

EDSA

Spring Magazine 2012

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Editorial

Dear EDSA friends,

I am presenting you the spring 2012 issue of the EDSA Magazine, which is being launched during the EDSA Meeting and Congress at Thessaloniki, Greece.

This issue is keeping up with the basic structure of the previous EDSA Magazines, having articles about moments on previous EDSA projects and meetings and presenting the upcoming ones. The head article is about the new EDSA collaboration with the European Society of Dental Ergonomics (ESDE), covering an aspect on Dentistry which a lot of students are not aware of.

As the magazine is a vital part of the EDSA family, it is open to all suggestions and opinions. Any dental student may participate in it by sending their own article about dental science or about activities that involve dental students.

We hope that reading this issue will be a pleasant time and make you all feel happy to be part of the EDSA family.

Wishing you all the best,



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48th EDSA Meeting & 37th ADEE Annual Meeting

Berk Çelikkol & Ogun Çelikkol

Antalya, Turkey's tourism capital was the host of EDSA and ADEE meetings that took place between 4th-10th September 2011. From different countries all over Europe and India attended this awesome event. Antalya is the place where sea, sun, history and nature constitute a perfect harmony and which also includes the most beautiful and clearest coast along the Mediterranean so Antalya is the best place to attend a fantastic meeting. Both meetings were in Belek Town. EDSA meeting was held in Belkon Club Hotel, ADEE meeting was in Gloria Hotel which is located in the list of best 100 hotels in the world.

This year's theme was "Research and Its Impact on Dental Education". Three day EDSA sessions were very productive as always; we had working groups and also studies about EDSA Volunteer Work even if it was hard to continue the sessions after fresh break lunches in the pool.

This meeting's memory souvenirs was hangover night outs and luxury villas with private swimming pool and jacuzzi at Gloria Serenity Resort Hotel. Unforgettable parties with Red, White Clinical Clothes and Devil parties with free unlimited drinks and of course excellent EDSAvision song Contest. Congratulations to Finland for their great performance. In this meeting, we also did not forget belly dancing; all participants had dance experience with a real, beautiful belly dancer.

As LOC members, we will never be able to forget "grabbing drinks from swimming pool at nights after parties" but it was really fantastic and funny of course.

To summarize, we were left with just few words, incredible and unforgettable. Thank you to the all participants for an amazing week in Belek/Antalya. We were very anxious as LOC before the meeting for sure but we had our best week in our life. Everything was priceless like meeting, friends, unlimited drinks, luxury villas, own pools and jacuzzi...



Halfway to the top...

Mina Tägt Khodabandehloo & Ritesh Bhattacharjee



In April of 2011 EDSA joined forces with Wisdomtooth and Manipal University, with a vision to create a volunteer project available for students and dentists from all over the world. Very soon, that vision became reality as *The Amchi project* was formed.

The Amchi project has been set to take place in Ladakh, northern India. A place where traditional medicine makes up an important part of the health care, the local nuns also known as “Amchis”, are often set out to be the health care providers.



Regarding oral health, the region has lately faced some serious problems. Ladakh which just until recently was a rather isolated place, has now been discovered by outsiders. Simultaneously, refined carbohydrates have been introduced to the area resulting in rampant caries and worsened oral health amongst the locals. Three years ago, Wisdomtooth came to the region with the aim to improve the oral health of Ladakh. By teaching the local health care givers basic dental procedures as well as providing direct care, a sustainable way of bettering the oral health of the region has been set up.

Today, almost one year down the line, incredible progress has been made to the Amchi project. Thanks to several hundred mails, phone calls and meetings, the list of sponsors for the project has been steadily increasing throughout the year. Companies and corporations from all over the world have shown great generosity by donating both supplies, funding and plane tickets.

The true heroes of this project, the students from Manipal University, have not only done an amazing job finding sponsors. They have also planned an interesting and eventful programme before and after the stay in Ladakh. Besides excursions to some of India's beautiful sights, workshops and team building excersises are on the schedule.



After the project, a closing ceremony in the form of a gala dinner will be held at Manipal University.

The project is planned to be launched in the beginning of August this summer.

With over 130 applicants from 23 different countries, the selection process is now in full steam.

40 fortunate students are about to get the incredible chance to take part in an experience of a lifetime...



Power of Ergonomics

Anna Lennartsson

I'm happy to tell you that EDSA and ESDE (European Society of Dental Ergonomics) did start collaboration in spring 2011. ESDE is an organization that works for spreading information about ergonomics and to make dentists realise how important it is for our health. They also work with engineers who develop dental units and equipments, to make them more profitable for dentists to use.



The collaboration until now has consisted of the appointment of EDSA's "Officer of Ergonomics" in April 2011, where I got elected. I attended ESDE's Annual Meeting in Biberach, Germany in May 2011, where I also got a mentor, Rolf Ruijter' from the University of Groningen in The Netherlands. At the annual meeting there were many presentations about new studies, discussions, workshops and we visited the KaVo-factory from which I learned a lot about dental ergonomics.

Based on these new competences, in September 2011, I held a presentation about ergonomics for the attendants at the EDSA meeting in Antalya. Hopefully the students brought back their new skills to spread on their own universities. Basic but specialized information about dental ergonomics can always be found on ESDE's website www.esde.org.

In April 2012, the president of ESDE, Professor Jerome Rotgans, is coming to the EDSA meeting in Thessaloniki, Greece. He's going to hold a presentation "*Basics of ergonomics and Ten Golden Rules to stay healthy*" and a workshop "*What is a good dental unit and how to adopt a healthy sitting working posture during dental treatment*". I'm sure these contributions will be very beneficial for us as students and it's a great chance to learn more about this area! So you don't want to miss out on this amazing opportunity!

