioned to Datuk Seri that the only thing Shopee probably doesn't sell is a dentist!

Dr.Vijayakumar raised a concern to Datuk Seri about dental traders bringing in implants, aligners, dental materials, equipments such as laser machine etc and the need to be regulated by the Medical Device Act. There is no accountability from these traders after selling their product and they go missing thus putting the patient and Practitioner at a difficult situation when treatment is of concern.

3) Glut of Dentists.

President Dr.R.Jayaseel mentioned the concern on rising number of Universities providing Dentistry (Degree) Programme. He understands this may be hard to tackle, but MPDPA is hoping MOH will be able to work MOHE (Ministry Of Higher Education) to have a limit on number of graduates annually.

The glut of dentist has resulted in unhealthy competitions among private dentists, undercutting of treatment cost, price-wars between clinics, unethical advertising and to an extend beauty parlours are also charging the same cost as dental clinics for illegal cosmetic treatment, thus illegal and fake dentist is on the rise too!

Dr. Ainon explained that there was an agreement initially between both Ministries but as of now she is unsure if the agreement has been lifted or still in place.

Datuk Seri Dr. Dzulkefly gave his assurance he will try his best to speak to relevant bodies and see to his best.

4) Employment of Foreigners as Dental Assistants.

Suggestion to employ 'foreigners' as dental assistants in private clinics due to the rising shortage of nurses in private clinic was discussed.

YB Datuk Seri Dr.Dzulkefly explained that it may be difficult for him to make a decision on this as it also involves other Gov Agencies when it comes to employment. But this is definitely something he can help us look into. Dr.Nurul Syakirin further assured that Dental Assistants are not regulated by the Dental Act.

AN OFFICIAL MEETING BETWEEN THE MALAYSIAN PRIVATE DENTAL PRACTITIONERS' ASSOCIATION AND THE MINISTER OF HEALTH, DATUK SERI DR. HAJI DZULKEFLY AHMAD.

5) Dental clinics which do not meet the staircase width requirements.

Dr.Rubini Arasu shared her concern on the ruling of dental clinics sited at first floor of shop houses which are not allowed to sell their clinics due to the clinic staircase width of less than 1.1metres. CF permit for building approved but CKAPS want staircase to be of certain width to be able to be sold / transferred to a new buyer. This is a problem with the architect who designed and build these buildings and senior dentists are victims to such ruling as 20 years ago when they bought the clinic, this rule was not implemented. Datuk Seri Dr. Dzulkefly agreed to her explanation and further enquired what is the rationale behind this ruling.

Assoc Prof Dr.S.Ratnasothy explained the width of the staircase should be wide enough to allow a stretcher to pass through should there be a emergency in the clinic. He further explained such emergencies can happen in any first floor business premise and not only limited to dental clinics. Dr.Rubini further added that gym and fitness centres sited on first floor probably have higher risk of someone developing a medical emergency compared to a dental clinic. So why isn't this ruling implemented to them as well ?

Dr Rubini Arasu further emphasised to Datuk Seri that she really wishes he could step in and help MPDPA with this issue as so many members are unable to sell or transfer their clinics and CKAPS don't have a solution for us, and such ruling is very unfair to these senior practitioners in such dilemma.

6) Dr.P. Mahendran suggested to Datuk Seri and to Dr.Nurul Syakirin that he hopes the Ministry could come up with a regulation that businessmen with no background of the fraternity should not be allowed to open and set up dental clinics. They tend to bully the PICs they employ and most oftenly are young naïve dentist and that is how, many young clinic PICs with no experience of running a clinic are being subjected to numerous complains.

7) Older clinics which have been practicing many years with venetian blinds and curtains are now suddenly not allowed. Dr.Vijayakumar explained that this was never a issue before and out of a sudden it is. Dr. Habibah explained that it is mentioned in the regulation that for hygiene purposes curtains are not allowed.

Datuk Seri mentioned he will look into this regulation on why even blinds are not allowed when it can be wiped down and kept clean at all times.

Assoc Prof.Dr.S.Ratnasothy further added that some clinic buildings in Kuala Langat has no emergency backdoor exit. Because it is a ruling by CKAPS to have such, these clinics are forced to renovate and create a backdoor exit with a staircase.

AN OFFICIAL MEETING BETWEEN THE MALAYSIAN PRIVATE DENTAL PRACTITIONERS' ASSOCIATION AND THE MINISTER OF HEALTH, DATUK SERI DR. HAJI DZULKEFLY AHMAD.

8) Indemnity Insurances being sold at cheap and low premiums

Dr. Rubini Arasu raised her concern on indemnity insurance being sold at very cheap and low premiums and she hopes Datuk Seri within his reach would be able to act on this issue as it involves many young dentist being cheated by insurance companies.

She mentioned she came across a company, whereby they were promoting indemnity insurance premium at RM 300 annually. She was curious on what the policy covers but she says to date there has been no answer to her phone calls nor messages. How legit is this company remains questionable ?

Dr.P.Mahendran further added that this is a very common problem faced by many young dentists. They purchase low insurance premiums with unknown companies, unsure of what their policy covers and when they get into trouble, their insurance company is uncontactable and if their premiums are too low, these dentists have to fork out money from their own pocket to pay.

Assoc Prof Dr.S.Ratnasothy further added that in 2025 with the implementation of compulsory indemnity insurance for APC renewal, many young dentist would be buying cheap policies for the sake of renewing their APC.

Dr Nurul Syakirin agreed that for APC renewal in future dentist have to include their policy number into the MHPS system but it is the onus of the dentists to take charge of their own policy whether it is of sufficient coverage , renewed in time or if it has lapsed.

But as for restricting companies to sell cheap insurance is beyond the Council's control.

Datuk Seri Dr.Dzulkefly agrees that this is a serious issue and something has to be done. But to begin with, some form of awareness and education to these young dentists is important. He did suggest perhaps it is best if MPDPA could recommend to its members on reliable and legit insurance companies that their members can obtain their policies from. But however as this also involves other agencies, he will try his best to look into how much he can put a stop to it.

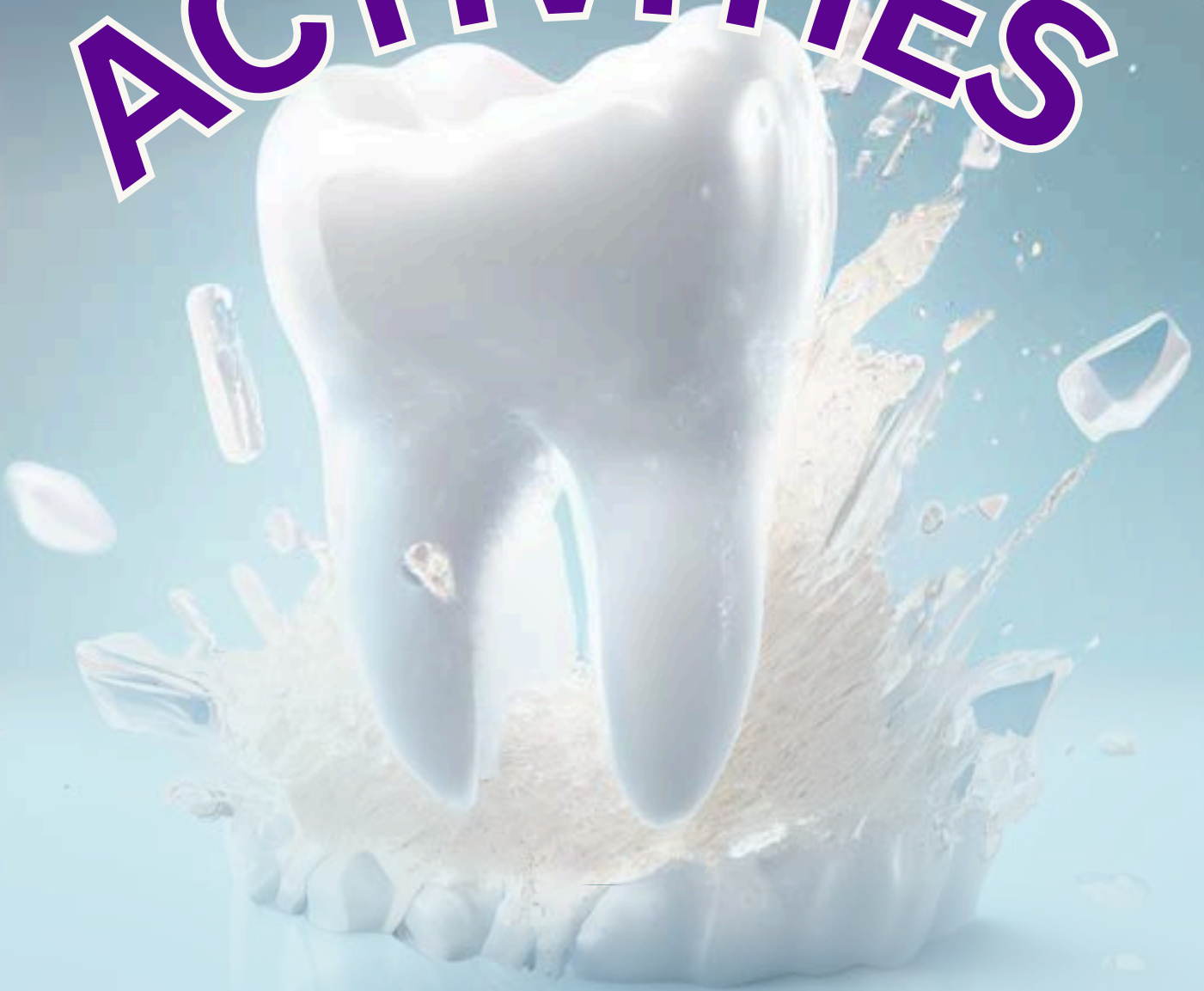
9) Incorporating Basic Life Support as a compulsory requirement for all practicing dentist.

