

An Interview with Susie Matthew, CDF President Elect



The CDF Council are delighted to welcome Susie Matthew as President Elect. Although Susie has been a CDF member for many years some CDF members may not know her. We asked her if she would be willing to be interviewed by the Three-in-One team. Here we get her to spill the beans about herself.

When did you first become involved with CDF?

I've been a member since I was a student at the University of Dundee over 30 years ago when I was encouraged to become involved by a Christian member of staff and invited by his family into their home for food - free food is always welcomed by students! Knowing I was not the only Christian dental student was most encouraging.

How did you become a Christian?

Well, I was brought up in a Christian family who lived on the outskirts of Glasgow. We attended the local Church of Scotland in Baldernock, but it was through an Interlalia youth meeting at the Renfield Church Centre in Glasgow that I made my own confession of faith at the age of about fourteen years. We would

sing choruses, eat food and listen to speakers and it was there that I understood about committing my life to Christ for myself.

You only recently became more involved with CDF. Tell us how that came about?

Up until a few years ago I would have read the newsletter, now Three-in-One, finding the articles and reports encouraging and prayed through Alan Vogt's prayer guides but not much more. About three years ago when I was going through a stressful time with my practice and staffing issues, I felt God encouraging me to come to CDF conference which I duly did. I discovered a wonderful group of supportive Christian colleagues who made me feel most welcome and I have returned every year since. I would encourage anyone who has not yet taken the plunge and come to conference to book for next year!

Tell us about your dental career

I graduated from the University of Dundee in 1982 and when my hoped for house job in Children's and Orthodontics did not materialise I found a job in general practice in Barrow-in-Furness, Cumbria. At



that time there was no VT so it was straight in on day one treating everyone and every scenario. Fortunately my new principal was helpful and supportive and I stayed there for seventeen years.

But you haven't stayed in practice all this time. What has happened in the intervening years?

Years ago there existed a hospital appointment known as a "clinical assistant" where a general dentist could work in a hospital department under the guidance and supervision of a consultant. I was appointed to one such post in orthodontics in 1996. I thoroughly enjoyed the work, learning as much as I could but really hoped to become a qualified Specialist in Orthodontics. In order to achieve this I discovered that I would need to initially pass the three parts of MFDS and then apply for an approved Specialist Registrar training post. To cut a long story short, I managed to pass the three parts of MFDS and gained a place at Manchester Dental Hospital and School to work towards an MSc in Orthodontics and the exam of Membership in Orthodontics from a Royal College. Finally in June 2003 I became the qualified specialist I had hoped. It sounds fairly straightforward, however it would have been impossible without God's leading and guiding.

Where are you working now?

Currently I have two jobs. I work part-time, running a small specialist orthodontic practice that I started in 2003 when the local Primary Care Trust identified the need for more orthodontic provision. Whilst the local hospital orthodontic service was providing hospital-based care the nearest specialist practice was 30 miles away. The practice

continued over...

has now been open for just over twelve years with a waiting list for consultation and treatment. I am also employed as an Associate Specialist in Orthodontics one day a week by the local hospital trust so there is little time for other interests.

When you have some spare time, what would you do?

What I would enjoy most is to be able to go out into the garden, lose all sense of time and work on a new project. However, I do have to say that I seem to have been digging out the same weeds for the last 29 years! If the weather is bad there is nothing better than keeping warm by the fire with a good book.

Tell us about your family.

When I went to work in Barrow-in-Furness I imagined I would stay for a couple of years, however God had other plans for me. I met my husband John, an electrical engineer working in what is now BAE Systems and we married in September 1984, recently celebrating our 31st wedding anniversary. He subsequently changed careers qualifying in Human Resources (HR) in 1991 and currently he works for our local hospital NHS Trust.

