

Fear not, for I am with you...



Many of us are surrounded by fear on a daily basis. In clinical practice, we spend our time and energy providing reassurance, trying to reduce the fear our patients bring in with them. We use smiles, humour and trust to help the day go as smoothly as possible for all. We need to smile sweetly and bite our tongue when the new patient responds to our greeting with 'I HATE dentists'.

We make allowances. But what about our own fears of being inadequate, unable to cope or meet the expectations of those demanding patients? It is now considered a recognised fact that as a UK dentist we are now top of the world leader board not just in terms of the likelihood of receiving claims and facing litigation, but also the likelihood of being challenged or investigated by their professional regulator, the GDC (Kevin Lewis, Dental Director DPS). As a profession there is little doubt that we are surrounded by fear. Those that have businesses to run and those working within the NHS have further financial fears regarding what's to

come round the corner when and if the government reform our contract. There are regular articles in the dental press about the stresses of dentistry, all concluding that it is getting worse.

So how do we as a Fellowship and individuals respond to these fears around and within us? Interestingly, following a prayer day, Transform Work UK (a network of professional Christian groups), sent us the following:

'Do you do anything / resources / teaching around fear in your workplace? We had an interesting comment made by someone from the London prophetic forum (we had invited them to join us on the day) who was heightened to the fear surrounding your profession by your clients..., we pray that your members would be sensitive to the fears and worries of clients and be able to easily put people at ease'(TWUK April2015).

We need the resources to be able to deal with others' fears. It helps if we are unstressed ourselves and are able to

empathise with our patients or clients and if we feel supported. As a Fellowship we can support each other; it's good to be able to share our fears and concerns in local groups and with those at Conference. Knowing we are not alone can be very valuable. Often we are told that not only is dentistry a stressful occupation, it can be very isolating. So keeping company with others of like mind can be helpful. This is well recognised as peer groups. Mentors can also help. It is interesting that increasingly dental organisations such as the Dental Protection Society and British Dental Association (BDA) are now looking to provide such services for those in need. For CDF membership we have our pastoral care scheme which initially was also proposed as a mentoring service. We have yet to develop this side but I feel this is something we should prayerfully consider. If dentistry is getting more difficult, it would be good if as a fellowship, those of us more mature (OK I admit it) could feel able to get alongside our younger members. This could be something of real worth that we can offer to our students.

As Christians, whether still involved in dentistry or not, we are repeatedly instructed in the Bible not to be afraid but to trust. Sometimes this requires real Indiana Jones type faith to step out onto the invisible pathway trusting in God's provision. Sometimes, more usually, it is a case of putting our fears and cares into God's hand and both allowing and trusting Him to be in control. And asking. I've just finished a great little book on prayer which I would heartily recommend if you, like me, need reminding of the basics from time to time, need encouragement and don't at the moment have the time and energy available for a

continued over...

deep theological read. Other books on prayer may be more academic and insightful - strangely these are still on the bookshelf for another day! However, I found 'The Curious Case of the Constipated Cat and Other True Stories of Answered Prayer' by Barrie Lawrence to be just the easy encouraging read I needed. Being written by a CDF member, there is even the odd (and I mean odd) mention of teeth - but not enough to be counted as non-verifiable CPD! In his light-hearted way, Barrie recounts various accounts of answered prayer before explaining our relationship with our Heavenly Father and how we communicate with Him. Using the outline of the Lord's Prayer, Barrie highlights some basics about our relationship with our Heavenly Father and appropriate attitudes to develop an effective prayer life. This, although designed primarily to be simple enough to be read by non-believers, is a gentle reminder to us all. Like many busy people, I'm guilty of sometimes squeezing God out and not spending enough time in developing that all-important relationship. Barrie makes the point that if we want to do anything with others, we make an appointment - be it with our patients for their crown prep or our friends for lunch, and it should be the same with God. So we need to schedule time out to be with God; not rocket science but simple and effective. So be brave, block off a day or half day in your diary to spend praising, praying and generally taking time out with God to check you are on the right track - I shall certainly be returning to that practice albeit at the local spa next week! There's nothing new but there are some great gems and interesting illustrations on how to approach some of the complexities of faith. I'll share one such passage that struck home:

'Two of the unhappiest types of people I have met in this life are those who have sinned and not repented, and those who have been sinned against and not forgiven. If you fall, thank God for His grace and mercy, and get up and walk again with him. If others fall, forgive from your heart and show it with your words and actions.'