Assoc Prof.Dr.S.Ratnasothy suggested to Datuk Seri, that he would like Basic Life Support to be made compulsory to all practicing dentist, as this is crucial for every practicing dentist to know in times of medical emergency.

Dr. Nurul Syakirin explained that since it is a CPD related activity, it should fall under the criteria of CPD regulation. As for now they have yet to come up with a set of compulsory CPD activity for Practitioners.However, this is definitely something that can be considered in the near future.

2024

ACTIVITIES



HALEON

A collaboration with Haleon to deliver Clinical Webinars on Dentine Hypersensitivity.

An educational initiative by:
HALEON healthpartner

DENTAL PAIN AND THE CRACKED TOOTH

29 Feb 2024 (Thursday) 20:00 - 21:00

Speaker: **Dr Anusia Annmarie Mathew**
BDS, MRDent(Cons)

Cracks and fractures in teeth present a formidable challenge in general dental practice and often go undiagnosed. The clinical symptoms range from acute hypersensitivity to full discomfort. Its management is a conundrum as usual.

This webinar will cover that as well as help clinicians come to a prognosis and formulate a systematic approach in the management of teeth with cracks taking into consideration the current emphasis on preservation of tooth structure.

REGISTER NOW

Watch the live webinar and **WIN EXCLUSIVE PRIZES!**

PM/AFY-NCBR-23-00030 For Malaysia Healthcare Professionals only

An educational initiative by:
HALEON healthpartner

SENSITIVITY - HAVE YOU RULED OUT ALL OTHER CAUSES?

20 Mar 2024 (Wednesday) 20:30 - 21:30

Speaker: **Dr Davina Navreet Kaur**
BDS (Maxillo), PG-Diploma in Endodontics (BYU)

The intensity of dentine hypersensitivity varies in every individual and Dental Practitioners shouldn't be taken lightly. Thorough dental examination and ruling out all possible causes is essential in achieving a diagnosis before determining the next course of action.

REGISTER NOW

Watch the live webinar and **WIN EXCLUSIVE PRIZES!**

PM/AFY-NCBR-24-00002 For Malaysia Healthcare Professionals only

An educational initiative by:
HALEON healthpartner

MOLAR INCISOR HYPOMINERALISATION (MIH): A COMPREHENSIVE JOURNEY FROM DIAGNOSIS TO TREATMENT

8 May 2024 (Wednesday) 20:30 - 22:00

Speaker: **Dr. Sharifah Wade'ah Wafa bt. Syed Saadun Tarek Wafa**
BSc Biomedical Sc (Hons) (BAM), DDS (UNPAD), MSc(PhD)(Dent)(RCSI), PGDent(PhD)(Dent)(RCSI), MRDent(Cons) RCSI (S)Dent

Molar incisor Hypomineralisation (MIH) presents unique challenges in the dental field requiring a careful and comprehensive approach for optimal patient care. This webinar is designed to guide dental professionals and through the step-by-step process of handling MIH, from the initial diagnosis to effective treatment strategies.

REGISTER NOW

Watch the live webinar and **WIN EXCLUSIVE PRIZES!**

PM/AFY-NCBR-24-00005 For Malaysia Healthcare Professionals only

An educational initiative by:
HALEON healthpartner

ORTHODONTICS & TEETH SENSITIVITY: IDENTIFYING & ADDRESSING THE PROBLEMS

12 Dec 2024 (Thursday) 20:00 - 21:00

Speaker: **Dr. Darsha Meyyappan**
Specialist Orthodontist, Senior Lecturer
BDS, MRCSEd, MOrthDent, MRCSEd(Ortho) UKM

In this webinar, we will explore the relationship between orthodontic treatment and tooth sensitivity, focusing on common issues that can arise during and after braces and aligner treatment. Attendees will learn to understand the causes of tooth sensitivity related to orthodontics, including improper force application, enamel damage, root exposure and periodontal problems. We will also cover the management strategies to address these problems, ensure patient comfort and successful outcomes. The webinar is ideal for dentists offering orthodontics and are seeking to enhance their understanding of orthodontic complications and improve patient care.

REGISTER NOW

Watch the live webinar and **WIN EXCLUSIVE PRIZES!**

PM/AFY-NCBR-24-00028 For Malaysia Healthcare Professionals only

An educational initiative by:
HALEON healthpartner

BEYOND THE ACHE: ADVANCED INSIGHTS AND SOLUTIONS FOR DENTINAL HYPERSENSITIVITY IN GENERAL DENTISTRY

19 Sept 2024 (Thursday) 20:30 - 22:00

Speaker: **Prof. Dr. Betsy S Thomas**
MDS, MDS, RCSEd(Glasgow), MBA (EdU,Agent)

Dentinal hypersensitivity is a common yet often challenging condition encountered in general dentistry, affecting a significant portion of the adult population. This presentation, 'Beyond The Ache: Advanced Insights and Solutions for Dentinal Hypersensitivity in General Dentistry', delves into the latest research and understanding of the aetiology and pathophysiology of this condition. The talk will highlight on advanced treatment modalities, including both in-office and at-home solutions, that have shown promise in managing and alleviating symptoms effectively. By the end of this session, attendees will be equipped with cutting-edge knowledge and tools to better serve patients suffering from dentinal hypersensitivity.

REGISTER NOW

Watch the live webinar and **WIN EXCLUSIVE PRIZES!**

PM/AFY-NCBR-24-00025 For Malaysia Healthcare Professionals only



Through a generous collaboration with Doctor Shield various medico-legal webinars were organised to champion awareness, understanding, and the vital importance of maintaining proper indemnity insurance.

Season 2

DOCTOR SHIELD CHUBB DOBBS

Worrying trends in Medical Malpractice Cases?

- Non delegable duties – consequences to practitioners and owners
- Aggravated damages – how to guard against it
- Spiralling events of damages – adequacy of insurance coverage

Sreether Sundaram
Advocate & Solicitor
in Azman Davidson & Co

WED 8 PM, 27th JULY 2024 CPD Point Awarded Stay Tuned

www.dobbs.my/medicolegal-cme/



Season 2

DOCTOR SHIELD CHUBB DOBBS

Dental Negligence: Case Studies and Practical Advise on Minimising or Mitigating Incidences of Negligence

- What constitutes dental negligence
- Minimising incidences of negligence
- Measures to mitigate damage in the event of negligence
- Communicating with insurers when a negligent event occurs
- Case studies

Chrisanthini Sebastiampillai
Partner at S Chrisanthini & Co

WED 8 PM, 27th MARCH 2024 CPD Point Awarded Stay Tuned

www.dobbs.my/medicolegal-cme/



DOCTOR SHIELD CHUBB DOBBS

Season 2

Non Delegable Duty: Recent Developments

Friday 8 Pm, 26th April 2024
CPD Point Awarded

Sharmini Navaratnam
Advocate & Solicitor
in Siva Dharma & Associates

www.dobbs.my/medicolegal-cme/




Season 2

DOCTOR SHIELD CHUBB DOBBS

Aggravated Damages

- What is aggravated damages
- How is aggravated damages assessed
- How to minimise aggravated damages
- Apex court precedents

Ms. Vivegarubani
Partner at Jhari Vivega

WED 8 PM, 20th MAY 2024 CPD Point Awarded Stay Tuned

www.dobbs.my/medicolegal-cme/




Season 2

DOCTOR SHIELD CHUBB DOBBS

Medical Negligence: Do Doctors Face Unlimited Liability?