What is ergonomics? Ergonomics is the science to study how work assignments, work equipments and working environments affect the human body in the man-machine relationship. Following the ergonomic principle means that we should adjust our work and surrounding to make it more profitable for the humans' needs and conditions. Ergonomics deal with working positions, working movements, dental units and equipments, physical load and other factors that either direct or indirect can have an injurious effect on the health of muscles, tendons, skeleton, cartilage, ligament and nerves.

Basic disciplines are

- Techniques (Design, Safety, ICT and so on)
- Physical Ergonomics (Anatomy, Physiology, Biomechanics)
- Cognitive Ergonomics (Psychology, individual, functional)
- Environmental Factors (Work hygiene)
- Organizational Factors (Work and Organization Psychology)



Ergonomics can also be described as how to adapt the World to the possibilities of mankind.

Health problems due to work and improper ergonomic is very common in all sort of areas! In Sweden year 2008, over 70 % of all rappers of work related trouble and illness were because of load and improper position and movements. Pain and injuries in muscles, tendons and joints are the most common reasons why people are away from work. Even for students in their second practical year have complaints in a comparable dimension as some publications report.

Therefore ESDE was keen, and successful, to getting dental ergonomics included in the update 2009 of the ADEE-document "*Profile and Competences for the Graduating European Dentist*" (for its download go to <http://www.adee.org/cms/index.cfm?fuseaction=download.list>; in the document see competences 1.2, 1.4, 1.6 and 1.7). From this document of ADEE as respectful organisation we as students are able to demand, even to claim from our schools to bring in the discipline of dental ergonomics in the curriculum, to protect our health for the future as professionals.

Why is ergonomics so important for dentists?

- Throughout a working day there will be many assignments for a dentist that involves high concentrated static and repeated loads.
- The patients oral cavity is limited and the sight is usually bad. Because it's crucial for us to see what we do, it's very common that the dentist use an improper posture, like being bent forward or rotated, which principally will load the upper back, neck and surrounding structures.
- It's also very common to have locked, uncomfortable positions for back and neck and arms outstretched from the body.
- Working as a dentist will need good fine motor ability, precision and good grip strength. This precision work will principally load the arm-, hand and shoulder regions.
- Even if a dentist uses good body positions 50 % of all muscles has to be strained to be able to hold the body still and to compensate for gravity.

The most common issues for dentists

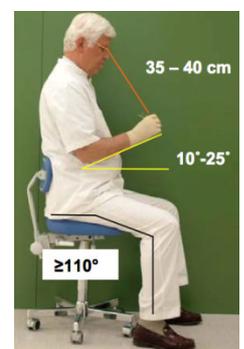
It's common that dentists use their muscles static, have musculoskeletal problems, muscular unbalance, pain and dysfunction. About 12 % of all dentist have pain and trouble with their shoulders and neck every day after work.

If you as a dentist ignore regular pain and trouble, it will just get worse and the injuries will culminate. This might in the long run lead to lower working ability and in some cases, you will have to stop working.

It's very important for us future dentists to realise that it is a very important to learn how we should work in the best ergonomic aspect and how we can minimize the risk of getting pain and injuries. It's easier to change habits now as students and to learn the right way from the beginning on, than to change routines later.

Features of an optimal, healthy posture (according to Professor Hokwerda/Groningen; go to www.esde.org for a full download from the button "publications"):

- Sitting as far back as possible in the seat to obtain a stable, upright and symmetrical posture.
- Upper arms alongside the upper body. You should minimize to outstretch the arms as much as possible, but it's ok sideward up to 15-20° and forwards within 25°. If you have the upper arms alongside the upper body, it will give support to the arms and minimize the static load of upper arms and shoulders.
- Working height adjusted properly, with the lower arms lifted from about 10-25°
- The upper body can be bent forward from the hip joints to a maximum of 10-20° but bending sideways/laterally and rotations should be avoided.
- The head can be bent forward maximally 25°
- Angle between lower and upper legs of about 110° or a little more, with the legs slightly spread. This facilitates that the dentist can sit closer to the patient, so if the dentist need to bend forward, there will be a rotation in the hips instead of the core and waist.
- Having a chair that is bent forward in 5-15 degrees makes it easier to keep the natural curves in the spine.
- Distance between working field in the mouth and eyes or spectacles normally between 35-40 cm.



- The back must be supported at the upper/backside of the pelvis so that as soon as the muscles become too fatigued to maintain an upright position of the back, the back-rest ensures that the desired upright posture can be maintained.
- Instruments are handled with the modified pen grip: with the first 3 finger bent in a round form around the instrument and the last 2 fingers resting in or outside the mouth
- The hands should only be bent 30 degrees up and 10 degrees down while working.

How should a dentist work according to the ergonomic criteria?

You should change between different types of work assignment during the day.

Avoid rotations and twisting: the design and formation of the clinic room (cabinet) makes a great difference in how much the dentist has to rotate and turn around during a working day. Placement of the tray is important as well, you should place it in a good height, so that you don't have to stretch or lift the arm too much. To place the instruments over the patient, will decrease the risk of turning around and rotate. If the dentist has to rotate, he or she should rotate the whole body and chair, not just the upper part of the body.

Micro pauses: During these micro pauses, the stiff muscles get more blood supply and time to recover. It's better to have many short pauses during the day, than few long breaks.