We have three grown up sons. Robert is 28 and married to Helen. They are currently working/volunteering in Malaysia before Robert begins ordination training with the Church of England in September 2016. Peter, two years younger, is a vehicle mechanic in the Royal Electrical and Mechanical Engineers, currently based in northern Germany. He completed two back to back tours in western Canada in November and the whole family were able to meet for a holiday in the Canadian

Rockies in August before Robert and Helen flew to Malaysia. Very exciting! David is 21 and completing his final year studying Geography at the University of Chester. He is a keen sportsman and rows and swims for the university in his spare time. As a family we have very few close relatives so keeping in touch with family is most important.

Where do you worship?

I have worshipped in Ulverston Parish Church since I moved to Cumbria in 1982. A part of the Church of England, it offers a wide range of services with both traditional and modern music. I am involved with youth ministry, particularly on a Sunday morning for 11 to 14 year olds. I also provide input to the Deanery Network Youth Steering Group. I am part of a house group that meets weekly which I co-lead and I value their support and have depended on their care and prayer on many occasions.

You are now President Elect; what do you bring to CDF?

Through attending Conference I have met CDF members and found new friends including Victoria, Tracey and other Council members. So when Victoria asked me to consider becoming President Elect I prayed that God would show me clearly if I should accept the post. God calls us to a kingdom of justice and righteousness. Not something ahead for the future but a kingdom to be lived out today. It was during a time of quiet guided meditation that God spoke clearly to me from Colossians 1:12 and Proverbs 2:6, showing me that He will give me the wisdom, knowledge and understanding I require to lead where His Spirit is taking us and so I

accepted the position. My task now is to spend what remains of the year open to His voice and direction whilst learning as much as I can about the practicalities of the Fellowship and how it is run.

As President Elect, where do you see God taking CDF over the next three years?

I hope to take forward the work that has already begun. I see my role as building and developing on something that is already happening. I am extremely grateful to our President Victoria who has already given me much wise advice. Council have the understanding, knowledge and expertise in all things CDF. I am confident that when I move into my new role as President in the Autumn I will have the support to take forward God's work.

I have prayed about how this could look and God has shown me three strands to my Presidency. First, is to serve God and the Fellowship. Second, as I have already mentioned, is to take forward the work that has already begun and finally to put self behind and be open to where He is leading.

So what do you see happening in CDF?

The principal aim of the CDF is to provide an active Christian influence in the dental profession. The CDF website is the place where people look to find out about our vision and values and learn more about the Fellowship. We have a new logo that puts Christ at the centre of all we do. Currently the website is under review with proposals and costings drawn up for Council to consider. I think of the website as our "shop window" and hope it can become more: a place to unite members, to support student members, a link to mission partners and a place to help members engage biblically and relevantly with the issues they face. I would hope to see CDF supporting us effectively as we live out our Christian lives in our homes, churches and places of work.

And finally, your name, explain!

I have been married to John for more than 30 years and use my married name, Susie Barstow. But for most things dental and orthodontic I use my maiden name, Susan (Susie) Matthew, so please could I be known as Susie Matthew for all things CDF too.



“Pay If You Can” Dentistry Project Launched In Dewsbury



People suffering appalling dental pain who couldn't register with a dentist have received emergency treatment thanks to the UK's first “Pay If You Can” dentistry project.

Dentists are volunteering their time to help the most vulnerable people in their local communities who find it difficult to access NHS dental care. The Real Junk Tooth Project has been launched by international dental charity Dentaid which is committed to eradicating dental pain across the world. At Dewsbury Dental Centre a steady stream of patients had teeth extracted, ending months of misery for many of them.

Claire's story

Dentaid wants to stop people resorting to desperate measures to end their dental pain like Claire Skipper from Dewsbury who pulled out her own tooth with a pair of pliers in her garden shed.

“I'd been in absolute agony for weeks,” she said. “It was excruciating – worse than labour pains. I'd tried to get an NHS dentist but nowhere was taking on new patients so I couldn't register. The only emergency clinic is in Bradford which costs a fortune to get to on public transport. My dad was also suffering toothache so we arranged to meet in my garden shed at three in the morning, drank whisky and pulled our teeth out with pliers. My dad managed to get his out but mine broke – the pain was

indescribable. It took me another week before I could finally get to see an emergency dentist who removed what was left. After all that I'm still not able to register with a dentist and I dread something going wrong with my teeth again. I can't afford more than £30 a month to go on a private care plan –



sometimes we don't have enough money for the electricity meter. That's why I think this is such a great project. No-one in Britain in 2015 should have to resort to pulling out their own teeth and it's fantastic that these dentists care enough to help.”