1. Understanding unlimited liability
2. Factors affecting liability
3. Choosing the right sum insured

Felix Raj
Founding Partner of
Felix Raj Chambers

Japhire Gopi
Founder & CEO
Doctorshield

WED 8 PM, 27th NOVEMBER 2024 CPD Point Awarded Stay Tuned

www.dobbs.my/medicolegal-cme/





Season 2

DOCTOR SHIELD CHUBB DOBBS

Protecting Your Practice: Understanding and Preventing Negligence in General Practice

- Medicolegal Obligations
- Legal Risk Mitigation
- Best Practices

Genevieve Vanniasingham
Associate, Rosli Dahlan Saravana
Partnership

WED 8 PM, 18th DECEMBER 2024 CPD Point Awarded Stay Tuned

www.dobbs.my/medicolegal-cme/






7th MPDPA ASEAN DSA CONGRESS & TRADE EXHIBITION 2024



#1 DSA

**Sunday
25th Feb. 2024
Armada Hotel,
Petaling Jaya.**

- LUCKY DRAWS
- PERSONAL STYLING WORKSHOP
- CERTIFICATE OF PARTICIPATION






**...Busy traders on site
Haleon, Pureen &
Systema**



Guest Speakers For The Day...



Mr. Mohd Hafez Bin A. Hamid from Bank Islam Malaysia Berhad presenting his talk on 'Scammers'



Ms. Vivien Ong from Haleon, giving her talk on "Sensitivity: Impact On Patient Quality of Life and Management."



Ms. Loretta Lucia Kwek conducting a body image workshop on "Whats Your Personal Style ?"



Associate Prof. Dr. Rohaida Abdul Halim, Consultant Paediatric Dentistry presenting her topic on 'The Art of Managing Anxious Dental Patients'









The event was greatly attended by 114 DSAs from Private Clinics, Universities, MOH and DSAs from other ministries as well. It was a great success and we thank everyone for their participation and support.





The event was well attended, with a total of 160 participants and 12 companies exhibiting a diverse range of products. Our main sponsors, Pureen, Doctor Shield, Haleon, and Megagen, contributed significantly to the exhibition.

The conference featured three distinguished keynote speakers:

- Dr. Henry Ho from Singapore,
- Dr. BVJ Vikas from India, and
- Dr. Jeanette Chua from Malaysia.

Additionally, four more experts delivered lectures on a variety of topics:

- Prof. Dr. Norliza Ibrahim
- Dr. Sharifah Tahirah
- Dr. Perlin Loke
- Dr. Stephanie Ho

The committee hosted a dinner for the speakers and sponsors on May 18, 2024, at the Unique Seafood Restaurant in Petaling Jaya. This gathering was also attended by a number of conference participants, fostering networking and camaraderie.

On Day 2 of the conference, a well-received panel discussion on “Legal Hurdles in Dentistry: Protecting Your Practice” was held. The session was conducted by Mr. Sreether (lawyer) and Mr. Japphire Gopi (CEO of Doctor Shield), sparking valuable discussions among participants. The conference concluded with the announcement of the winners of MPDPA’s first e-poster and video competition being announced, which aimed to educate the public on various aspects of oral health and dental care. Prizes were awarded to the creators of the top three posters.

2 Days Trade Exhibition



MAIN SPONSORS :

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SC DENTAL SUPPLY SDN BHD

(17080374)





MDPC 2024 marked our first two-day conference and it was a resounding success. We could have not achieved this milestone without the steadfast support of our Members, Traders, and Friends of the Association.









NO! TO **FAKE** BRACES & VENEERS

WHAT ARE FAKE BRACES?

Non-genuine braces look alike (fixed orthodontic appliance) that are fixed to the teeth by untrained & unqualified individuals.



WHAT ARE FAKE VENEERS?

Coverings that are fitted over the front surface of the tooth without proper evaluation by unqualified operators.



BEWARE OF ~~FAKE~~ FASHION

R R I S S K K K



HOW?

TO DETECT??



Cheap metal / porcelain usage may contain harmful substances such as lead which are toxic to the human body.

Usage of nonsterile instruments causes risk of spread of infectious diseases such as HIV, Hepatitis, TB & etc



Creates excessive & uncontrolled force that causes unwanted tooth movement leading to bone loss & eventually loose teeth

Due to improper hygiene monitoring, patient may develop extensive tooth decay, gum infections & bad breath



Will create an uneven bite, that will lead to difficulty in chewing & TMJ (temporo mandibular joint) problems

Operator should be certified dental professional with valid APC.
Not by beauticians



Location should strictly be done at dental clinics only.
Not at hotel, spa or home service

Price should be within normal range.
Should not be too cheap to be true





What are Dentures?

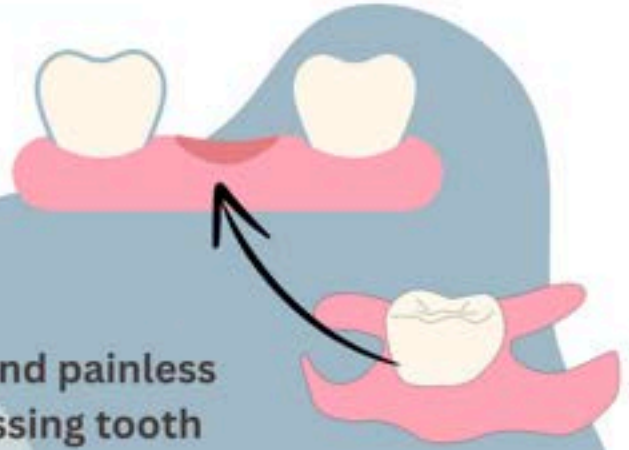
Basically a removable plate or frame holding one or more artificial teeth.

WHY DENTURES?

cheapest, simplest and painless way to replace a missing tooth

low maintenance and requires a 6 monthly routine check up

replaces your face support while maintaining your facial structure preventing you from looking older



Before & After



How dentures are made



Dentist takes an impression



The plaster is removed



Model is placed in an articulator



Technician carves the wax



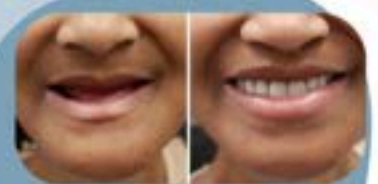
Denture is set in a flask



Technician trims and polishes the denture



Your dentures are ready!



Teeth Grinding/Bruxism

NO

BRUXISM?

Involuntary clenching, grinding & gnashing of the teeth that usually happens during sleep



CAUSES



ANXIETY



ANGER



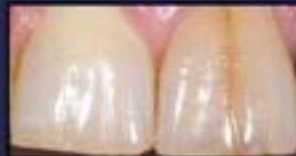
MAL-OCCLUSION



STRESS

SIGNS & SYMPTOMS

CHIPPED/
CRACKED TEETH



WORN TEETH
SURFACE



JAW PAIN



TROUBLE
SLEEPING



GUM BLEEDING/
GUM RECESSION



Therapy

MOUTH GUARD

Protects your enamel and stabilises lower jaw



CROWNING ON WORN OUT TEETH

Covers damaged teeth entirely

MEDICATIONS

Muscle relaxant before bed time as temporary solution



FIND TIME TO RELAX

Yoga, exercise, meditation



DIABETES AND ORAL HEALTH : A TWO-WAY STREET

DIABETICS ARE MORE SUSCEPTIBLE TO INFECTIONS

This puts diabetics at an increased risk of getting gum disease



DIABETICS WITH GUM DISEASE THAT RECEIVE FREQUENT DENTAL CARE ARE HEALTHIER WITH LOWER BLOOD GLUCOSE LEVELS

DENTISTS ARE TRAINED TO DIAGNOSE AND SPOT WARNING SIGNS OF DIABETES



1 IN 5 CASES OF TOOTH LOSS IS LINKED TO DIABETES

- Visit the dentist - they can prevent and treat side-effects

KEEP YOUR TEETH AND GUMS STRONG

- Keep blood glucose levels under control
- Maintain good oral hygiene - brush and floss daily



Smile bright with proper dental care



ORTHODONTICS 101

WHAT IS MALOCCLUSION??

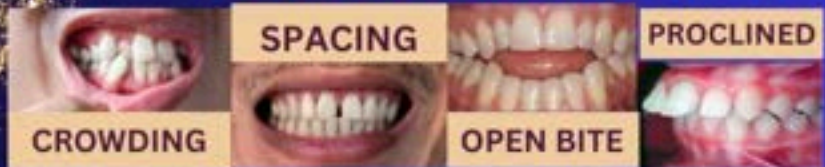


A condition where there is deflection from the normal relation of teeth to other teeth of the same arch and or to the opposing arch

-Gardiner, White & Leighton-

Almost 37% Malaysians & nearly 56% worldwide population face malocclusion problems !!

COMMON PROBLEMS!

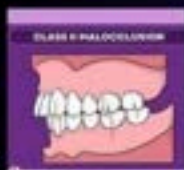


and **Enjoy** the **RIDE**

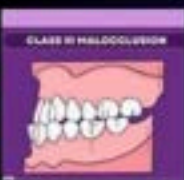
CLASSIFICATION



CLASS I MALOCCLUSION
Normal molar relationship. MB cusp of upper 1st molar occludes on MB groove of lower 1st molar.



