蛀牙和氟化物 Tooth Decay and Fluoride

Tooth decay begins when bacteria in our mouth break down sugar from the food we eat. They then produce acids that dissolve the outer layer (enamel) of our teeth. If the damage is not stopped, bacteria can penetrate enamel damaging the deeper layer of our teeth (dentin) resulting in tooth decay. Brushing, flossing and regular cleaning help to remove bacteria' they are important in keeping our teeth healthy.

Another key component to good oral health is fluoride. Fluoride fights tooth decay in two ways: 1. It makes our teeth more resistant to acid attacks from bacterial plague 2. It can reverse early tooth decay

Fluoride is available in water, fluoridated toothpaste, mouthrinses, as well as through topical fluoride treatment in the dental office. For decades, dentists have used in-office fluoride treatment as an additional therapy to fight tooth decay and to strengthen developing teeth. Fluoride benefits both children and adults, especially those who are at a higher risk of developing tooth decay. Depending on your oral health status, in-office fluoride treatment may be recommended by your dentist every three, six or twelve months

by Ms Victoria LEUNG

口腔的細菌分解我們進食的食物當中的糖份,便會引發蛀牙。它們產生的酸性物質以溶解我們的牙齒外層(琺瑯 質)。如果未及時接受適切的護理,細菌可以穿透琺瑯質,破壞我們的牙齒更深一層(象牙質)而造成蛀牙。刷 牙,使用牙線和定期洗牙能有助去除細菌,以上方法對於保持牙齒的健康都很重要。

保持良好的口腔健康的另一個要素是氟化物。氟化物對抗蛀牙有兩種方式:

1. 它使我們的牙齒更有效抵抗牙菌膜之酸性侵害

2. 它可以改善早期蛀牙

氟化物被添加於食水、牙膏、漱口水以及牙科診所提供的局部性之氟化物治療。幾十年來牙醫都使用氟化物治療 作為一個額外治療,以幫助對抗蛀牙和強化生長中的牙齒。氟化物對兒童和成年人都有好處,尤其對於有較大機 會患有蛀牙的朋友而言。根據你的口腔健康狀況,你的牙科醫生可能會建議你每三個月,六個月或十二個月到牙 科診所接受氟化物治療。

資料由梁明慧姑娘提供

The old After 10 years of service, our Dental Surgery Assistant Ms. Aries Kong decided to become a full-time mother and resigned this May. Ms. Ivy Ngai has also resigned due to family reason. We are

公司動向 OFFICE UPDATE

Dentistry at The University of Hong Kong.

grateful for their excellent service to the practice and wish them all the best in their future endeavor. The new • Dr. Simon K.Y. Ho, a Specialist in Periodontology (Gum Disease Specialist) has joined our office in February, 2011. Dr. Ho comes to our practice once or twice a week and is available by appointment. In addition to practice, Dr. Ho is also a part time lecturer participating in the undergraduate and postgraduate teaching in the Faculty of



- We recruited Ms. Heidi Lam as our new Administrative Assistant. Heidi is a very cheerful and helpful person. • We also recruited Ms. Wendy Choi and Ms. Flora Leung. Wendy and Flora have more than 10 years of experience as dental nurse before they joined us.
- We welcome Dr. Ho, Wendy, Flora and Heidi on board! The environment Heidi Wendy Flora Beginning Nov 1, 2011 we will not be mailing invoice in order to reduce paper consumption for conservation of natural resources. Payment is expected at the time service is rendered. You can settle your account by Cash, Visa, or MasterCard.



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This is a question that has often been asked by patients before root canal treatment. Dentists recognize that most patients are apprehensive about undergoing such treatment and one of the major concerns is pain during and after treatment

In terms of administering pain control, carrying out root canal treatment for a tooth is similar to having a tooth restored with a filling. The anaesthetics given to numb the tooth are the same for the 2 procedures and are equally effective in both situations. Therefore, complete anaesthesia of the tooth could be ensured in the overwhelming majority of root canal treatment procedures. However, on the odd occasions when the dental pulp has become extremely inflamed and hypersensitive, complete anaesthesia could be difficult to achieve for that tooth. In those situations, supplementary anaesthetic injections would be useful. Recently, the office has acquired a piece of new equipment which is very useful in overcoming this particular problem, thereby providing extra comfort to our patients.