In the words of a familiar psalm, even when we walk through the darkest of times, the Lord's presence can banish our fear. When we fear the future, we can be reassured of God's care and his plan for us:

For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you a hope and a future. Then you will call on me and come and pray to me and I will listen to you. You will seek me and find me when you seek me with all your heart.

Jeremiah 29 v11-13

Have courage - you are not alone.

As a student, I remember having a poster on my wall with a picture of a panda on it and the words: 'Lord help me to remember that nothing's going to happen today that you and me cannot handle together'. Reassurance that if we trust Him, the Lord will be there by our side, in our work and the difficult decisions in life. With the wisdom gained over the years, I also see that He often provides others to come alongside just at the right time too to provide support and encouragement. Sometimes it's our turn to provide that support and sometimes we graciously need to let others help us.

I would be happy to hear from you if you feel able to provide support to those members of our profession whom the BDA BEN fund feel would like a sympathetic ear. We are looking forward to having some listening training as part of our conference this year provided by the Acorn Christian Healing Foundation, so I hope many will find that helpful whether you have the time to be part of this initiative or not.

Victoria Rushton

CDF President

Other books By Barrie – 'There Must Be More To Life Than This!', 'A Dentist's Story' and 'Patients from Heaven-and other places' are available direct from barrielawrence@btinternet.com or Amazon!

ICMDA (UK) Trustee Position

The International Christian Medical and Dental Association (ICMDA) connects Christians in medicine and dentistry all around the world, equipping them to live out their faith at work. It is an interdenominational group and a global movement uniting national Christian medical and dental organisations in over 60 countries and is developing and supporting new movements in other places. ICMDA seeks to encourage and equip Christian Medical and Dental Students and Graduates to grow to Christian maturity and live out their faith within their clinical practice and beyond. CDF supports ICMDA.

The IDMDA (UK) Trust acts as trustee for cash and investments held in the UK for the benefit of the International Christian Medical and Dental Association (ICMDA). The Trustees are responsible for the overall management and control of the charity.

The Trust like to have two dental members on their board. Cathy Fordyce is currently serving, and as one CDF member has stepped down, the trust are looking for another CDF member to join Cathy. It is a great opportunity to hear and support the work of ICMDA in all they do around the world. The commitment is one Saturday in March a year and the meetings are held close to Stansted airport. Travel expenses can be claimed if necessary.

Anyone wanting more information, please email: James Tomlinson (ICMDA (UK) Trust secretary) at uktrust@icmda.net

CDF Annual Conference

14-16 October 2016 – Hothorpe Hall



Justin Thacker will be our main speaker at this year's conference where we will be looking at:

What is Christian leadership?

How does it differ from secular models of leadership? In these talks, Justin will be taking us through a series of events from the life of Jesus to discover what it means to base our understanding of leadership on the example of Christ.

Dr Justin Thacker is a lecturer in practical and public theology at Cliff College. He began his

working career as a doctor, becoming a paediatric registrar and working in Kenya as a paediatrician. He then felt God call him out of medicine and studied for a theology degree at the London School of Theology, followed by a PhD in theology at King's College, London. His doctoral thesis was on postmodernism and Christian ethics.

Justin was formerly the Head of International Operations at the Royal College of Paediatrics and Child Health, the Head of Theology at the Evangelical Alliance and Executive Director of the World Evangelical Alliance Theological Commission.

His wife Cathi also works at Cliff College in academic administration. They have three children: Grace (14), Joel (12) and Alicia (9).

Justin's passions include skiing (an unrealised dream), Arsenal (a hope) and Thai food (a too frequent reality) and spending time with his family. He loves walking the hills around the Peak District and as long as he doesn't fall off a mountain in the Italian Dolomites in the summer is very much looking forward to being with CDF in October.

CDF Conference Youth Work

This year we welcome back Henry Joines to lead our young people in their sessions. When Henry has led in the past the teenagers appeared to have a grand time so we are delighted that he will be with us!

There will also be children's work led by David Hines and Tash Snowdon as well as a crèche for the under threes.



Clinical Speaker



Our speaker for the clinical talk at this year's conference is Jennie Fytche from the Acorn Christian Healing Foundation. She originally

trained as a nurse and later studied theology. Jennie has been actively serving God in the healing and wholeness ministry in many contexts.