CLASS II MALOCCLUSION
Forward position of the maxilla to the mandible. DB cusp of upper 1st molar lies forward on MB groove of lower 1st molar



CLASS III MALOCCLUSION
Forward position of the mandible to maxilla. MB cusp of upper 1st molar lies distal to the MB groove of lower 1st molar

TREATMENT OPTIONS :



Fixed orthodontic appliance



Aligners

GROWTH MODIFICATION



Herbst appliance



Twin Block



Frankel

ORTHOGNATHIC SURGERY



BSSO
Maxillary advancement
Genioplasty

DENTURE WORLD



WHAT ARE DENTURES

Dentures are removable oral appliances that replace missing teeth. There are many types of dentures, including full, partial and implant-supported dentures. With proper care and maintenance, the average lifespan of a denture is seven to 10 years.



BENEFITS OF DENTURES



1. Improve chewing function
2. Enhanced appearance
3. Improve speech function
4. Increased confidence and self-esteem



RISKS OF NOT KEEPING YOUR DENTURE CLEAN

1. Stains
2. Plaque build-up
3. Deterioration of quality
4. Bad Breath



HOW TO CLEAN DENTURES

1. RINSING

- Regularly rinse your denture.

2. BRUSHING

- Brush your denture using a soft-bristled toothbrush

3. SOAKING

- Soak in warm water & a denture cleaning solution

4. DENTAL CHECK-UP

- Visit your dentist for checkup & receive advice to maintain your denture



DENTAL MANAGEMENT IN AUTISTIC CHILDREN



What is Autism Spectrum Disorder?

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterised by impairments in communication, behaviour and social function. This impairment begins in childhood and has varying levels of severity.

RECOGNISE
the PROBLEM



Clinical manifestations

- Child avoids / doesn't keep an eye contact
- Child does not respond to name by 9 months of age
- Child does not use words or gestures to communicate
- Child makes repetitive movements and noises
- Child strictly follows daily routines and gets upset if it changes

Oral manifestations

- Poor oral hygiene
- Gingivitis
- Dental caries
- Self Injuries; tongue / cheek biting
- Tongue thrusting
- Non nutritive chewing
- Bruxism



Management

- Tell-Show-Do technique - tell the child that you are going to brush. his/her teeth, by demonstrating to them. Perform oral care on them slowly and gently.
- Plan appointment to make child comfortable with operator, staff and dental settings.
- Start dental check up with fingers and keep away dental examination set.
- Provide visual supports e.g. (First I count your teeth, then you can go home and reward the patient).
- Same operator and appointment time recommended each visit.
- General anaesthesia if child needs more complex treatment.
- Anti-anxiety medications if child is too anxious prior to dental visit.



Implants

What are implants ?

A procedure that replaces tooth roots with a 'screw-like posts' and replaces damaged or missing teeth with artificial teeth that look and function like real ones.

Implant



Implant Checklist ?

- Have missing teeth
- A jawbone that's reached full growth
- Adequate bone to secure the implants
- Able to have a bone graft
- Have healthy oral tissues
- No health conditions that will affect bone healing
- Are unable or unwilling to wear dentures

Procedures !



Damaged tooth removed



Jawbone preparation (grafting), when needed



Dental implant placement



Bone growth and healing



Abutment placement



Artificial tooth placement



Post-operation

- Swelling of your gums and face
- Bruising of your skin and gums
- Pain at the implant site
- Minor bleeding



NAVIGATING DENTAL CARE THROUGH THE AGES



1

0-2 YEARS

- Wiping gums with soft cloth
- Supervised brushing
- 1st Birthday = 1st Dental Visit



2

3-5 YEARS

- Encouraging good oral hygiene habits.
- Supervised brushing with pea sized toothpaste
- Monitor & Stop 'sucking' habits



3

6-11 YEARS

- Transition to adult toothpaste (pea sized)
- Dental treatment options include : fissure sealants and interceptive orthodontics
- School Dental Visits



4

12-16 YEARS

- Beauty & aesthetics become of concern
- Dental sports injuries
- Orthodontic treatment
- Wisdom teeth removal



6

SENIOR CITIZENS

- Preservation & restoration of good dentition main focus
- Multi-disciplinary dental treatment may be required
- Dental issues associated with medical illness



ADULTS

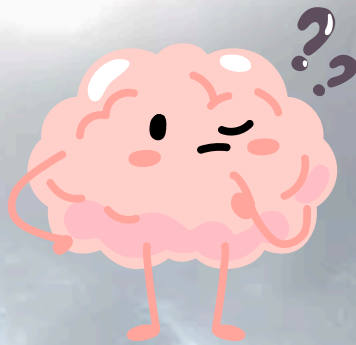
- Preservation of good dentition
- Multi-disciplinary dental treatment may be required
- Pregnancy Gingivitis
- Dental issues associated with medical illness



5



TRIVIA



Questions

TRIVIA TIME with



DR WONG FOOT MEOW

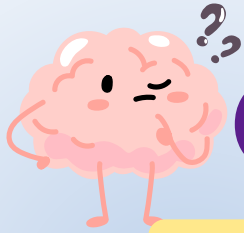
CONSULTANT ORAL MAXILLOFACIAL SURGEON

BDS(MAL), FDSRCPS (GLASG), AM (MAL), NSR, FICOI

MEDICAL COMORBIDITIES AND THE MALAYSIAN PRIVATE DENTAL PRACTITIONERS

Malaysian Private Dental Practitioners require sound knowledge and skills in medicine to treat their patients effectively. They need to be able to take a good medical history on major medical comorbidities and also be able to assess those at particular risk needing special considerations. Examples include patients with heart problems, diabetics, women who are pregnant and those with medical comorbidities and psychiatric disorders. Many patients have dental problems which are part of the patient's general condition or as a result of medications ingested for lifestyle diseases. In addition, many Malaysians, especially the elderly, are on drugs for a variety of conditions and it is imperative that Malaysian private dental practitioners know something of the pharmacology of these medications e.g., antidiabetic medications, anti-coagulants, immunosuppressive agents, antihypertensive agents, lipid-lowering drugs, and analgesics. Additionally, quite a number consume medications for respiratory conditions like asthma, and some for pain and Musculo-skeletal issues.

The President of MPDPA had requested for evidenced based articles to extend to MPDPA members clinical acumen, as the need for advancement, Continuing Dental Education and self-evaluation should be part and parcel of a dentist's practicing life. Accordingly, please read this article with a spirit of self-assessment to widen your dental horizon.

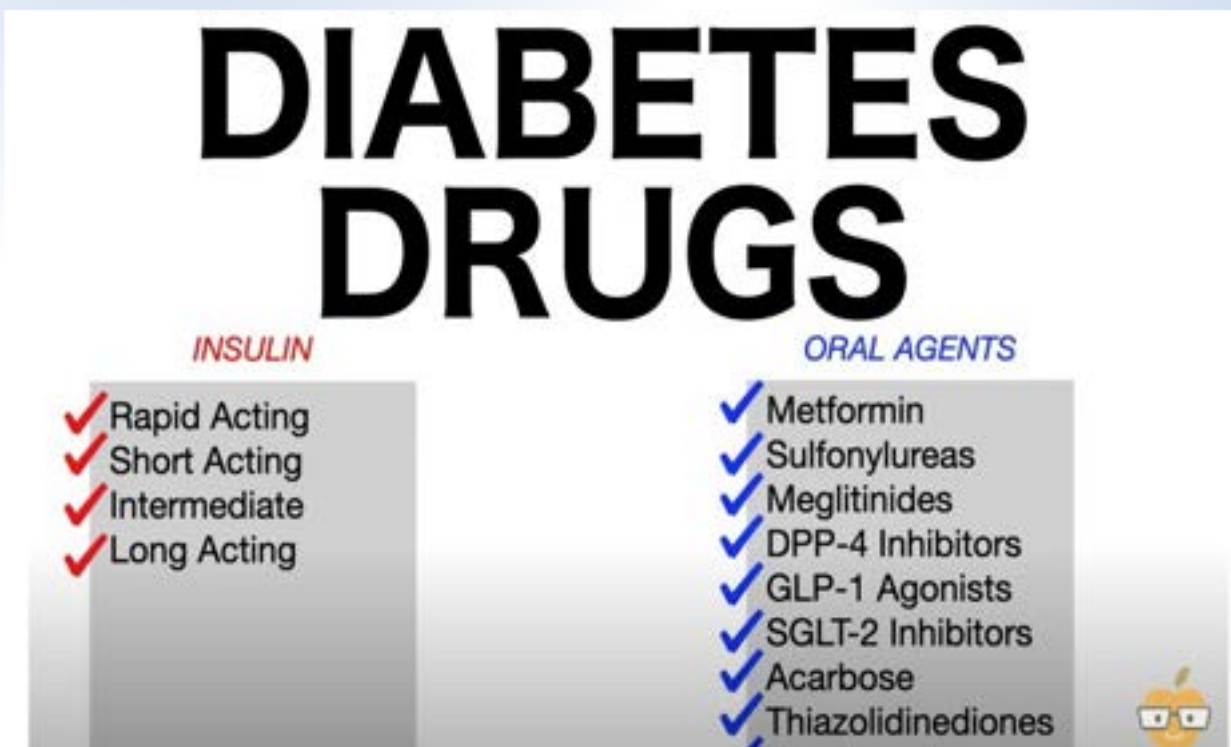


QUESTIONS...