After a root canal treatment procedure, the tooth could become mildly tender or sore as a natural reaction from the body. This usually lasts for 1 to 2 days and could be effectively controlled by painkillers provided by us at the end of each appointment. On other occasions, if a pre-existing infection around the tooth is present, then a course of antibiotics would also be prescribed to control pain & infection.

by Dr. Robert NG

這是個將要接受根管治療的病人常常問的問題。牙醫們知道大多數病人都恐懼接受此治療,而主要關注的問題是治 療期間和之後所帶來的痛楚。

對於疼痛控制方面,替一顆牙齒進行根管治療的過程與補牙有點類似。兩種治療所用的麻醉藥是一樣 的,並同樣有效。因此,絕大多數的根管治療程序可確保在牙齒完全麻醉的情況下進行。然而,在一些 罕見的情況下,如牙髓已嚴重發炎和過敏,便難以把牙齒完全麻醉。在這些情況下,注射補充麻醉劑將 非常有幫助。最近,診所添置了一部新儀器,它對於幫助病人克服這個問題十分有用,從而使我們的病 人減少不適。

根管治療後,牙齒可能有輕微敏感或疼痛,這都是身體的自然反應。這通常會持續1至2天,每次治療後 我們都會提供止痛藥,它能有效控制痛楚。有些情況,如果牙齒周已受到感染,那麼服用一個抗生素療 程便可有助控制疼痛及感染。

資料由吳邦彥醫生提供

牙科冷知識 Dental Triva

• People who tend to drink 3 or more glasses of sweetened soft drinks daily have 62% more tooth decay, fillings and tooth loss than others. • Most tooth loss in people under 35 years of age is caused by athletic trauma, fights or accidents. Most tooth loss in

people over age 35 is from gum disease.

• Athletes are 60 times more likely to damage their teeth when not wearing a mouth guard during athletic activities. • Children begin to develop their primary teeth 6 weeks after conception while in their mothers womb. • If you don't floss, you miss cleaning 35% of your tooth surfaces.

by Dr. Ellen YIU

每天飲用三杯或以上含糖份非酒精的飲品人士比其他人士患蛀牙、補牙和牙齒脱落機會高出62%。 35歲以下人士中大多數牙齒脫落是由於運動創傷,打架或意外事故所造成。而35歲以上人士中大多數牙 齒脱落則是由於牙齦疾病。

胚胎在母親子宮受孕後6個星期便開始發展他們的乳齒。 如果你不使用牙線,你便沒有清潔35%牙齒表面。

運動員在體育活動時不佩戴牙膠,那麼損害他們的牙齒的機會便會高60倍。

骨質疏鬆症 **Osteoporosis**

calcium is lost slowly due to old age; this happens to both men and women. Although in most cases, osteoporosis does not directly cause death, it will increase the chance of bone fracture. The usual treatment of osteoporosis is to prescribe medication such as bisphosphonates, available in the form of oral pastille or injection. Long-term use of bisophosphonates may cause adverse reactions and side effect. Patients who take bisphosphonates may experience a rare but extremely severe form of osteonecrosis of the jaw (ONJ) after an oral surgical procedure. Such risk is higher in patients who take bisphosphonates for more than three years as well as in those who take bisphosphonates by injection. Patients with osteoporosis should consult the doctor on the effect of medication and side effects before starting bisphosphonates treatment. Long-term users of bisphosphonates should ask for the advice of their dentist before oral surgery so that they can be evaluated carefully prior to surgery.

骨質疏鬆症主要可分為兩類:更年期引致的骨質疏鬆症及因年老所引致的骨質疏鬆症。更年期引致的骨質 疏鬆症主要影響踏入更年期後的女性;隨著女性荷爾蒙的流失,骨質慢慢流失。另一方面,因年老所引致 的骨質疏鬆症則是隨著年紀老邁,鈣質慢慢流失所引致;無論男性或女性都同樣受形響。雖然骨質疏鬆症 多數情況下並不會直接導致死亡,但骨質疏鬆症增加骨折機會。