In recent years alongside active engagement in pastoral care ministry, Jennie has focused upon training and mentoring individuals, churches and communities to fulfil their God given

potential to serve in the healing and wholeness ministry.

We live in a busy world. Social media screams headlines; conversations extend to the length of a tweet, or the time it takes to drink a cappuccino. We tire quickly and long for space to breathe, talk, be heard. Acorn's Listening Training responds to this longing because listening is a vital part of the healing process.

"Just Listen - to our patients, friends and family, and God.

Morning session:

Many of us today have discovered for ourselves the difference it makes when someone really listens to us. Being well listened to can be a life-changing

experience, and yet sadly also one which is comparatively rare in our busy world.

Jennie will be leading us in some foundational teaching on the value of listening to others, to God and to ourselves.

She introduces the ministry of listening as a foundational element of the wholeness ministry and delegates will learn active, reflective listening skills in an interactive way.

Optional Afternoon session:

In this time, delegates are invited to explore more deeply the places in which God may call people to listen. Building on the skills looked at and practiced in the morning, the Acorn paradigm of listening is introduced and developed further.

CDF Regional Day

South West Regional Group



South West Regional Group

Eight of us met up at lunch time to enjoy two superb authentic Asian curries and give us time to chat and catch up with each other since the Conference. Simon Crewe then gave an entertaining talk on his experiences with Mercy Ships and Dentaid and showed pictures of his time in Cambodia and Nepal. It was very interesting to learn how dental care is being provided in these countries.



South West Regional Group

We are very grateful to Simon and Liza Crewe for preparing the food and sharing their experiences with us.

Malcolm Prideaux

Wessex Regional Group

The weather was clear but the wind cold, so after a bit of touch rugby on the Plain we headed into the woods of Wilverley in the New Forest for a walk. It was lovely to see a turnout of young and old, with families and retired members all joining in.

When little legs could walk no further, we came back home for a cuppa and some cake. A few parents helped with biscuit decorating and DVDs (for the fourteen children!) while the adults sat around the fire and shared stories of dentistry, missions and CDF.



Wessex Regional Group

I was still recovering from a CQC inspection for a new practice venture in Ringwood and the retired amongst us heard a tale of modern regulation!

Des Tham presented his more recent trip to Liberia ahead of the Ebola outbreak, and Jonathan Gollings showed us a movie of his few visits to the migrant 'jungle' camp in Calais where Dentaid has donated some kit for dentists to use.

Bruce Gollings led us in a 'quiet time' with a worship song, and a NT passage of the man pleading with God to be given a second chance now that Lazarus was in heaven; a reminder that our reward is heavenly, but the penalty is harsh. We need to encourage each other to focus on what God has planned for us, and trust Him to take the lead.

It was a really encouraging time, as CDF get togethers always are - full of friendship, faith, food, and Fuji!



Wessex Regional Group

After a scrumptious smorgasbord of food courtesy of all the mums, we all departed in time for the England vs France kick-off in the Rugby 6 Nations - and what a great ending to our first CDF Day!

Chris Gollings

East Anglia Group

The eastern region local CDF day was held in March at the stunning Norfolk home of Jonathan Graham, Vicky's fiancé. We were welcomed with coffee and spent a while catching up, voicing our current concerns regarding the NHS and discussing how we might support one another and our colleagues through CDF. It was good to pray for each other, as we face the challenges ahead. Barrie Lawrence then led us in worship and shared anecdotes from his latest book "The curious case of the constipated cat (and other true stories of answered prayer)" - available from Amazon!



East Anglia Regional Group

Following a bring-and-share lunch, we then found out about the problems of creating a garden in the Norfolk countryside and how to deal with unwelcome visitors. Vicky and Jonathan had been trying to "evict" a Muntjac deer from the garden without success. It had been devouring all their recent horticultural additions, and had resisted any attempts to persuade it to leave. So we, along with several neighbours and their dogs, formed a cordon either side of the offending animal, which proceeded to run round the grounds of the house (several times) before eventually leaving via an open gate onto adjacent land. For once, we had earned our afternoon tea and cake!

We are grateful to Jonathan and Vicky for hosting the day and wish them God's blessing on their wedding day in June and for their married life together.

We may only meet once a year, but these times are so valuable for mutual encouragement and fellowship.