Diabetes and the Malaysian Private Dental Practitioner

1. What is the prevalence of diabetes in Malaysia?
2. What medications do diabetics take in Malaysia?



RAPID-ACTING INSULINS INCLUDE HUMALOG (LISPRO). SHORT-ACTING INSULINS INCLUDE HUMULIN R AND NOVOLIN R (REGULAR INSULIN). INTERMEDIATE-ACTING INSULINS INCLUDE HUMULIN. LONG-ACTING INSULINS INCLUDE LANTUS (GLARGINE), LEVEMIR (DETEMIR), AND TRESIBA (DEGLUDEC)

IN MALAYSIA, THE MOST COMMONLY USED DIABETES DRUG, ESPECIALLY FOR TYPE 2 DIABETES, IS METFORMIN. IT IS THE FIRST MEDICATION PRESCRIBED FOR NEWLY DIAGNOSED DIABETICS OR THOSE WITH MILD HYPERGLYCEMIA. SULPHONYLUREAS (LIKE GLIPIZIDE AND GLIMEPIRIDE) ARE ALSO FREQUENTLY USED.

Fig 1 -Types of antidiabetic drugs used in Malaysia

3. How does diabetes affect dentistry?



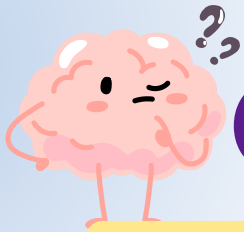
Fig 2 – Diabetic complications

4. How can a diabetic patient cooperate with the dentist?

5. What complications commonly occurs in diabetics after dental treatment?



Fig 3-Serious complications resulting from uncontrolled diabetes



QUESTIONS...



Blood Thinners and the Malaysian Private Dental Practitioner

1. What are blood thinners?

Brand Name	Chemical Name	Drug Class
Aggrenox®	Dipyridamole/ASA	Antiplatelet
Arixtra®	Fondaparinux	Anticoagulant
Brilinta®	Ticagrelor	Antiplatelet
Coumadin®	Warfarin	Anticoagulant
Heparin	Heparin	Anticoagulant
Effient®	Prasugrel	Antiplatelet
Eliquis®	Apixaban	Anticoagulant
Plavix®	Clopidogrel	Antiplatelet
Pletal®	Cilostazol	Antiplatelet
Pradaxa®	Dabigatran	Anticoagulant
Ticlid®	Ticlopidine	Antiplatelet
Xarelto®	Rivaroxaban	Anticoagulant

Fig 4- Be familiar with the common ones used in Malaysia

2. What blood thinners are taken by Malaysians and why?

3. What do you know about blood thinners protocol in dental extractions?



4. What are the issues and protocol that dentist face with blood thinners?



Fig 6 - Protocol should be followed to avoid life-threatening situations which can be prevented.



Fig 7 - Prevention of bleeding in patients with blood thinners.

**5. What is wrong with this patient's hands?
Why do some diabetics take blood thinners?**



Fig 8 – Important medical observation.



QUESTIONS...



Bisphosphonates and the Malaysian Private Dental Practitioner

1. What are bisphosphonates?

Why and how are they troublesome for dentists?

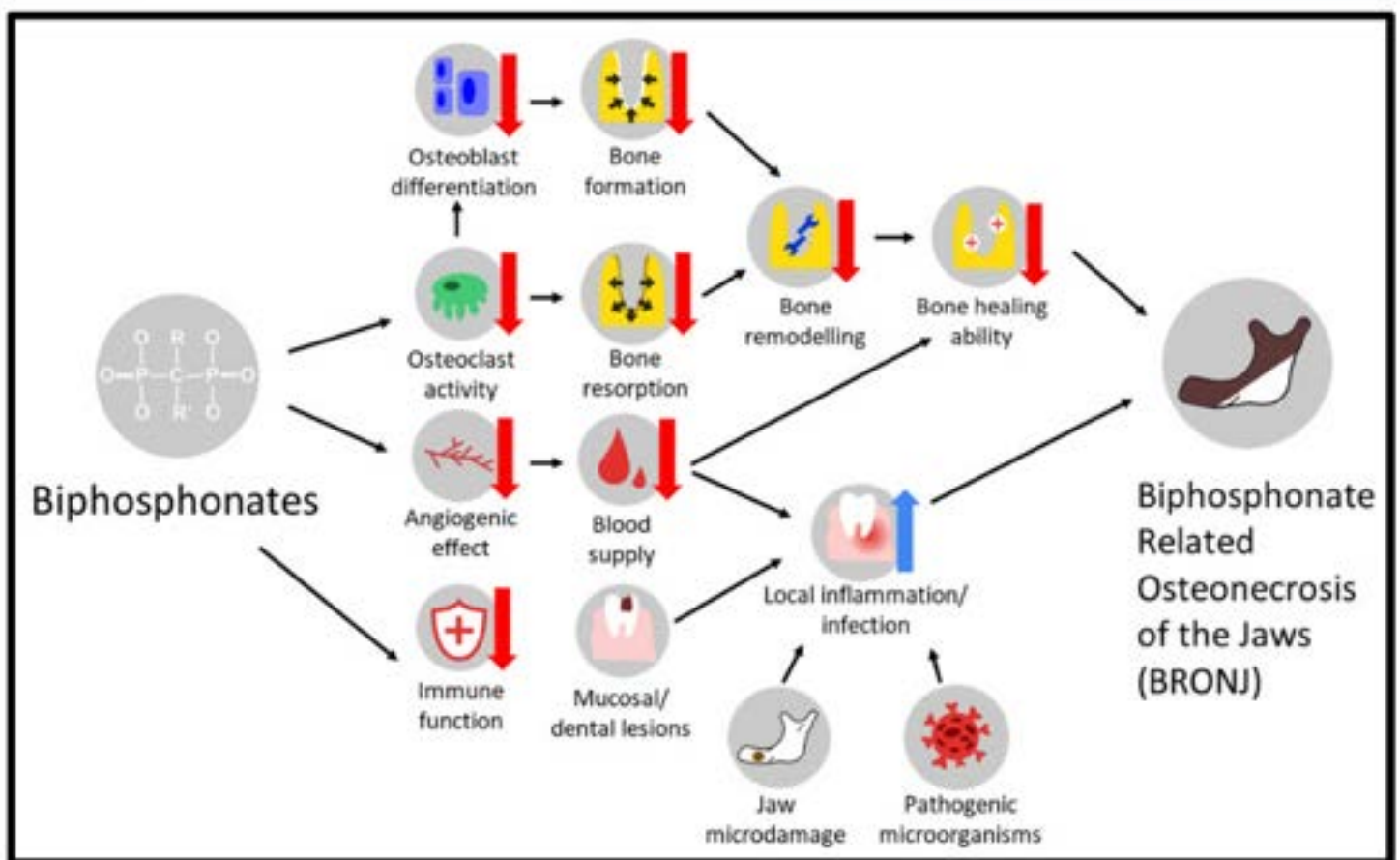


Fig 9 - Pathogenesis of osteonecrosis of the jaws.

2. What bisphosphonates prescribed in Malaysia are likely to cause osteonecrosis of the jaws?

3. Is it commoner in the upper or lower jaw?



Fig 10- Pus galore in ONJ of maxilla.

4. What are the symptoms of ONJ?



Fig 11- Florid presentation of ONJ of anterior mandible

5. What are the risk factors for ONJ?

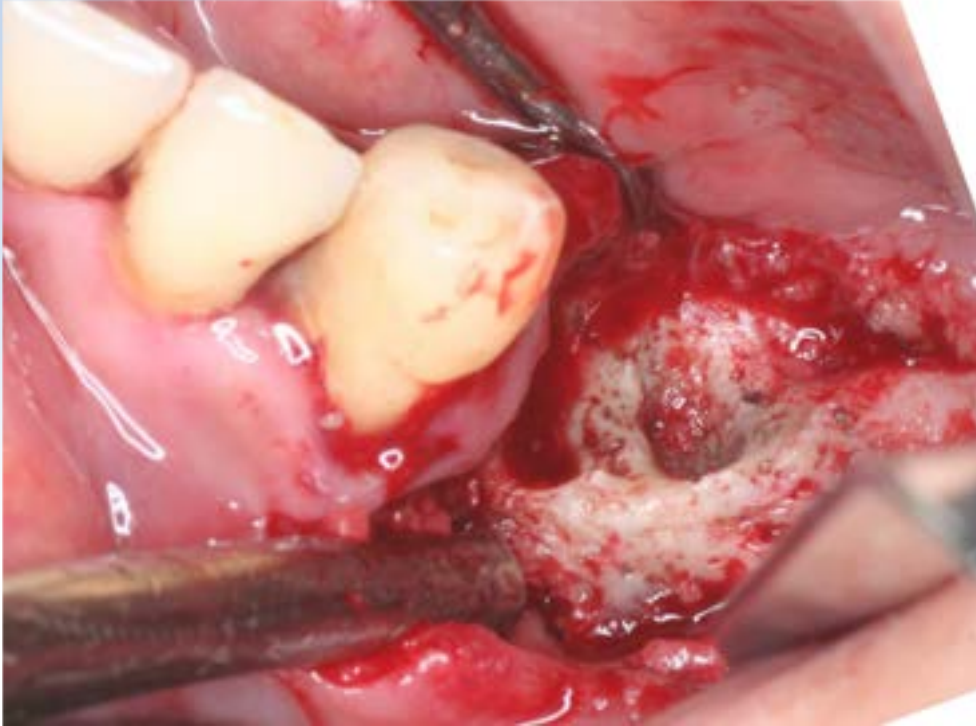


Fig 12 -ONJ of posterior mandible

1

6. Why is prevention and management of ONJ in dental treatment important?

The images in this article were chosen at random from the author's personal collection. Readers' may well disagree with some of my answers, but I hope that the images will prove stimulating and encourage reference to dental literature to check controversial points. It is my hope that everyone had taken pleasure in attempting this quiz and get entertained at the same time.