骨質疏鬆症的治療一般都是使用雙磷酸鹽類藥物(bisphosphonates),有口服錠劑、注射針劑等劑型。病人 長期服用雙磷酸鹽類藥物會可能造成不良反和副作用。雙磷酸鹽類藥物可能導致罕見卻極嚴重之顎骨壞死 (Osteonecrosis of the jaw; 簡稱ONJ)。口腔領面外科醫生面對的是病人用雙磷酸鹽類骨鬆藥可能提升 顎骨壞死的嚴重副作用的風險,雖然一般來説風險不高但是病人如果服用雙磷酸鹽類藥物超過三年以上, 而需要進行口腔手術如脱牙或植牙手術,風險相對增加,而注射針劑會比口服錠劑大風險。

骨質疏鬆症的病人開始雙磷酸鹽類藥物治療前應該多向醫生了解藥物的療效和副作用。長期服用的病人如 要接受口腔手術應先諮詢口腔頷面外科專科醫生的意見。



舊人事 服務了我們10年的牙科手術助理江慧儀姑娘為了當全職 媽媽而於今年五月離職。危芷君姑娘亦因家庭理由而 請辭。我們感謝她們過往的盡心服務,並祝福她們 事事順利。



更新事 牙周治療科專科何錦源醫生於2011年2月成為我 們的一份子。何醫生每週一至兩次於本診所應 診、歡迎預約。此外、何醫生還於香港大學牙科 學院任教,是學士及深造課程的兼職講師。 我們聘請了林凱盈小姐為我們的新的行政理。她 為人開朗而且樂於助人。

我們亦聘請了蔡漫橋姑娘和梁詩銘姑娘。蔡姑娘 和梁姑娘加入我們隊伍前已有超過 10年從事牙 科護士的經驗。

我們歡迎何醫生,蔡姑娘,梁姑娘和林凱盈小姐加 入我們的大家庭。 保護環境

為了減少用紙以節約天然資源,由2011年11月1 起,我們將不郵寄賬單,費用請於治療後以現金、 Visa或MasterCard繳付。







There are two types of Osteoporosis, postmenopausal osteoporosis and senile osteoporosis. Postmenopausal osteoporosis mainly affects women after menopause. With the loss of estrogen, bone mineral density is reduced gradually. In senile osteoporosis,

by Dr. Philip LEE Kin Man

資料由李健民醫生提供

Dear Friends,

This has been a "rollercoaster" year with respect to political development and the financial market worldwide. Earlier this year, we witnessed political unrests in the Middle East and North Africa, which ended in the change of leadership in Egypt and Libya. The financial market began to experience quakes and shakes in August. Up to this point, we are still faced with uncertainties in the economy in Europe and the United States. We can only pray and hope that things will stabilize in 2012 so that we will not experience another global economic crisis similar to that in 2008!



Dental Surgeon

Early this year, we completed a major round of office expansion and renovation with a lot of new additions. We now have two additional treatment rooms making a total of 7 with 2 endodontic suites (specifically designed for providing root canal treatment), 1 surgical suite equipped with blood pressure and heart monitors, equipment for intravenous (IV) sedation, oxygen delivery as well as Automated External Defibrillator (AED) in case of emergency.

We also have installed the latest Cone Beam Computer Tomography (CBCT) equipment allowing us to take 2-dimensional digital panoramic X-ray and 3-dimensional CT scan of the jaw for more accurate risk assessment before surgical procedures such as wisdom teeth removal and implant placement. Finally, we have upgraded all our computer hardware and management software to improve operational efficiency.

In relation to personnel, we have some new additions due to old staff leaving for personal reasons and the need to cope with the expansion. We welcome Dr Simon Ho who joined us in the early part of this year as our resident Periodontist (gum specialist). This brings a total of 6 providers (full-time and part-time) to cover almost all areas of Dentistry.

We appreciate the very positive comments from those of you who have visited us in our newly renovated office this year. The renovation offers you an ultra-modern, state-of-the-art dental office so that we can provide even better care for you. If you have not visited us yet, we look forward to seeing you in the New Year. As always, your kind referrals are much appreciated.

On behalf of my colleagues and our entire staff, we wish you a blessed Christmas season and a Healthy New Year. With warm wishes.