The Real Junk Tooth Project's first patient was Matthew Phillips who had a wisdom tooth extracted. “I've been in pain for months but can't get a dentist to see me,”

he said. “I can't sleep; it's affecting my whole life. Without toothache my life will be much better.” Other patients included people who had been self-medicating to numb tooth pain, vulnerable people and those on low incomes.

Owner of Dewsbury Dental Centre Nick O'Donovan was one of the volunteer dentists who provided emergency treatment.

“I'd like to think all dentists joined the profession because they wanted to help people,” he said. “This is one way we can give something back. The people we saw would have been really suffering. Of course the best thing to do is have regular check-ups and good oral health but there are people who are falling through the net for all sorts of reasons. We know there is a need and this way we can help them.”

The scheme was launched after Paul Burr from community food initiative The Real Junk Food Project Dewsbury realised that many people in need could not enjoy the free meals the charity was providing because they were suffering toothache. He approached local dentists and Dentaid to set up the pilot project.

Dentaid has already been contacted by dental professionals across the country who are interested in establishing similar schemes in their areas. Andy Evans, strategic director of Dentaid added: “Dentaid is committed to eradicating dental pain whatever people's circumstances might be. We know the NHS does a wonderful job but some people are still missing out and they are often those with the greatest dental needs. We're very excited about the prospects for this project as it moves forward.”

The Real Junk Tooth Project will run every Thursday evening at Dewsbury Dental Centre on Halifax Road from 6pm – 8pm. No appointments are necessary, people just turn up and wait to be seen and only make a donation if they can afford to.

For more details about volunteering for the scheme email info@dentaid.org

A Review of Local Anaesthesia for GDPs and DCPs: the Pharmacology of Local Anaesthesia in Dentistry.



Anaesthesia is a loss of sensation in a circumscribed area of the body by a depression of excitation in nerve endings or an inhibition of the conductive process in peripheral nerves

This definition includes all sensation. However, in dentistry it is only the pain sensation we want to eliminate and this is called analgesia. The two terms are used in dentistry to mean the same thing. Patients will often say ... “Will I feel anything?”...so they need to be reassured and advised that they will still feel sensations of pressure, touch, movement and vibration, BUT should not experience pain.

How does Local Anaesthetic work?

There are a number of different ways in which local anaesthesia can be achieved.

- **TRAUMA** If you sever or cut the nerve, say cutting the lingual nerve during the removal of LL8, then this will give complete anaesthesia of the lingual nerve but it is irreversible.
- **LA DRUGS** These will give a reversible and therefore acceptable means of achieving local anaesthesia.

The mechanisms of LA are complex, but simply put, a nerve transmits information down its length by producing a change in the electrical gradient along the cell membrane.

The charge inside the nerve membrane is negative at rest, and the outside is positive.

When the nerve is fired a “gate” known as a sodium channel, in the cell membrane, opens and allows in positively charged sodium ions. The inside now becomes positive and the outside negative. This flows like a wave down the nerve from the nerve endings to the brain in a split second. Behind the wave the polarity changes back to negative inside and positive outside as the gate closes. Thus transmission of the pain signal is dependent on the movement of positive sodium ions into the nerve cell across the membrane.

LA works by blocking the movement of sodium across the membrane. This occurs in two ways. Firstly the cell membrane swells and physically blocks the sodium ions from entering via the gate or sodium channel. Secondly, there are receptors that help transport the sodium across the membrane by binding to the sodium. The LA drug attaches to these receptors so they are no longer available to help transport sodium across the membrane.