Scroll / Swipe To The End Of For Answers To This Trivia Series

MPDPA GP LECTURE SERIES 03/2024

Are You Prepared If A Medical Emergency Occurs In Your Clinic ????



FIRST AID

FIRST AID, CPR & AED TRAINING & WORKSHOP



A Comprehensive Certified Workshop

Get certified in Just One Day !

Trained By A Certified Instructor

Associate Professor Dr.Haji Abdul Ali

- Head, Unit of Emergency Medicine, Anesthesia and Critical Care
- Director, MAHSA Centre for Clinical Skills Education and Training
- Head, Unit of Paramedical Science Programme

**SUNDAY
31st March 2024**

**Sunway Lagoon Club,
Petaling Jaya.**





MPDPA places utmost importance in organizing Basic Life Support and CPR Course for its members, non members and for public to attend as well. It is essential that every Practitioner is well-equipped to perform CPR and be able to manage medical emergencies. In line with this commitment, 2024 marked our first initiative to conduct a Certified BLS training programme as part of our CPD-accredited programme.





Associate Professor Dr.Haji Abdul Ali

- Head, Unit of Emergency Medicine, Anesthesia and Critical Care
- Director, MAHSA Centre for Clinical Skills Education and Training
- Head, Unit of Paramedical Science Programme





**HELLO
PERAK- IANS!**

PERAK

**WE WANT TO
MEET YOU!**



23 JUNE

**KINTA RIVERFRONT,
HOTEL & SUITES, IPOH**



IPOH
PERAK

OPEN DAY

The objective of Open Day is to showcase MPDPA's mission in action. It highlights our achievements, introduces our team, and connects with potential members who share our values. It is our way to inspire interest, encourage sign-ups, and grow a stronger, more united membership.

MPDPA IN IPOH



MPDPA GP LECTURE SERIES 08/2024

MPDPA COMING TO IPOH!

Empower Your Practice

DENTAL VENEER

Hands-On Workshop FOR DENTISTS

** WITH PRE-FABRICATED VENEERS

EARLY BIRD DISCOUNT

23 JUNE
SUNDAY
9 AM - 5 PM

EXCLUSIVE TAKE HOME KIT
M1100 MPDPA MEMBER
M1300 NON MEMBER

KINTA RIVERFRONT HOTEL, IPOH.

Dr Shariffah Shuriana
Consultant Prosthodontist

REGISTER HERE

WE ACCEPT VISA

** Limit To 20 Pax Only!
** Enquire for full programme & google form to register

WhatsApp To Register 012 5067 911 (Dr Ashmi Wong)

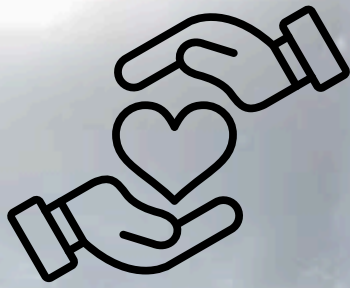






2024

CSR INITIATIVES





A CSR donation of stationery, books, board games, and sports equipment was made to the BRDB Rotary Children's Residence in aid of supporting the educational and recreational needs of the children.

A CSR Initiative by MPDPA

➔ **MASTERING**

SOCIAL MEDIA

ETHICALLY

➔ **CODE OF PROFESSIONAL CONDUCT**

➔ **OPEN DISCUSSION**

&

**WITH THE SECRETARY AND
ENFORCEMENT OFFICER OF THE MDC**



Dr. Nurul Syakirin
*Dental Public Health Specialist
Secretary
Malaysian Dental Council*



Dr. Haznita Zainal Abidin
*Deputy Director
Legislation & Enforcement Unit
Oral Health Division
Ministry of Health, Malaysia*



Mr. Japhire Gopi
*Founder & CEO
JA Assure Sdn Bhd
Doctor Shield*

**21 JULY
2024**

The iSpace,
Plaza VADS, Level 21,
Jln. Tun Mohd. Fuad
TTDI, KL.

9.00-4.30 PM

The Malaysian Private Dental Practitioners' Association (MPDPA) organized a CSR initiative aimed at educating and equipping dentists with the required knowledge to navigate the evolving landscape of social media, uphold the Code of Professional Conduct, and engage in a transparent dialogue with representatives from the Ministry of Health (MOH). The event was highlighted by an interactive session with the MOH Secretary , Dr. Nurul Syakirin , Dental Public Health and MDC Secretary and Dr. Haznita Zainal Abidin, Deputy Director, Legislation & Enforcement Unit , Oral Health Division, Ministry of Health, Malaysia.

The seminar was attended by 80 participants consisting of dentists, social media managers, clinic administrative staff and DSAs.

Objectives of the Initiative were to provide guidelines and best practices for Private Dental Practitioners on using social media platforms without breaching patient confidentiality or professional standards and to create a platform for an open discussion with the MOH to clarify legal responsibilities, enforcement, and the role of Private Practitioners in safeguarding public health.

Mastering Social Media Ethically by Dr. Nurul Syakirin , Dental Public Health and MDC Secretary

The session began with an in-depth seminar on mastering the use of social media while remaining compliant with the ethical guidelines outlined by the Dental Act. Emphasis was placed on avoiding misleading information, patient confidentiality, self-promotion vs professionalism and striking a balance between maintaining an online presence and avoiding over-commercialization of services.

Code of Professional Conduct by Dr. Nurul Syakirin , Dental Public Health and MDC Secretary

A detailed review of the Code of Professional Conduct was presented, stressing the importance of maintaining high professional standards. Practitioners were reminded of honesty and integrity, competence and care: ensuring the highest quality of care while respecting patients' rights, legal obligations: Complying with local and international legal frameworks governing dental practices.

Open Discussion with Dr. Nurul Syakirin , Dental Public Health and MDC Secretary and Enforcement Officer, Dr. Haznita Zainal Abidin, Deputy Director, Legislation & Enforcement Unit , Oral Health Division, Ministry of Health, Malaysia

This interactive session provided a unique opportunity for Private Dental Practitioners to discuss the challenges they face, particularly concerning regulatory compliances.







We hope this CSR initiative successfully raised awareness and provided clear guidelines for Private Dental Practitioners to master social media ethically, adhere to their professional code of conduct, and foster stronger collaboration with the MOH. This initiative sets a precedent for ongoing education and dialogue between Private Practitioners and regulatory authorities.



MPDPA GP LECTURE SERIES 6/2024



Revolutionizing
Orthodontics Through
Passive Self-Ligating
Appliance

Understanding and
Treating Gummy Smiles:
Challenges and Solutions



By : Dr. Yeoh Chiew Kit
Orthodontist



By : Dr. Manveen Singh
Orthodontist

SUNDAY
22nd
Sept 2024

AVANTE Hotel,
Bandar Utama



CPD POINTS
APPROVED
A2 Category

A collaboration with Calmal for a one-day Orthodontic CPD Seminar.



calmal

Ormco™
Driving the Future of Orthodontics
together









Members' Night isn't just another date on the calendar.

It's our chance to:
Reconnect with old friends (and finally figure out who's behind those WhatsApp profile pictures), celebrate the people who keep this Association alive — you! and we get to unwind after months of meetings, deadlines, and being “Professional Adults”. Most importantly to welcome new faces into the tribe.


KAVIN JAY
COMEDIAN

"A Radiant Night"
DINNER &
MEMBERS NIGHT

28 SATURDAY
SEPT 2024
TROPICANA GOLF & COUNTRY
RESORT

DRESS CODE : FORMAL ATTIRE

Lucky Draws

DINNER TICKET : RM 160 / PER PERSON
DINNER TABLE (10PAX) : RM 1500

Dr. Rubini Anas 016 3782 184
Dr. Jayaseel 012 670 0864

****complimentary corkage for all guests**



A night where the only agenda is food, fun, and zero PowerPoint slides.