Use your assistant so that you don't need to move and rotate as much when you will change which instruments you want to work with. Place the tray so that there will only be healthy movement and rotations when either you or your assistant work.

Adjust your own chair: It's common to first place the patient, and then adjust your own chair after the patient's head, but you should do the reverse.

Position of the patient: Don't position the patient too high up, because that will increase the risk of having raised shoulders and arms, which will lead to static muscle tension in neck and shoulders. A good way is to use pillows to get the right height and angle of the patient's head. The patient is only there for a short time, whereas we as dentist will work for many years on. So even though it might be uncomfortable for the patient, it has to be that way!

How can we minimize the risk of getting disabled because of improper ergonomics

- Diverse training: endurance training, strength, coordination and relaxation.
- Strength exercises: musculoskeletal troubles for dentists usually starts with exhausted muscles, which will make it difficult for the dentist to keep a good posture and injuries might develop. If dentists do strength their muscles in advance, they might be able to keep a good posture for longer and by that avoid getting injuries and pain.
- Aerobic exercise: aerobic exercises, like power walking, should be performed regularly throughout the week. Musculoskeletal problems are associated with inadequate nutrition and deficits in oxygen supply to the muscles. Aerobic exercise increase the blood supply to all tissues throughout the body and improve their ability to take up and use the oxygen.
- Stretching: Stretching in the opposite direction of the prolonged static position can prevent unbalance and tightened muscles. Stretching will increase the blood and nutrition supply and the production of synovial fluid. It can be done easily in the clinic during the day. Bending your head to the sides and rolling your shoulders only takes a couple of seconds.
- Do not stress: Stress makes your muscles tensed, so it's easier to get musculoskeletal problems, especially in the trapezium muscle. If you know that you easily stress, you should schedule regular time for you to just relax and take a pause from everything. Time and task management are therefore important issues for us as students to start early.

Good luck to you all!

Learn, Live, Leuven...Why GC training?

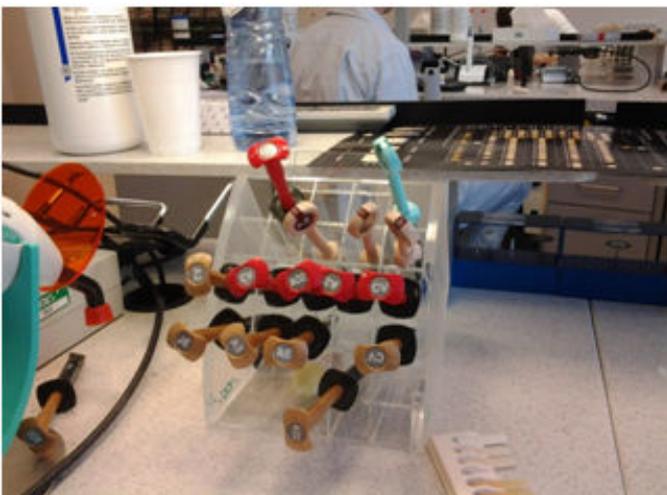
Cristina D. Balan, DMD

Sometimes you get overwhelmed by so much publicity: products, brands, technology...that you, as a young student or already dentist, don't know what to choose and are like a diabetic in a candy store. You want to try them all, see the difference, taste one by one and feel each flavour, but the big bad old issues come over again: time and money. We can make a lot; but it will never be enough in a lifetime to try all the products and brands that are on the market, never enough to try all the trainings that firms provide...so it's all about choices: to go for the best, to search for quality in order to satisfy not only the patients, but mostly yourself. To be a quality dentist, that's the goal!



So, with that in mind, I invite you to have a short imaginary trip with me at the GC Europe Campus, a beautiful new building which makes you feel modern and optimistic, surrounded by some of the best products you can use in the office.

Our host and colleague, Faro Z. from ACTA University Amsterdam, has put a lot of efforts into taking care of everything and you just have to enjoy the dental ride. Inside this unique place, the trainer Roeland De Paepe welcomes you with a warm smile, then tells the story of the components of dentine and enamel, why this aesthetic technique is better than another, why you need to remove more enamel in order to have a finer and more cosmetic restoration...and you just forget about classes and weird professors, patients and other problems and you just want to hear more and more, forget about anything else and are just there, listening and imagining yourself making perfect restorations, in a parallel universe...Ups, you forgot about the break, in which you discuss with your international colleagues from Nederland, Slovakia, Bulgaria, Serbia, Slovenia, Romania about the presentation, try the interesting Belgian food and chocolate, decide what to ask and can't wait to see the hands-on part. All this theory and new information needs to have a practical to be remembered...



So you enter the working office: white, clean and well equipped, with everything you need from technology to materials and start the training. Mister De Paepe makes strategically breaks of explaining to the white board, drawing explicitly and attentively for everyone to understand; then helps each to reach his best ability to create almost perfect restorations, mostly in the frontal area. All the materials used are from GC, from Gradia Direct LoFlo, an extraordinary flow which is considered real restorative for even III class restorations to G-coat Plus, a nano-filled protective coating that gives an excellent and natural shine. Other interesting materials used were the famous G-aenial Flowables, which are different for the low risk of air entrapment at the baseline level and economical advantage due to the residual paste in syringe less than 0.04 mL. Alongside, the normal VITA coloured syringes and composites Gradia DIRECT, new Equia for posterior restorations and G-BOND.



During lunchtime we could see better the old building of GC, where the history was written...