Barbara Taylor

North West Group

On 2nd April 2016, as part of the North West Region of the Christian Dental fellowship in partnership with the Andrew F. Walls Centre for Asian and African Christianity, a group of 27 colleagues and families gathered in a modestly sized room at Liverpool Hope University for a retreat. The day commenced with an earnest prayer that we may be able to look to God and see His works in all that we do.

The first set of talks was delivered by Dr John and Iris Rhodes on the charitable work of Mercy Ships. Founded in 1978 by Don Stephens, Mercy Ships is the world's largest floating hospital run completely by a whole host of volunteers. Dr John talked about the beginnings of the Africa Mercy since 2000, which now has a greater capacity than all three previous mercy ships combined together and works to serve people in need within West Africa. It was astonishing to see the huge range of surgeries offered from cataract surgery, fixing cleft lip and palates, to removing a tumour on the neck weighing an impressive 7.5kg! John and Iris made sure to not just mention the physical, mental and psychological impacts that this would have on the individual, but also the stigma that society burdens on the patient's suffering from these distressing diseases. The difference Mercy Ships makes with their richly talented and dedicated team was astonishing and we were all truly inspired by the work that they did. This session ended with an exhaustive Q & A which brought about some very good practical advice by members who had previously been on the Ship.

Following a glorious Indian lunch, the next talk was given by Dr Daniel Jeyaraj, Professor of World Christianity and the Director of the Andrew F Walls Centre for Asian and African Christianity - Hope University on 'Small Beginnings'. He based his talk from Luke 11:32, carefully examining the real need for:

- Making gospel matters applicable, dependable and cross-cultural.
- How to truly outlive our lives and make a legacy.
- How we need to be creative to advance the gospel and communicate faith to people whether that be colleagues, friends or family using examples of individuals (namely Philo, Thomas Bray and William Wilberforce) who had gathered with a small group of like-minded people to spread the truly good news all over the world and act as a people that reflected His image and glory in this world.



North West Regional Group

Not only was it reassuring to know that Christians of the past felt the same joy, peace and suffering that we go through today but we were also thrilled to understand the thousands of testimonies of how ordinary people, much like us, did remarkable things because of their extraordinary faith and obedience. This was followed by another well participated Q & A.

Ann Mary

Safety of Local Anaesthetics in Dentistry



Local anaesthetics in dentistry have a very safe record. Those groups that have an increased risk of unwanted side effects are children, the elderly and the medically compromised.

As with all patients, take a comprehensive medical history, including drug history, from the patient before the start of treatment.

Unwanted side effects of LA include:

- physical trauma
- chemical trauma
- wrong site of injection
- toxicity of LA
- allergy
- an underlying medical condition
- drug interactions

PHYSICAL TRAUMA

- Soft tissue trauma such as bruising and laceration may occur at the injection site, or in the deeper tissues. Once a needle has touched bone the point may be blunt or even distorted and bend, and on a second entry may traumatise the tissues. Use a new needle for a second injection if required.
- The needle itself may directly damage the nerve during regional block injections. This may cause pain at the time on penetration, and long-lasting altered sensation, numbness or pain. Patients sometimes experience a shooting pain, like an electric shock down into their lip or tongue. This can occur if the nerve is touched during LA administration. If this happens withdraw the needle slightly and reposition before injecting.
- NEVER INJECT INTO A NERVE.
- Before an inferior dental block (IDB) or a mental block is given, consent for the procedure being carried out should include warnings of nerve damage due to the injection itself.
- If a blood vessel is traumatised, then there may be a bleed and resultant haematoma formation in the area. If this occurs in a muscle then this can

cause trismus and pain for the patient. If the haematoma is around the nerve then this can lead to long-term nerve damage. The least traumatic but still effective route for LA should be given, and generally infiltration reduces trauma compared to block anaesthesia.

- Trauma may be self-inflicted if the patient bites or burned the anaesthetised soft tissue areas before the anaesthetic has worn off. The patient must be warned, and the child's parent/guardian, about this before they leave. Avoiding chewing and hot food/drinks should be advised whilst the soft tissue anaesthesia remains.

CHEMICAL TRAUMA

- LA solution especially at high concentrations, may damage nerves.
- This may result in long-lasting altered sensation.
- Articaine at 4%, has been shown to cause nerve damage and the recommendation is that it should not be used for IDB, mental block injections or lingual infiltration.