Lucky draw gifts
graciously
sponsored by
Doctor Shield in
support of our
event.



Lucky draw gifts graciously sponsored by Doctor Shield in support of our event.







Because an Association isn't just about meetings and minutes – it's about people

To strengthen the very heart of MPDPA – our members!

Members' Night gives us space to reconnect, welcome new faces, build friendships, and foster the sense of belonging that no meeting room can create. Strong relationships builds a strong Association.





An Association runs on teamwork, shared experiences, and strong relationships — and nothing builds that better than laughing together over a great night out.











A CSR Initiative Project :

Providing support to Madam Jaymee, a homebaker & homemaker caring for her critically ill husband. To aid her family financially, home made cakes were purchased from Madam Jaymee and shared with MPDPA members for the event.





We recognize our Life Membership recipients for their significant contributions and long-standing dedication to the Association.

1. Dato Dr. Balakrishnan

2. MPDPA Past President
Dr. Haja Badrudeen

3. MPDPA Council Member
Dr. Puang Ling Liong



2024 Outstanding Service Award

The MPDPA Outstanding Service Award is presented to honour a distinguished member whose commitment, leadership, and service have significantly contributed to the advancement of the Association and the betterment of its Members.

2024 Recipient of the Outstanding Service Award was presented to MPDPA Treasurer, Dr. Rubini Arasu.













A large, realistic white tooth is the central focus, splashing water in all directions. The water droplets and spray are captured in mid-air, creating a dynamic and energetic scene. The background is a solid, light blue color. The text 'TRIVIA' is positioned above the tooth, and 'Answers..' is positioned below it, both in a bold, purple font with a white outline.

TRIVIA

Answers..

Trivia Answers..

Diabetes and the Malaysian Private Dental Practitioners

1. What is the prevalence of diabetes in Malaysia?

The prevalence of diabetes in Malaysia is alarmingly high, with nearly one in five adults diagnosed with the disease. Specifically, the prevalence increased from 11.2% in 2011 to 18.3% in 2019, according to the National Diabetes Registry Report. This means that about 3.6 million adults in Malaysia have diabetes, and a significant portion of these cases, around 49%, are undiagnosed, according to reports. The high prevalence is linked to factors like dietary choices with high refined carbohydrates, lack of physical activity, and rising obesity rates.

2. What medications do diabetics take in Malaysia? FIG 1

In Malaysia, common medications for diabetes include oral medications like Metformin, sulfonylureas, and SGLT2 inhibitors; as well as insulin injections. Metformin is often a first-line treatment, while other oral medications and insulin are used in combination or as alternatives.

A. Oral Medications: Metformin: A biguanide reduces glucose production by the liver and enhances insulin sensitivity. It's often the initial treatment for type 2 diabetes.

Sulfonylureas: These stimulate the pancreas to produce more insulin. Examples include Glipizide and Glimepiride.

B. B. Injectable Medications: Insulin: This is essential for managing type 1 diabetes and may be needed for some individuals with type 2 diabetes, especially when other treatments are not sufficient.

C. Combination Therapy: Often, individuals with diabetes take a combination of medications to achieve better blood sugar control. For example, Metformin may be combined with a sulfonylurea or an SGLT2 inhibitor.

3. How does diabetes affect dentistry? FIG 2.

Diabetes significantly impacts oral health, increasing the risk of various dental problems and hindering healing. Individuals with diabetes are more susceptible to gum disease (periodontal disease), tooth decay, and fungal infections like thrush. Poorly controlled diabetes can exacerbate these issues and make them more severe and harder to treat.

There is also an increased Risk of Dental Problems:

A. Gum Disease: Diabetes can worsen gum disease (gingivitis and periodontitis), causing inflammation, bleeding, and potential tooth loss due to damage to the supporting tissues. Notice the teeth moving apart and red florid inflamed gums.

B. Tooth Decay: High blood sugar levels increase glucose in saliva, which feeds harmful bacteria, leading to plaque buildup and cavities.

C. Dry Mouth: Diabetes can reduce saliva production, leading to dry mouth (xerostomia), which increases the risk of tooth decay, soreness, and infections.

D. Fungal Infections: Thrush (oral candidiasis), a fungal infection, is more common in people with diabetes due to higher glucose levels in saliva and weakened immune systems. The white coating of oral candidiasis can be scraped off, but it will reveal an underlying red area that may be sore and potentially bleed. The easiest and safest way to treat mild oral thrush is to use clotrimazole or nystatin, which are reliable "topical antifungal".

E. Delayed Healing: 1. Diabetes can slow down the healing process, making it more challenging to recover from dental procedures or infections. 2. Any mouth infections, including those from dental work, can take longer to heal and may become more severe. In FIG 3, deep scaling may not heal as expected and extractions in posterior commonly results in oroantral fistula formation. **Take note, please.**

4. How can a diabetic patient cooperate with the dentist?

This must always be communicated with all diabetics.

Managing Oral Health:

a. Blood Sugar Control: Communicate with health provider if in doubt. Maintaining good blood sugar control is crucial for minimizing oral health risks associated with diabetes.

b. Regular Dental Checkups: People with diabetes should have regular dental checkups to monitor their oral health and address any issues promptly.

c. Good Oral Hygiene: Practicing good oral hygiene, including brushing and flossing regularly, is essential for preventing plaque buildup and gum disease.

d. Open Communication with Dentist: The dentist must be informed about the patient's diabetes and any medications they are taking to enable the dentist to tailor dental care.

5. What complications commonly occurs in diabetics after dental treatment?

Diabetics may experience several complications following dental treatment, primarily due to impaired healing and increased susceptibility to infection. These can include delayed wound healing, increased risk of infection, and potential for fungal infections like oral thrush. Problems to look out for:

- a. **Impaired Wound Healing:**
 - i. **Delayed healing:** Diabetes can compromise blood flow and weaken the immune system, leading to slower healing of extraction sites or surgical wounds.
 - ii. **Increased risk of dry socket:** This painful condition occurs when the blood clot at the extraction site is dislodged or fails to form properly, delaying healing.
- b. **Increased Risk of Infection: Higher susceptibility:** Diabetics, particularly those with uncontrolled blood sugar, are more prone to infections due to a weakened immune response.
- c. **Gum disease: Periodontal disease,** a bacterial infection, is more common and severe in diabetics.
- d. **Wound infections:** Surgical sites, like those after extractions or implants, are at higher risk of becoming infected.
- e. **Fungal Infections: Oral thrush (candidiasis):** High blood sugar levels can create an environment in the mouth that favors the growth of *Candida* yeast, leading to thrush.
Contributing factors: Dry mouth (xerostomia), common in some diabetics, and antibiotic use can also contribute to fungal infections.
- f. **Other Potential Issues: Burning mouth/tongue:** Thrush can cause a burning sensation or soreness in the mouth or on the tongue.
- g. **Hypoglycemia:** Diabetics may experience low blood sugar (hypoglycemia) during or after dental procedures, especially if they have missed meals or have had anesthesia.
- h. **Impact on dental implants:** Diabetes can affect bone health and blood flow, potentially hindering the success of dental implants.
- i. **Extractions:** Tooth extractions, while common, require careful management in diabetics due to the potential for delayed healing and infection.
- j. **Periodontal treatment:** Gum disease treatment may be more challenging and require careful monitoring and management of blood sugar levels.

Blood Thinners and the Malaysian Private Dental Practitioners

1. What are blood thinners?

FIG 4 gives a comprehensive list. It would be in your best interest to be familiar with the common ones.

Blood thinners, also known as anticoagulants or antiplatelets, are medications that help prevent blood clots. They don't actually make the blood thinner, but rather interfere with the body's clotting process, making it take longer for blood clots to form. This can be beneficial for people at risk of developing dangerous clots that can lead to heart attacks, strokes, or pulmonary embolisms. Anticoagulants, often called blood thinners, interfere with proteins in the blood that are involved in clot formation. Antiplatelets, on the other hand, prevent platelets from clumping together to form a clot.

a. Anticoagulants:

- i. Mechanism: They slow down the body's natural process of blood clotting by targeting specific proteins in the coagulation cascade.
- ii. Examples: Heparin, warfarin, apixaban (Eliquis), and rivaroxaban (Xarelto).
- iii. Conditions treated: Atrial fibrillation, deep vein thrombosis, pulmonary embolism.

b. Antiplatelets:

- i. Mechanism: They inhibit platelet aggregation, which is the clumping together of platelets, a crucial step in clot formation.
- ii. Examples: Aspirin, clopidogrel.
- iii. Conditions treated: People who have had a heart attack or stroke, or who are at risk of developing blood clots in arteries.