Dr William Cheung

親愛的朋友們

這一年仿如「過山車」,從政治發展和全球金融市場方面可見一斑。今年年初,我們目睹中東和北非的政治動盪, 最後引致埃及和利比亞的領導層改變而告終。金融市場始於八月經歷着不穩局面。我們現在仍面對着歐洲和美國經 濟很多不明朗的因素。我們只能祈禱和展望事情可在2012年穩定過來,使我們不致再經歷另一次像2008年發生的全 球性金融危機!

今年年頭,我們的辦公室完成了大規模的擴張和裝修,並添置很多新的設備。我們增加了兩個治療室後,便有7個治 療室,而當中兩個是牙髓治療室(專門提供根管治療),其中一個手術室更配備了血壓和心臟監察儀器,靜脈注射 (IV)鎮靜,氧氣輸送以及在緊急情況下使用的自動心臟復甦機/自動體外除顫器(AED)。

我們已安裝最新的錐形電腦層掃描(CBCT)設備,使我們能夠在進行手術前作更準確的風險評估,如拔除智慧齒和 植牙前在下巴位置作平面數碼化全景X光和立體電腦掃描。最後,我們亦把所有電腦硬件和管理軟件升級,以提高運 營效率。

人事方面,由於舊員工因個人理由而離開和配合擴充的需要,我們加入了一些新員工。我們歡迎何錦源醫生在今年 年初加入我們成為駐診所的牙周治療科專科醫生(牙齦專科)。現在我們便有6位全職和兼職牙醫,這幾乎涵蓋了牙 科各個範疇。

我們感謝各位於今年曾到訪我們新裝修辦公室的朋友所給予的正面回應。裝修後的辦公室具超現代的感覺,加上配 備最先進的儀器,使我們可以為你提供更好的護理和服務。至於還未到訪的朋友,我們展望在新的一年裡見到你。 一如以往,感激大家把我們推薦及介紹給你的朋友。

在此謹代表我的同事和全體員工,祝大家聖誕快樂及新年進步。

張偉民醫生



Over 90% of the Hong Kong population is suffering from some form of gum disease. Symptoms could present from bleeding and mild swelling of the gums to severe bone destruction leading to tooth mobility and tooth loss. Bacteria are the primary cause of gum disease. Studies have shown that patients with a family history of gum disease, who smoke heavily, with poorly controlled diabetic condition and stressful life style are at higher risk of developing gum disease. Besides, there are growing evidences showing that patients who suffer from severe gum problems may run a higher risk for several systemic conditions such as cardiovascular diseases, adverse pregnancy outcome and diabetes.

Preventive measures include:

•Proper oral hygiene and home care: brushing, flossing, as well as other techniques prescribed by us •Regular cleaning: frequency of teeth cleaning may vary from person to person •Maintain overall health: conditions such as diabetes & pregnancy may affect oral health

•Stop smoking: nicotine has been shown to be a risk factor in gum disease

•Early diagnosis and treatment: it is much easier to treat and stop the progress of gum disease at an early stage. Once disease is allowed to progress to an advanced stage, it will most likely result in tooth loss

超過九成香港人患有某些牙齦疾病。症狀輕則出現牙 齦腫痛,重則有骨質破壞,以導致牙齒鬆動甚至脱 落。細菌是引發牙齦疾病的主因。研究發現有牙齦疾 病家族史的患者,若他們是煙不離手、糖尿病病情控 制不穩和生活壓力大,引發牙齦疾病的風險便會較 高。此外,越來越多證據顯示患有嚴重牙齦問題的患 者或有較高風險患上幾種全身性疾病,如心血管疾 病,不良妊娠結果和糖尿病。

預防措施包括:

•正確的口腔衛生和家居護理:刷牙,使用牙線,以 及接受牙科醫生所提供的其他治療技術

•定期洗牙:洗牙的次數可能因應個人情況而異 •保持整體健康:患有糖尿病及懷孕期間,口腔健康 都可能受到影響

•戒煙:尼古丁已被證實是一種致病因素以導致牙齦疾 病

•及早診斷和治療:所謂病向淺中醫,及早治療能有 效治癒並阻止牙齦疾病進一步惡化。一旦惡化的話, 牙齒很可能會不保

資料由何錦源醫生提供