WRONG SITE OF INJECTION

- LA may be injected into the wrong place, such as into a blood vessel or parotid gland.
- When giving an injection you should always aspirate before injecting to reduce the chance of injecting into a blood vessel.
- Injecting into a blood vessels may cause pain, localised blanching of the tissues, and result in effects on the brain and systemically.
- If injected into a blood vessel, the adrenaline will circulate quickly around to the heart and result in palpitations, a headache and a panicky feeling.
- If this occurs ensure the patient breathes slowly and deeply to reduce the heart rate and reassure them until the effects diminish.
- Giving an IDB with adrenaline based LA solutions may increase the frequency of this happening, as the blood vessels are larger.
- During the giving of an IDB, if the needle is too posteriorly positioned,

or the LA solution drains backwards, the LA solution enters the parotid gland fascia and the VII cranial nerve (facial nerve) may be affected. This may lead to a facial hemiparesis. The face will droop with an inability to close the eye on the affected side and smile or frown. This is the same appearance as a stroke and can be alarming for the patient and the dentist. Reassure the patient, explain that it is just the effect of the LA and that it will wear off as the IDB does. In the meantime, the patient should wear glasses to protect the affected eye as the blink reflex is lost and debris may enter the eye.

TOXICITY

- This may be due to the anaesthetic agent or the vasoconstrictor.
- LA toxicity will led to the patient feeling faint due to a drop in BP so lay the patient flat and give O₂.
- Vasoconstrictor toxicity will lead to palpitations and increased cerebral pressure (headaches), the patient may also have tremors and be restless so sit the patient up, ensure they are not hyperventilating, reassure the patient as they may be fearful and anxious. The symptoms will be the same as the "fight and flight" response.
- As a general rule in fit and well patients, including children, the safe amount of LA to give is one cartridge per 10kg of weight. So for a 70kg/11stone person it is safe to give seven cartridges of LA with or without vasoconstrictor. This is not per type of LA but overall LA given.
- If there are metabolic disorders such as liver and kidney disease then the safe amount of LA to give is reduced. These patients may well need to be seen in hospital if they have significant disease. Age, alcohol and drug use may all reduce the performance of the liver so reduce the overall estimate of a safe dose.
- A patient who is being treated with a high BP that is medicated where the BP is well controlled should be treated as a normal non-hypertensive patient; however, if the BP is uncontrolled, reduce the dose or delay the treatment until the BP is controlled.

THE MAXIMUM RECOMMENDED DOSE OF LOCAL ANAESTHETIC IN RELATION TO DIFFERENT ANAESTHETIC AGENTS AND PATIENT'S WEIGHT

(These apply whether a vasoconstrictor is present or not)

LOCAL ANAESTHETIC	Cartridge Volume	Maximum dose	Amount in 1/10 of a cartridge	Max dose for 25kg child approx age 9-10yrs	Max dose for 75kg / 11 stone 11 lbs adult	Max dose for 100kg / 15.75 stone adult
Lidocaine e.g. 2% Lignospan	2.2ml	4.4mg/kg	4.4mg	110mg or 2.5 x 2.2ml cartridges	330mg or 7.5 x 2.2ml cartridge	440mg or 10 x 2.2ml cartridge
Prilocaine e.g. Citanest 3%	2.2ml	6.0mg/kg	8.8mg	150mg or 1.7 x 2.2ml cartridge	450mg or 5.1 x 2.2ml cartridge	600mg or 6.8 x 2.2ml cartridge
Mepivacaine e.g. Scandonest 2%	2.0ml	4.4mg/kg	4.0mg	110mg or 2.75 x 2ml cartridge	330mg or 8.25 x 2ml cartridge	440mg or 11 x 2ml cartridge
Articaine e.g. Septanest 4%	2.2ml	7.0mg/kg	8.8mg	175mg or 1.9 x 2.2ml cartridge	525mg or 5.7 x 2.2ml cartridge	700mg or 7.6 x 2.2ml cartridge

Dosage is accumulative across all the different LA drugs, that is, all the LA given contributes to the recommended max dosage.

Bear in mind that an elderly adult, or a debilitated or anorexic adult may be of a low weight. In addition, elderly patients are more likely to suffer LA toxicity owing to metabolic factors.

Most LA agents are metabolised in the liver, with the exception of Articaine. If there is poor liver function, due to alcohol, drugs or disease, or reduced hepatic function due to old age, then more of the LA stays in the plasma for longer, giving side effects and toxicity for longer, and of a more severe nature. The metabolic activity of the liver in a 65 year old patient is approximately half that of a 25 year old patient. Hence, dosages may need to be reduced and in severe liver impairment, the patient's physician should be consulted.