2. What blood thinners are taken by Malaysians and why?

Antithrombotic medications including anticoagulants and antiplatelet medications are medications that are used to eliminate or reduce the risk of blood clots. A major concern in the management of dental patients taking "blood thinner" agent is the risk for excessive bleeding after invasive dental procedure. DOACs is a newer class of anticoagulants that act as alternatives to warfarin and may be more convenient for patients. There are currently four DOACs registered in Malaysia and available on the market. The direct oral anticoagulants (DOACs) Dabigatran, Edoxaban, Apixaban, and Rivaroxaban are sold under the brand names Pradaxa, Lixiana, Eliquis, and Xarelto, respectively. (The table below is outdated. Currently, two additional DOAC Edoxaban and Apixaban are available)

Table1. Antithrombotic medications and their indications:

Anticoagulants Medications	Antiplatelet Medications
<ul style="list-style-type: none"> • Warfarin (Coumadin) • Dabigatran (Pradaxa) • Rivaroxaban (Xarelto) <p>Warfarin Indications (recommended therapeutic range for most conditions: INR 2.5-3.5)</p> <ul style="list-style-type: none"> • Atrial fibrillation • Artificial heart valve • Left ventricular dysfunction or thrombus • History of deep vein thrombosis or embolism • History of transient ischemic attack or stroke 	<ul style="list-style-type: none"> • Aspirin • Clopidogrel (Plavix) • Ticlopidine (Ticlid) • Cilostazol (Pletal) • Dipyridamol (Persantine) <p>Aspirin Indications:</p> <ul style="list-style-type: none"> • Atrial fibrillation • History of angina of myocardial infarction • Coronary artery disease prevention • History of coronary bypass surgery • History of transient ischemic attack or stroke • Asymptomatic coronary artery disease

(Source: <http://www.rdhmag.com/>)

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Ministry of Health Malaysia currently offer the treatment options for anticoagulation therapy in direct oral anticoagulants (DOACs) such as Dabigatran, Rivaroxaban and Apixaban. The direct oral anticoagulants (DOACs) were introduced in and after 2008. There are five DOACs currently on the market: Dabigatran, Rivaroxaban, Apixaban, Edoxaban and Betrixaban. Malaysians have access only to the three listed above.

A 2022 study published in the Annals of Internal Medicine found Apixaban to be the safest blood thinner among direct oral anticoagulants (DOACs), with the lowest risk of oral and gastrointestinal bleeding. FIG 6. Life threatening bleeding can be avoided by consulting with the patient's physician.

3. What do you know about blood thinners protocol in dental extractions?

In Malaysia, the standard protocol for dental treatment involving patients on blood thinners (anticoagulants) prioritizes patient safety and involves a collaborative approach between the dentist and the patient's physician. The key is to assess the patient's specific situation, the type of dental procedure, and the type of blood thinner being used.

Key considerations and protocols:

- a. Communication is Crucial: Patients must inform their dentist about all medications they are taking, including blood thinners, before any dental procedure.**

- b. Consultation is Essential: The dentist will consult with the patient's physician to determine the best course of action, especially for procedures with a higher risk of bleeding.**

- c. Individualized Approach: There's no one-size-fits-all protocol. The approach will vary based on the type of blood thinner (e.g., Warfarin, DOACs like Dabigatran, Rivaroxaban, or Apixaban), the patient's overall health, and the complexity of the dental procedure.**

- d. INR Monitoring (for Warfarin): If the patient is on Warfarin, the dentist may require an INR (International Normalized Ratio) test to assess blood clotting ability. This is typically done 24-72 hours before the procedure if the INR is stable.**

- e. DOACs (Direct Oral Anticoagulants): For DOACs, stopping or adjusting the dose should only be done under the direct supervision of the prescribing physician.**

4. What are the issues and protocol that dentist face with blood thinners?

Procedure-Specific Guidelines:

- Routine cleanings: Generally safe to continue anticoagulation, but inform your dentist.
- Simple extractions: May require a brief hold or dose reduction of blood thinners, but this needs to be determined by the physician.
- Complex extractions or oral surgery: May require a more cautious approach, potentially involving a temporary cessation or bridging with other anticoagulants.
- Post-procedure Care: Patients may need to follow specific instructions to minimize bleeding, such as applying pressure to the extraction site, avoiding certain activities (e.g., spitting, rinsing, using straws), and potentially using medications to promote clotting. Generally speaking, as the oral cavity is accessible, life-threatening bleeding is minimized. FIG 7: Always achieve haemostasis and effect primary closure if possible. Use Surgicel ® and vertical mattress sutures as a minimum. The vertical mattress suture is a technique used in oral surgery to achieve precise tissue adaptation, evert wound edges, and distribute tension away from the suture line. It's especially useful when dealing with wounds under tension, like those created by distal buccal incisions, or when tissue flaps need to be secured to underlying structures like bone or implants.
- Emergencies: In case of excessive bleeding, the patient should contact their dentist or physician immediately.

5. Patients like this may take blood thinners? Why is that so?

In FIG 8, Slim, clubbed fingers, also known as digital clubbing, can be a sign of several underlying medical conditions, primarily affecting the heart, lungs, and digestive system. Lung diseases like lung cancer, bronchiectasis, and cystic fibrosis are commonly associated with clubbing. Heart conditions, particularly those present at birth (congenital) or those involving infections like endocarditis, can also lead to clubbing. Additionally, some gastrointestinal issues like inflammatory bowel disease and liver cirrhosis can be linked to this condition.

5. Why do some diabetics take blood thinners? FIG 5

Atrial fibrillation (AF) is one of the most common arrhythmias in elderly people. The risk of thromboembolic stroke is increased in AF patients, especially those with diabetes. Anticoagulant therapy, such as warfarin and non-vitamin K oral anticoagulants (NOACs), is recommended for diabetic patients with AF. There is double jeopardy, please take care when performing extractions in diabetics taking anti coagulants. Serious subcutaneous ecchymosis occurs. **Patient must always be forewarned.**

Bisphosphonates and the Malaysian Private Dental Practitioners

1. What are bisphosphonates? What is the pathogenesis? FIG 9.

Bisphosphonates, medications used to treat bone conditions like osteoporosis, can lead to osteonecrosis of the jaw (ONJ) in rare cases, particularly after dental procedures. This condition involves the death of jawbone tissue and can cause pain, swelling, infection, and exposed bone. While ONJ is more common with intravenous bisphosphonates used for cancer treatment, it can also occur with oral bisphosphonates for osteoporosis.

2. What Bisphosphonates prescribed in Malaysia are likely to cause Osteonecrosis of the jaws?

In Malaysia, the bisphosphonates most commonly associated with osteonecrosis of the jaw (ONJ) are alendronate, risedronate, ibandronate, and zoledronic acid when used for long-term treatment of conditions like osteoporosis or metastatic cancer. These are typically administered orally or intravenously. Oral bisphosphonates that can cause osteonecrosis of the jaws (ONJ) include alendronate, risedronate, and ibandronate. Their respective brand names are Fosamax (and Binosto) for alendronate, Actonel (and Atelvia) for risedronate, and Boniva for ibandronate.

3. Is it commoner in the upper or lower jaw? FIG 10

ONJ is more commonly found in the mandible than the maxilla. Studies indicate that approximately 65% of ONJ cases occur in the mandible, compared to 28.4% in the maxilla, with the remaining cases involving both. This higher prevalence in the mandible is often attributed to its poorer blood supply and thinner mucosa in comparison to the maxilla.

4. What are the Symptoms of ONJ? FIG 11.

Symptoms include pain, swelling, or infection in the gums or jaw, gums that are not healing, loose teeth, numbness or a heavy feeling in the jaw, and exposed bone.

5. What are the Risk factors for ONJ?

Intravenous bisphosphonates, higher doses, prolonged treatment, and dental procedures like extractions or surgery can increase the risk.

6. Why is Prevention and Management in dental treatment important?

Patients taking bisphosphonates should maintain good oral hygiene, undergo regular dental checkups, and discuss any potential dental work with their doctor and dentist beforehand. The initial treatment is a two-week course combination of Unasyn and Metronidazole. Unasyn (ampicillin sodium/sulbactam sodium) is a combination antibiotic indicated for the treatment of infections due to its efficacy in susceptible strains of in ONJ. Metronidazole is commonly used in dentistry to treat various anaerobic bacterial and protozoal infections. It's particularly effective against anaerobic bacteria, which are often involved in dental infections like abscesses and gum disease. It's often used in combination with other antibiotics or as part of a treatment plan that includes maxillary sinusitis and ONJ. For osteonecrosis of the jaws, particularly medication-related osteonecrosis of the jaw (MRONJ), a 0.12% chlorhexidine rinse (Oradex) three times a day is commonly recommended as part of the treatment. Chlorhexidine at 0.12 % is an oral antiseptic and disinfectant. It helps reduce the number of germs (bacteria) in the mouth. It can also help with mouth infections, mouth ulcers and gum disease. FIG 12. 0.12 % Chlorhexidine is important to reduce oral bacterial flora count to mitigate ONJ.

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