It all started in Japan, when a whole family put their efforts together to make a company dedicated to quality and proficiency, a long term investment of work and care. In fact the small Hana cow in a kimono, as a welcome present, makes you smile, but shows in a small way the strong link to Japanese culture and efficiency.

After some hours work expanded on 2 days of training, we all are really amazed of what our hands can do with those excellent materials, proud of our new skills of salsa dancing and Japanese food eating with chopsticks, more amiable and missing home more, but not forgetting to visit the famous Brussels before.

Not only from my point of view this experience can improve the professional level of students or even experienced dentists, but also gives a plus by being explained step by step what you have to do and which is best to do, interacting with the others, sharing ideas about old and new techniques, visiting and understanding a unique country.

GC, hartelijk bedankt (Thanks from the heart)



Discovering important practical aspects behind local anesthesia techniques

Ioana Preda

For all dental patients, the most important step to entirely trusting their clinician is to have pain-free treatment sessions. With the guarantee of a painless procedure, the regular anxious patient becomes a relaxed and confident one, the practitioner being thus able to concentrate on the other aspects of the dental treatment plan. Therefore, nowadays the golden goal for the dentist should be the thorough knowledge of both theoretical and clinical aspects of local anesthesia.



For a better understanding of this comprehensive subject, let's draw a clear demarcation line between the basic general aspects and the specific techniques of local anesthesia in Dentistry. Although a flawless technique ensures approximately 90% of the anesthesia's success, the other important as well 10% may be frequently overlooked by the beginner clinician. As in all aspects of Dental Medicine, one should pay attention even to the apparently unimportant details in order to achieving standard care results. For example, it is well documented the high importance of knowing the child-patient's favorite pet's name for good cooperation or the importance of communication with the adult patient throughout every difficult treatment step.

Every local anesthesia technique should be preceded by basic and simple, but mandatory preoperative steps. Arranged in a logical order, after sever repetitions, these steps become routine. In a simplified classification, there are the basic steps of a correctly conducted anesthesia:

- I) choosing the syringe
- II) choosing the needle
- III) handling the cartridge
- IV) preparing the patient
- V) choosing the proper technique

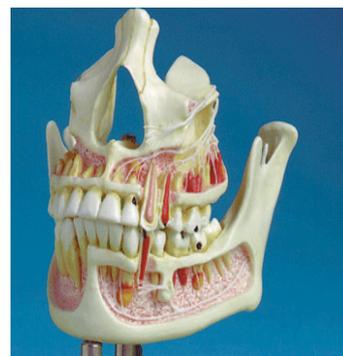
I) **Choosing the syringe.** First of all, the beginner practitioner should pay considerable attention to choosing the appropriate type of syringe, to ensure comfort and safe handling. According to Malamed, there are seven types of syringes for local anesthetic administration in use in Dentistry today:

- a) non-disposable:
 1. breech-loading, metallic, cartridge-type, aspirating
 2. breech-loading, plastic, cartridge-type, aspirating
 3. breech-loading, metallic, cartridge-type, self-aspirating
 4. pressure
 5. jet injector
- b) disposable
- c) safe-syringe

The first thing to be considered is that modern standard of care is represented by the use of syringes capable of aspiration. Syringes not designed to permit aspiration are unacceptable because of the increased risk of intravascular drug administration. After choosing an aspirating type, the clinician should place a full dental cartridge in it and test if the grip and handling are comfortable. Although all syringes available on the market are of approximately the same dimensions, some variation does exist. It is very important to fit the total length of the syringe with the length of one's hand. Some manufactures market syringes with smaller thumb rings or shorter pistons, variations that make the use, especially the aspiration

easier to accomplish for women personnel or for persons with smaller hands in general. Another option for those is the self-aspirating syringe. For the effectiveness of use, the syringe must accept a large variety of cartridges. For safety in use, safe-syringes should be an option, along with the proper disposal after use.

II) **Choosing the needle.** Choosing the proper dimensions for needles is in fact a simple task. Every practice should have two types of needles: 25-gauge and 27-gauge needles. Their use is presented below:



25-gauge long needle	Inferior alveolar nerve block
	Infraorbital nerve block
	Maxillary nerve block
	Infiltration for hemostasis
27-gauge short needle	Buccal nerve block
	Mental/incisive nerve block
	Posterior superior alveolar nerve block
	Periodontal ligament injection
	Intraseptal injection
	Intrapulpal injection

For safety in use, if multiple injections are to be administered, the needle must be changed after three or four insertions in a single patient. Also, the needle should not be introduced to its nub in soft tissues, never to be forced or direction-altered in use and always recapped with the adequate technique (the most used is the “scoop technique”). For diminishing the pain, soft tissues should be taught. The needles must be discarded in a special sharps container to avoid contamination.

III) **Handling the cartridge.**

There is a series of simple rules for the use of dental cartridges. The cartridges should be best kept in their original container, preferably at room temperature, never directly exposed to sun light or moist environment. The use of cartridge warmers is not recommended; if the cartridges are kept at low temperature, they should reach the room temperature gradually. Before use, the cartridge should be carefully checked for any deteriorations of the components, the expiry date, breakage or alterations of the drug. It is recommended to wipe the aluminum cap and the rubber diaphragm with a moist gauze (alcohol). The cartridge should never be immersed in alcohol or other sterilizing solutions because the semipermeable diaphragm permits diffusion of these solutions into the interior, contaminating it. Never use a cartridge with a bubble inside larger than 2 mm (a bubble of 1 to 2 mm is normal- it's composed of nitrogen gas), or with an extruded stopper or sticky stopper, corroded cap or broken glass cylinder. Moreover, do not use the same cartridge on more than one patient and, if a positive aspiration test, change the cartridge before retrying that is because the blood can interact with the drug components.