Whilst the LA drug is still bound to the receptors there is now no change in polarity possible across the membrane and thus no stimulation of the nerve = NO PAIN and LOCAL ANALGESIA is achieved. In time, the bonding of the receptors will weaken and sodium will once again be able to cross the membrane and stimulate the nerve. The duration and efficacy of the local anaesthetics is dependent on several

factors. The local anaesthetic solution needs to be lipid/fat soluble to pass through the membrane to reach the receptors to block them and must be positively charged. The more positive the solution the faster and more efficiently the LA will work.

One of the factors that affects the proportion of charged particle in tissues once the LA is given is the pH of the region. If the area where you are injecting is infected then the pH will be lower (more acidic), hence your LA will not be as effective or may not work at all.

Local anaesthetic drugs such as procaine and mepivacaine are vasodilators, that is they dilate or widen the blood vessels. This has the effect of decreasing the effectiveness of the LA as the solution is quickly absorbed and flushed away from the area where it is injected. So to counteract this effect, a vasoconstrictor is added to the LA, such as adrenaline. This increases both the depth and duration of the local anaesthetic action by constricting the blood vessels and in doing so will also reduce blood loss during surgical procedures.

All of the dose of LA will eventually be absorbed into the blood stream and metabolised in the liver and then excreted in urine. There are two classes of LA agent:

- **ESTERS** eg benzocaine
- **AMIDES** eg articaine, prilocaine, lidocaine

All of the LA agents used in the UK are AMIDES and metabolise slowly in the liver, with the exception of articaine which metabolises much faster. Very little of the LA is excreted unchanged in the urine.

Local Anaesthetic Drugs

There are two classes of drugs in local anaesthetic solutions.

These are the ANAESTHETIC AGENT and the VASOCONSTRICTOR.

The vasoconstrictors are classified into two groups; catecholamines (Adrenaline) or synthetic polypeptides (Felypressin).

Various combinations are available in cartridges in the UK.

TABLE OF LOCAL ANAESTHETICS AND VASOCONSTRICTORS

LOCAL ANAESTHETIC	Vasoconstrictor-free/plain	With adrenaline	With felypressin
Lidocaine e.g. Lignospan, Xylocaine		+ 1:80,000	
Prilocaine e.g. Citanest	+		+
Mepivacaine e.g. Scandonest	+	+ 1:100,000	
Articaine e.g. Septanest		+ 1:200,000 1:100,000	

Local anaesthetic solutions these days are preservative free.

LIDOCAINE e.g. Lignospan, Xylocaine

- “gold standard”
- has been used for over 50 years
- 2% solution
- topical preparations available
- when combined with adrenaline gives reliable dental anaesthesia
- the concentration of adrenaline is 1:80,000
- when used in infiltration and regional blocks, lidocaine with adrenaline can produce pulpal anaesthesia of 45 mins
- soft tissue anaesthesia lasts longer and altered sensations may be present for 2-3 hours
- when used for intraligamental injections it gives pulpal anaesthesia for up to 15 min in single rooted teeth

PRILOCAINE e.g. Citanest

- prilocaine is produced in 2 forms
- firstly as a 3% solution with felypressin (Octapressin)
- secondly as a plain 4% solution
- when prilocaine/felypressin is combined = lidocaine/adrenaline when used for infiltration and regional blocks
- it is not as potent as lidocaine for intraligamental injection or for controlling haemorrhage

MEPIVACAINE e.g. Scandonest

- mepivacaine is produced in two forms
- firstly as a 2% solution with 1:100,000 adrenaline
- secondly, as a 3% plain solution
- mepivacaine with adrenaline is equivalent to lidocaine with adrenaline
- the plain solution is useful if a vasoconstrictor-free anaesthetic is required

ARTICAINE e.g. Septanest

- articaine is available as a 4% solution
- it is combined with 1:100,000 and 1:200,000 adrenaline
- its performance is equivalent to lidocaine with adrenaline for most indications
- however, it has been shown to be more effective than 2% lidocaine with adrenaline for buccal infiltrations in the mandible for obtaining pulpal anaesthesia in the mandibular first molar and incisors
- articaine is metabolised faster (20 mins) than lidocaine and prilocaine (90 mins) and therefore the dose can be repeated for long procedures resulting in reduced toxicity
- the use of articaine for IDB has been linked to an increased risk of IDN paraesthesia