However, the drugs themselves may only be licensed at much lower maximum dosages for these patients.

Citanest	3%	max 5 x 2.0ml cartridges
Articaine	4%	max 5 x 2.2ml cartridges
Lignocaine special	2%	max 3 x 2.2ml cartridges
Scandonest	3%	max 3 x 2.2ml cartridges

ALLERGY

- Allergy to the ester group is much more common than to the amide group of LA agents. The amide group of LA is used in the UK.
- Most LA is preservative-free, thus reducing allergies.
- Symptoms of an allergy to LA include a rash following LA injection or difficulty in breathing.
- Patients should be sent for allergy testing to clarify.
- Most reports of allergy are in fact fainting episodes or stress reactions.
- Latex free LA cartridges should be used and latex free gloves.

MEDICALLY COMPROMISED PATIENTS

- Caution should be exercised in patients when giving LA either because they have an underlying medical condition or due to drug interactions

UNDERLYING MEDICAL CONDITIONS

- Toxicity due to liver problems was discussed previously.
- Cardiac disease is affected by the use of vasoconstrictors.
- Heart conditions of concern are uncontrolled arrhythmias and unstable angina. In such patients avoid adrenaline and instead give LA with Felypressin, however, still reduce the overall dose to 2-3 cartridges in adults with cardiac disease.
- This may mean carrying out the treatment over multiple appointments.
- Felypressin should not be used on pregnant women as it will cross the placenta and at very high doses (100 cartridges) may initiate contractions if the pregnancy is close to full term.
- Deep regional blocks should not be used in patients with bleeding disorders such as haemophilia, unless factor VIII has been given pre-operatively. Intra-ligamental injections are safe in these patients.

DRUG INTERACTIONS

Drugs that might interfere with LA agents include:

- Anticonvulsants - lidocaine and phenytoin together depress cardiac activity at high doses.
- Antimicrobials - prilocaine and sulfonamides exacerbate the increase in the conversion of haemoglobin to methaemoglobin leading to cyanosis.
- Some HIV drugs raise the levels of lidocaine possibly leading to toxicity.
- Benzodiazepines - lidocaine and midazolam reduces the toxicity of the LA agent.
- Beta-adrenergic blockers - such as atenolol, bisoprolol, propranolol, and amide LA agents lead to increased toxicity of the LA. Max of 2 cartridges of adrenaline containing LA should be used as a precaution.
- Calcium-channel blockers - verapamil increases the toxicity of lidocaine so dosage should be limited.

Drugs that interfere with adrenaline include:

- Beta-adrenergic blockers - atenolol, bisoprolol, propranolol can lead to an increase in BP and stroke risk.
- Diuretics - the non-calcium sparing diuretics can increase adrenaline induced hypokalaemia. Dosage should be limited to 1-2 cartridges in adults taking these drugs.
- Calcium-channel blocking drugs for the same reason may also lead to hypokalaemia so restrict to 1-2 cartridges.
- Anti-Parkinson drugs - such as entacapone and tolcapone, may have an effect on adrenaline so dosage of adrenaline containing LA should be limited to 1 cartridge in adults or alternatives used.
- Antidepressants - monoamine oxidase inhibitors are OK to combine with LA. Selective serotonin reuptake inhibitors (SSRIs) such as paroxetine, fluoxetine or citalopram are safe to take with adrenaline containing LA. Tricyclic antidepressants e.g. Cimetidine can increase the effect of adrenaline at high doses so should be limited to 1-2 cartridges of adrenaline containing LA in adults.
- Drugs of abuse or recreational drugs - drugs such as amphetamines, cannabis and cocaine, increase the toxicity of adrenaline and therefore adrenaline-containing LA should be avoided or limited in patients who have taken these drugs in the previous 24 hours.

CONTRAINDICATION TO LOCAL ANAESTHESIA

1. IDB in a haemophiliac without factor VIII replacement.
2. Blocks or infiltrations with adrenaline on patients who have undergone radiotherapy and hence have a reduced blood supply to the area.
3. LA with vasoconstrictor in patients with unstable angina or arrhythmias.

Other conditions may require a reduced dose of anaesthetic agent or vasoconstrictor. Treatment should be staged to avoid overdose of local anaesthetic.