IV) **Preparing the patient.** After thoroughly examining the patient, making sure that nothing in his medical file does not contraindicate anesthesia, you should explain to your patient, in a pleasant and friendly, but firm as well manner, the entire procedure to be done. The patient must sign an informed consent, which serves as a medical, legal and scientific document.

Giving a first time anesthesia, you must perform an intradermally allergy test and only after a negative response, you can proceed with the anesthesia.

The patient should have a relaxed position, specific to every technique, should not have slim clothes around his neck and should have taken the systemic drugs as prescribed by the general physician, modified, if necessary, in context of the dental therapy.

Firstly, prepare the syringe for the anesthesia. The correct order is: placing the cartridge, next the needle. If you need to recharge, recap the needle, take it off, load the cartridge and then replace the needle. When using a special anesthetic system, read and respect carefully the provider's instructions. It is advisable to practice first on a phantom. Next, you should use topic antiseptic to prepare the tissues at the site of injection prior to the initial needle penetration, in order to reduce the bacterial load. Topical antiseptics containing alcohol or iodine should not be used, because they cause pain and allergic reactions. The best method for application is with a moist applicator, maintaining tissue contact for 15-30 seconds. If you do not have the proper antiseptic, you can use a sterile gauze to wipe the site. Further, the topical anesthetic is applied in contact for minimum 1 minute with the soft tissue, in a small quantity in order to avoid general reactions and unwanted anesthesia of adjacent formations. The applicator sticks are for single use. The topical anesthesia offer good anesthesia for mm of mucosal tissue.

V) **Choosing the proper technique.** The diagnostic is the decisive factor in choosing the anesthesia technique, but other factors should be also taken into consideration: age of the patient, compliance and general health condition. Because the local anesthetic techniques are extensively discussed, the following presentation will stress the importance of the age and general health factors.

Systemic disorders can substantially change the technique selection. For example, if a patient has heart conditions or diabetes, do not use vasopressor. Below you can find a short description of these problems:

- Recent heart attack and high blood pressure are major contraindications for anesthesia.
- Angina pectoralis : the judicious use of vasopressors in local anesthetics is not contraindicated in stabile angina.
- Heart murmur, rheumatic fever, congenital heart lesions scarlet fever – possible need of using antibiotic prophylaxis.
- Artificial heart valve – need for antibiotic prophylaxis.
- Heart pacemaker – local anesthetics with vasoconstrictors may be administered safely.
- Heart operation – may receive local anesthesia, including vasopressors.
- Anemia – relative contraindication to the administration of articaine and prilocaine.
- Stroke – use minimal effective doses.
- Kidney trouble – usual doses of local anesthetics do not pose any increased risk in these patients.
- Hay fever, allergies – first test the drug for allergic reactions.
- Pain in jaw joints – alternate techniques should be considered.
- AIDS, hepatitis A, B, liver disease, drug addiction, hemophilia – risk of contamination, risk of overdose of amides (liver dysfunction).
- Thyroid disease – minimal concentrations of epinephrine and other vasopressors.
- Epilepsy – appropriate stress reduction procedures.
- Fainting and nervousness – pshyco sedation may be required.
- Psychiatric treatment – MAOIs and TCAs are no longer considered as a relative contraindication to local anesthesia.
- Bruise easily – evaluate correctly the situation prior to administering a local anesthetic.
- Moreover, Lidocaine can provoke or aggravate arrhythmia.

The age influences the anesthetic technique. In small children, if you have to work in only one quadrant, do not use vasopressor, but if you have to work in more than one, use vasoconstrictors. Also, children should be carefully watched after anesthesia in order to reduce self trauma. You can place a cotton roll between lips and teeth and secure it with dental floss to avoid biting the anesthetized tissues or you can use a self-adherent sticker with a message like "Watch me, my lips and cheeks and tongue are numb!"

All in all, these simple, but very important steps are essential to an appropriate approach of local anesthesia. They guarantee clinical success and a solid base for further information.

EDSA Research Programme 2012

Maja Sabalic



The aim of the new project of the European Dental Students' Association is to promote research activities and networking among dental students and offer them research and development opportunities in an international setting. As part of the programme this summer several students will be given the opportunity to take a role of research, clinical and laboratory assistant at EDSA partner institutions, King's College London Dental Institute and the University of Zagreb, School of Dental Medicine. Various research projects will be offered to EDSA students, ranging from basic science to clinical work. The list of projects available includes projects in the field of craniofacial development, oral medicine, stem cells and tissue engineering, haptic technologies in dentistry and more.

Information about the projects offered will be published on the EDSA website www.edsaweb.org in April along with an online application form. Students will be asked to submit a CV, letter of motivation, letter of recommendation, copies of certificates, abstracts and published papers if they have previous research experience. Selection of applicants will be done by an International Jury composed of representatives of professional dental associations, ADEE and IADR, dental industry representative and EDSA representative. EDSA partner Colgate-GABA will fund the best research students with a 1000 EUR scholarship for a period of one month during which the student will stay at the host university.

Upon completion of the projects students participating in the programme are required to submit a report to the EDSA Research Program and to Colgate & GABA. Students who successfully complete the programme will be awarded a certificate and will be given an opportunity to present results of their research at the next EDSA meeting or congress.

Students interested in research can also benefit from the EDSA Research Skills Workshop held during the EDSA Congress in Thessaloniki, Greece, April 2012. The workshop will be coordinated by Dr. Kimon Divaris from the University of North Carolina at Chapel Hill.