BENZOCAINE

- benzocaine 20% gel is used as a topical anaesthetic agent
- it has been shown not to be beneficial in reducing the discomfort of IDB

VASOCONSTRICTORS

ADRENALINE

Adrenaline is a naturally occurring hormone, produced by the adrenal gland and is naturally released during the “fight or flight response”. Its advantages in local anaesthetic solutions include

- more profound anaesthesia
- longer-lasting pulpal anaesthesia
- haemorrhage control
- its concentration varies from 1:80,000 to 1:200,000
- its effects include vasoconstriction of blood vessels, diverting blood away from the site of injection

FELYPRESSIN

Felypressin is a synthetic octapeptide and is similar to the naturally occurring pituitary hormone vasopressin. It is not as potent a vasoconstrictor as adrenaline, and thus not as effective in controlling haemorrhage.

What Local Anaesthetic Should I Use?

It is helpful to have a selection of types of local anaesthetic at your disposal. The choice of LA solution to use will be influenced by three factors:

- the type of treatment
- the method of anaesthesia
- pre-existing medical conditions/drug histories

TYPE OF TREATMENT

Oral surgery and periodontal treatments require a good level of haemorrhage control. Adrenaline containing LA or felypressin containing LA provide haemorrhage control and pulpal anaesthesia. Pain control during the procedure is best achieved with lidocaine and adrenaline.

Method of Anaesthesia

- If pulpal anaesthesia is required (vital pulpotomies, RCT vital extirpation, extractions) then the use of a LA solution with a vasoconstrictor is required as the anaesthesia is more profound
- If using intraligamental injections, (for extractions, fillings, pulpotomies) a LA solution with adrenaline is essential to give an acceptable level of anaesthesia.
- The LA solution of choice is lidocaine with adrenaline, unless there are other medical contraindications.
- However, for buccal infiltration in the adult mandible, articaine 4% with adrenaline has been shown to be better than lidocaine 2% with adrenaline.

PRE-EXISTING MEDICAL CONDITIONS/DRUG HISTORIES

Points to consider are:

- is there an allergy to one of the anaesthetic agents? In which case an alternative should be used
- should a vasoconstrictor be avoided?
- the only indication for the avoidance of the use of a vasoconstrictor is the need to inject into a site that has previously received radiotherapy. The blood supply to the area will have already been compromised and further vasoconstriction may result in necrosis.
- if yes, mepivacaine plain or prilocaine plain should be used
- if a vasoconstrictor can be used which one should be chosen?
- adrenaline if the first line choice in most patients
- in certain patients, especially those with severe cardiac disease, either the dose of adrenaline should be reduced or the use of felypressin should be considered instead, but still used with care in these circumstances.

This article has been written in part, by reference to the following book, which I would thoroughly recommend to anyone wanting to know more on the subject. Practical Dental Local Anaesthesia (Quintessentials of Dental Practice) 2nd edition - 8 Jul 2010 by John Meechan (Author) ISBN-10: 1850972044

Karen Paterson

CDF Regional Groups



CDF has a number of regional groups which give us the opportunity to meet together in a more local setting. The annual conference is always a great way of meeting up with like-minded people from across the country. However, the idea of the regional groups is to allow people to meet and get to know others who are more local to them. At the conference, Saturday lunch is organised so that the groups can meet and eat together and hopefully get to know each other better too.

There are regional groups in the following areas:

Avon and Gloucestershire
East Anglia
East Midlands
London North
London South and South East
North West
Northern Ireland
Pennines East
Scotland
South Wales
South West
Thames Valley
Wessex
West Midlands
Yorkshire and Humberside

Each area has a local representative who tries to co-ordinate a meeting once a year in a more local setting. The regional

groups are an excellent way of getting to know other members in your area and provide invaluable support.