Karen Paterson

John Crocker BDS(Sydney) 1942 – 2015



As reported in the last edition of Three-in-One (Spring 2016), John Crocker, a long-standing member of CDF, died on Christmas Eve 2015.

John was born in Sydney, Australia, in 1942. Both his father and grandfather were dentists and he graduated in dentistry from Sydney University in 1963.

After working on the Dental Train, which saw patients as it stopped at stations in isolated areas from east to west across Australia, he worked in the Outback for the Bush Church Aid Society (BCAS), which included a Flying Doctor service. It was here that he met Wendy, a British nurse who was also working for the BCAS. They married in 1968, came to Britain on honeymoon – and stayed! They set up home in Abingdon and John worked in a practice there until, after a period of ill-health, he joined a practice in Didcot where he stayed until he retired in 2002.

He is survived by Wendy and their four children: Steve, Cathy, Susie and Jeremy. Cathy is an orthodontist in Ireland – so four generations of dentists – so far!

John was a life member of the BDA and served as treasurer of his Local Dental Committee for some 30 years but had interests apart from dentistry. Conjuring was a hobby at which he was expert. He performed at CDF Conferences and had, I think, all of us totally hoodwinked! He appeared on local TV on one occasion as a result of having calmed a nervous patient with some conjuring whilst waiting for a local anaesthetic to take effect! He was also a member of the Fellowship of Christian Magicians and enjoyed British and international magicians' conferences each year. He also helped at a local PHAB (Physically Handicapped and Able Bodied) Club for some 42 years. Photography was yet another active interest.

John had a real and personal Christian faith, which was a driving force from his teens onwards and was much referred to in a very special memorial service at Christchurch, North Abingdon on January 13th this year. The attendance – over 300 friends, family and patients – was a testament to the love and respect in which he was held.

We shall all miss you, John – Thank you for so many good memories.

Richard South

Council Vacancies

We are currently looking to fill two roles within the CDF Council:

Janet Laio is standing down as our Treasurer and we need to find someone to replace her. Many thanks to Janet for all the time and care she has put into this role.

We are also looking to recruit another Student worker to develop the role of supporting our current dental students. Expenses and a day rate would be available to someone who takes on this work.

If you are interested please contact Sarah Felton (cdf.sarahfelton@gmail.com) for more details.

Associate Required

We are a large, mixed, FD approved family practice in densely populated area of Norwich servicing the local community, and are seeking one or two associates to join our caring friendly team.

Innovative and preventive approach to delivering dental care. Flexible UDA targets. Perhaps you feel a leading towards this area?

Please contact Jim Peirson at jimpeirson@aol.com or take a look at the website: www.jimpeirsondhc.co.uk

Garry Sime BSc BDS, FDSRCPS (Glasgow) 1958 – 2016



Garry, a CDF member from Glasgow passed away suddenly on 13th February 2016 surrounded by his wife Elizabeth and son Euan, following a stroke.

His Christian faith supported him at the end, even when difficult decisions were being made about resuscitation. Elizabeth writes: "She [the doctor] was very upset and crying too. I explained that we were a Christian family and that our hope was that there was more to life than what takes place here on earth.

"Euan and I stayed for much of the day, Garry had a wee notebook and for some of

the time he was able to scrawl notes for us. Some of the things he wrote were "one in three chance of living" and "too disabled to live". So almost to the end he still had that bit of brain power that controls thought and understanding. He also wrote "I am not frightened" and drew a cross, then wrote, "just sad to be going so soon".

"Our hearts are broken for ourselves, but our tears are not for Garry, the power of his dying thoughts, in the certainty of the cross are so powerful. We had a picture of that page from his book on the screen at his Thanksgiving Service. Over 400 people attended his funeral, which was such a comfort to us knowing so many loved and cared about Garry and his family. His work colleagues are devastated, they all held him

in such high regard. They have named the area where he worked at Broxden with the students the Garry Sime Teaching Wing.

"I have been given the most outrageous grace, peace and strength from God, and I know this is the calm before the storm, and there will be many dark days and nights ahead, but one day at a time.

"Make the most of life dear friends, and don't take your other halves for granted."

My flesh and my heart may fail, but God is the strength of my heart and my portion forever.

Psalm 73:26

Deadline for the next issue of Three-in-One is 1st July 2016. Please send contributions to Tracey Dalby: editor@cdf-uk.org

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