For more information on the EDSA Research Programme, please do not hesitate to contact Maja Sabalić at pastpresident@edsaweb.org.



Business besides Dentistry

Matthew Wipf

How can we work as a dentist all our life without growing tired? By asking this question, we quickly understand that we shouldn't wait more than 40 years to be able to answer it! It is a necessity to diversify our activities as soon as possible.

Right after high school, I had difficulties to decide between a career in business or in dentistry. The dental surgeon's job, being at the same time intellectual and manual, and giving the possibility of treating and relieving patients, was very appealing to me and led me to take this path. However, I always kept in me a business inclination that I would not be able to develop in this profession with very strict ethics, particularly in France.

In 3rd year I met Pierre Cloarec, also studying in dental medicine, who shared with me the envy to develop a secondary activity to the dentistry.

We started a one year long brainstorming session, during which we studied projects always more varied and creative. We tested our ideas, used our networks, and contacted consultants, bankers, lawyers and companies, even on other continents, as far as Japan!

One day, thinking about the organization of our future dental offices, we thought of the websites which will present them. By looking at the current market offering, we realized that it did not correspond to our expectations. Very expensive, prefabricated sites, without any soul ...

After a market study, we decided to start our own company. We created Sante Web Design, which represents our activity of website design for all healthcare professionals. Indeed, we are not only targeting the dental surgeons, but also the medical professions, the nurses, the physiotherapists ...

We provide custom-built websites which are beautiful and practical, and which reflect our customers' tastes and expectations, and all this for a reasonable cost! Their patients can easily find practical and necessary information regarding the offices, and even discover them in pictures.

We also take care of administrative formalities, which are very restrictive in France for healthcare professionals' websites, and of European labels of certification.

We recently widened our activity to official institutions like teachers councils.

It is obviously difficult to manage simultaneously our studies and this activity which, after one year of existence, is already running well. It's why we are looking to recruit two new collaborators who shall work full-time for our company, in order to support its development and ensure its continued success. We wish to keep the management of the company and to develop other projects.

The two first years of business was very enriching. We learnt many things which will be very useful for the management of our future offices and private hospitals: new business creation, accounting, legal ... We also met many people who still continue to help us bring our project to a successful conclusion and we thank them warmly for that.

I hope that this story will give you the envy to develop your own projects!

EDSA today and in the early 1990s

Tobias Bauer

Exactly 20 years ago in Amsterdam the first, largest and most legendary European Dental Student Congress took place – and all the country representatives had been strongly involved to make this event to a great success.

With the possibilities of today's communication systems the work at that time is not comparable on to the early years of the association. We grew with the task. Invitations had to be mailed out, the deliverance took many weeks and for a mobile phone you needed a car battery.



It was clear to all of us that we were entering unknown territory in many aspects: it was the beginning of networking, getting to know, understanding and it was really exciting. On the other side there was no competition by a large number of lots of other events was not nearly as large: everybody couldn't await the event with a big pleasant anticipation. In the beginning, only the EU core countries were represented, and also approved. The EDSA-magazine was created at that time in cooperation with the Quintessence and it was multilingual publishing.

For me personally it was a great pleasure and also very interesting to visit many countries and come up in contact with the people living there in order to participate in the real world, not as a tourist but as a guest. It was customary that each participant was actively involved in the organization giving a hand. This formed the group and gave us a community feeling.

It is interesting that many of the former EDSA representatives met again and again in the small dental world - even today, twenty years later. The dental world is simply a global village. And we could never imagine at that time how internationally our profession would be many years later.



Today it is just normal to join international conferences, and you will always someone you know. It is quick and easy to get back into conversation and from exchanging memories to current topics there is just a quick step.

The diversity and specialization that has evolved in dentistry was not foreseeable at the time, but we had discussed these issues. And I can well imagine that many of today's topics will gain a greater importance in the future. That was a thought I like to keep in my memories: someone who is committed to an idea like

EDSA, is in his time and his environment often far ahead. And this is exactly why my former commitment has paid off even from today's perspective. It develops thinking and being confronted with questions that you would never come in a familiar environment.

EDSA was always a good mixture of new delegates who have attended the meetings one or two times and a few who have supported the organization over a longer period. Many of the former activists are still active today in their national organizations, in science or elsevery. Thus arose again and again but a lively exchange. My active time in EDSA was from 1990 to 1993. In 1998 at the major joint Congress in Barcelona, we were allowed to celebrate the unique experience that all the existing organizations in the field of dental science junior came together. 1999, the Great Jubilee of the quintessence publishing house in Berlin, we had been able to invited all delegates to an evening event. Unfortunately we have not managed to get the contacts will continue to maintain. It is the variety of possibilities which kills us sometimes in everyday life. But there are always ways to get the contacts upright. Only the interval and the roads are getting longer, despite all the possibilities of communication.

After the many good experiences with EDSA, there were various approaches to design an ex-officio Club, started in 1994. We called it: European Young Practitioners in Dentistry. Unfortunately not a real organization has emerged from it, but there are always approaches to activate this project again. 1999 the general cooperation of all ex-officios was handled by the Young Dentists Worldwide. Thanks to a number of former EDSA Active witnessed the development of the young generation of dentists an enormous upswing. One focus in the following years was the collaboration with the FDI.

This collaboration was a great challenge and from 2005 to 2009, there was a common forum for young scientists at the World Congress of the dental profession under our management. The interest was usually quite large, even for some events; the hall was packed to the rafters. Again, the good contacts proved to be the young colleagues as a great advantage, because while we were able to use our network to find excellent speakers. Among the FDI –delegates there was always a certain number of former EDSA members. This was and still is a great proof of the EDSA-spirit - especially when we got encouragement from them in the auditorium. It is always a pleasure to see how many former EDSA-folks who have committed to continue after graduation in the matter dentistry, as well as in academia and inside professional organization.

Since 2009 EDSA representative took over an important role in the representation of the interests of dental students at the FDI annual world congress. I was particularly pleased to see that our forum was continued in 2011 by EDSA executives after a pause at the annual World Congress of dentists in Mexico. And with Dr. Sally Hewett there was an excellent speaker presented, particularly on the topic 'Oral Health Volunteering – Sharing Global Resources'.

That means also, that our young heroes are sharing the same ideas we do after a long experience: to help the underserved. This is exactly the way I like to follow now.



As our knowledge and skills are still asked, I didn't have yet the opportunity, after retirement from active participation in the advocacy to concentrate on the private life. On my personal wish list was the intensification of contacts in Latin America and in 2009 the opportunity to visit the Dominican Republic. Even at this very pleasant stay, there were many ways to get information about the background, which had been really helpful after the earthquake in Haiti in 2010. To our friends in their difficult and sometimes very sad situation, we checked every opportunity to support them. At the same time a new window opened up with an endless

field of possible activities.

Several visits to Haiti and in particular to the Dental School in Port au Prince we got many new contacts with the Haitian students who are really keen to cooperate and exchange with EDSA. The cooperation with the Jesuit Refugee Service proves to be very fruitful. At the moment, new dental clinics for the urgently needed are under construction and we deliver support in both, materially and in technical terms.

In summary, under the name of Dental Aid International there is a wealth of projects. Yet this is only an excerpt of the opportunities, to share skills and knowledge with others - one of the principles which we have written on the EDSA banner 20 years ago in the early days of EDSA. Once trapped in the spirit of EDSA, we thought this can be a life-long hooked. For me personally it is a pleasure to see how the spirit of the EDSA movement be maintained until the present day and make this steadfastness, dedication and an abiding faith in the objectives for a sustainable reputation. Personally, it is good to see that a lot of former EDSA executives joined a scientific career, even a great number after post graduate programs in foreign countries.



Every age has its own spirit, ideas, thoughts and visions. But there is always a good sign to see that the individual is paramount.

Personally, it is good to see that a lot of former EDSA executives joined a scientific career, after post graduate programs in foreign countries.

EDSA Vision

Emily Stanworth

It has been a well-established EDSA tradition to host a bi-annual 'EDSA vision' contest, a fun parody of the Eurovision contest where each country performs a song or dance routine to the other delegates, usually on the last night of the conference. This may be a national dance or even just a latest chart hit. After the performance (and optional shots of alcohol for courage), only one country is crowned the winner. Yes it's tacky and slightly cringe-worthy for those with stage fright, however it encompasses the true spirit of EDSA and always brings the delegates together for one last night– what better way is there to end a successful conference?!

Although the Irish (with their history of fine-tuned Westlife ballads) may disagree, EDSA vision is not wholly based on vocal skills but also on participation and the ability to captivate and involve the crowd. Previous winners include Finland with their outstandingly choreographed dance performance to Danza Kuduro's "Don omar" in Antalya, Turkey in September 2011. The Irish and Dutch also delivered strong performances this past year and the French managed to entice a pretty lady or two from the audience to participate in their dance. The UK generally takes a more impromptu approach with their performances but always manages to be a crowd pleaser.

If anything, EDSA vision has confirmed that dental students across Europe generally have the same motto: 'Work hard, party hard.' I am personally looking forward to seeing the new talents next year.

Armenian Medical Students' Parliament

Tigran Gyokchyan

Armenia



Armenia is a landlocked mountainous country in the South Caucasus. Located at the crossroads of Western Asia and Eastern Europe, it is bordered by Georgia, Turkey, Azerbaijan and Iran. Armenia is one of the earliest cradles of human civilization. Few countries claim a history that began many thousands of years ago and continues to the present. The Armenians, an Indo-European people, first appear in history shortly after the end of the 7th century BC in the east of Mount Ararat, where they were known to the Greeks as Alarodion (Araratians). According to Movses Khorenatsi, in 2107 BC the legendary archer Haik defeated the army of the Assyrian king Belus and established the first Armenian kingdom. Armenia was then called Nairi - a country of rivers. Ancient Armenia was one of the largest states in the Middle East and was on the crossroads of East and West and the famous Silk Road crossed Armenia. This favourable geographic position made the country an apple of discord between great powers. But even under the worst condition it has never lost its language, culture and religion and has become stronger in spirit.

In 301 AD Armenia adopted Christianity, thus becoming the first country in the world to proclaim Christianity as a state religion. In now days Armenia has a population of about 3 million and another 5 million Armenians are spread all over the world. We speak Armenian, a separate branch of the Indo-European family of languages, with a 39-letter alphabet.

Armenia is rich in mountains and mountain chains. The most special mountain to Armenians is Ararat. Mountain Ararat is a biblical mountain. It is believed that Noah's ark landed here after the Great Flood and the dove brought the olive branch heralding that the water had receded. Although the mountain is not in Armenia today, but the best view of the Holy Mountain is in fact from Armenia. However, anyone who has visited this country will firstly and forever remember the fabulous view of Holy mountain Ararat. This mountain has miraculous beauty, and is a symbol of the motherland for every Armenian living in any corner of the world.

Armenia is famous for its water too. It is spring water that is why it is so cool and tasty. Lake Sevan is often called the 'emerald of Armenia'. It constantly changes its color from sky blue to turquoise green. The fauna of Lake Sevan is unique with a rare species of trout called ishkan (meaning prince). Gourmands say the fish is especially tasty if it is cooked in the water from the lake.

Armenia offers a deeply rewarding experience for the mind, the senses and the spirit for those who are eager to look into ancient times or the roots of Christianity. There are a lot of places of interest here. Being a site of ancient civilization, it has a lot of historical monuments all over its territory – Taple of Garni, Geghard Monastery, Cathedral of Echmiatsin, Zvartnots, Sardarapat Memorial and others.

The capital of Armenia is Yerevan. Yerevan is one of the most ancient cities of the world. It stretches under the gaze of biblical mountain Ararat and resembles a beautiful gilt bowl to those flying over it. It has been the capital since 1918, the thirteenth in the history of Armenia. Yerevan is an open air museum. The most important museum in Yerevan is the Matenadaran. Stocked here is the age-long heritage of the Armenian culture. The Matenadaran is a depository and a research institute on ancient manuscripts. It is named after Mesrop Mashtots, the creator of the Armenian alphabet. In number and value of manuscripts this establishment is considered to be one of the world's oldest and richest depositories. Modern Yerevan is

mostly a rebuilt colorful city with buildings of unique architecture, constructed from basalt and volcanic tufa stone.

There are many other museums, theatres, galleries, cultural landmarks and popular sights which offer a great pleasure for a traveller. Also there is an unusual and traditional hospitality that travelers face in Armenia.

Yerevan State Medical University after Mkhitar Heratsi

Yerevan State Medical University after Mkhitar Heratsi (**YSMU**) is a leading medical school in Yerevan, Armenia. The Yerevan State Medical University was established in 1920. It is tasked with training qualified specialists in health care and valuable service in the development of Medical Science. YSMU enrolled its first diasporan students in 1957. Since 1989 the University is named after Mkhitar Heratsi, the famous medieval doctor.

The highest administrative organ is the University Council, which makes decisions about the main activities of the University. The Rectorate of the University controls the way the decisions are realized.

The faculties or the departments are the structures organizing the academic process. These faculties are: General Medicine, Stomatology, Pharmacy and Military medicine. The main units in the academic process are the chairs, where students, interns and residents get their education. Almost all the theoretical chairs are located in the 3 blocks of the University. The Clinical Chairs are located in the University Hospital, and different hospitals and clinics of Yerevan. 661 representatives of the teaching staff, including 8 academicians, 122 doctors of medical science and 375 candidates to doctor of medical science work at different chairs.

The educational process is carried on in the Armenian, Russian and English languages, and the medical students learn theoretical and clinical subjects according to the curriculum and the duration of the academic course of studies. The educational process of foreign students is organized by the Department of International Relations, the Dean's Office for Foreigners and Preparatory Department. Foreign students are provided with hostels and dormitories.

Health resorts, camps and rest homes in picturesque regions of Armenia provide adequate rest for our teaching staff and students. The library, which is equipped with modern technique, enables in the academic and research processes.

Since its foundation, YSMU has had great respect for the standards and practices of sister institutions of medicine worldwide and has a rich history concerning its activity in the international arena. YSMU is dedicated to training highly qualified specialists not only for the Republic of Armenia (RA) and to regional countries (Russia, Iran, Syria, Lebanon, Georgia, etc.), but also to many other countries worldwide.

The World Health Organization recognizes YSMU as the only state medical university of the RA which is included in the World Directory of Medical Schools.

Address: RA, Yerevan 0025, 2 Koryun str.

Web address: www.ysmu.am

Armenian Medical Students' Parliament (www.amspace.am)

President: Karen Akopian

YSMU Student Parliament was established in 1992. It is a non-governmental, elective, representative organization. Since its inception, the SP has been dedicated to support self-government and self-management procedures and



promote the students' social, scientific, intellectual, cultural, ethic and spiritual development.

The programs being implemented by SP in various spheres are as follows:

1. Educational and scientific sphere

- Organizing “Best Group”, “Best student” competitions and rewarding winners
- Organizing “Debate Club”
- Conduction of surveys and analysis of further results
- Holding student scientific conferences
- Organizing subject Olympiads and awarding winners
- Organization of student meetings

2. Sphere of Media and Information

- Publication of “Medicus” student magazine
- Start-up of “Medicus” student radio and broadcasting
- Publication of various student handouts, “Healthy lifestyle” pamphlet, etc.
- Participation in international exhibition titled “Education in Armenia”

3. Cultural and sport sphere

- Festivals “Gold fall”, “Student Spring”
- “Friendship” Festival dedicated to international students' day
- April 24 Genocide Victims Commemoration Day
- Events dedicated to International Women's Day
- Chess championship within YSMU
- YSMU team participation in “Baze” Panarmenian Youth Assemblage
- Organizing photo galleries
- Organization of Evenings of Art and Literature

4. Social and Health Care sphere

- “Healthy Lifestyle” campaign
- Visiting geriatric homes and orphanages
- Visiting border regions to provide medical and humanitarian aid
- Organization of student cleaning day

5. International Affairs

International affairs are administered by International Affairs' Department
AMSP is a full member of:

- IFMSA - IPSF -IADS
- ANSA-AYNC



Address: RA, Yerevan 0025, 2 Koryun str.,



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