Iain Corran is the Regional Group co-ordinator on the CDF council. He recently emailed the regional representatives and asked:

CDF Council would welcome any feedback you would care to provide as to how you believe CDF Regional Groups succeed in fostering fellowship with your local CDF members, and any other suggestions, ideas etc. you may have that the CDF Council can consider and move forward in regard to CDF Regional Groups.

The responses he received were very varied between different groups. Some had really positive feedback to give:

- I want to thank God for enabling us to organise monthly meetings of believing dentists every month for the past two years. This has been a great blessing.
- The local regional meeting is always a good experience. Meeting other Christians who are also dentists, and yet often with a somewhat different theological persuasion makes them interesting and stimulating.
- The local regional meetings are valuable, fun and in some ways, challenging. Food is important. Time to mingle and chat is valuable.
- I'm not sure how it works in other regions, but here, there are quite a lot of Christian dentists, nurses and hygienists who had never heard of CDF and I am quite keen to open up the opportunity for fellowship and outreach as widely as possible, so the majority of

people who attend our meetings are not CDF members.....yet!

Others had found that they had found things trickier:

- I have found coordinating and energising the regional group very difficult as we are very low in numbers and very spread out.
- We did not hold a meeting this year and no one seemed to notice. Last year there were just four of us and we were 60 miles apart. The year before we were six and people travelled 40 to 60 miles. Before that it was the same. Distance is the main killer here.
- I have organised a meeting with a speaker every year for the last few years. I've always found it hard trying to get folk to come along. I have tried, but I'm not sure what impact it has had.

It seemed from the feedback that people are busy and involved in many different things and so had less free time to spend meeting locally with another group of people:

- I suspect that like me, everyone is busy with their own things.
- Keen Christians are involved in the church to which they are committed.

However, there will be regional group meetings coming up in 2016. Maybe now is the time to try out your local group? Previous regional days have varied greatly from region to region. To give you a taste of what goes on here are some reports of previous meetings.

- We enjoyed a time of worship, led by Barrie Lawrence, followed by an



Scotland Regional Group

illuminating talk on the challenges and joys of being a published author. Barrie has a fund of amusing anecdotes from his time as a dentist, which he had previously only shared as an after dinner speaker, but which are now available to purchase, along with a previous volume about his Christian journey. You can find him on Amazon! After a wonderful barbeque in Vicky's garden, overlooking some tranquil Norfolk scenery, we gently fried in the sun as we listened to Peter Wagg describing his research for an MA in Pastoral Theology. Many thanks to Vicky for hosting a lovely day; to Jonathan on barbeque duties and to all who attended, for their fellowship, food and friendship. These days are a valuable part of CDF's work.

- The annual gathering of CDF Scotland was a treasure hunt which was a grand success - well if you don't count the fact that everyone (quite literally) missed the boat and got lost! Participating vehicles were given "CDF Scotland 2014" livery to stick on each front door, which added to the fun and team-spirit of the day. The car treasure hunt during the afternoon took participants from the Wallace Monument through Bannockburn, Dunblane and Doune, to the shores of the Lake of Menteith (where they should have taken a boat trip out to the priory!) and Loch Venachar (some people visited Loch Katrine too, though this was not on the route!). We finally made it to Callander and a glorious BBQ was the reward. Only one car broke down but it should also be noted that only one car finished the whole route! A great time was had by all despite everything! The day was rounded off beautifully by worship music and prayer round the campfire to the sound of a babbling brook.
- We had a lovely afternoon with tea and cakes, updating each other on various events in our busy lives since last meeting. Following a viewing of the allotment we had a lovely evening meal and discussed Neil and Jane's imminent retirement and calling to serve the Lord



East Anglia Regional Group

in North Korea! Needless to say we spent a little time in prayer before our departure.

- Twenty two people came, including dentists from hospital, community, ortho and general practice, nurses, spouses and family of all ages and backgrounds. Our theme for the day – 'Holistic Spirituality: how professional dentistry can be used by the Holy Spirit. Local dentist, Richard McBride updated us on overseas dental work through 'Stand by Me', after his follow-up visit to Romania the previous week and also shared photos and stories from the Ethiopia team who returned to Bekoji in March after their first visit in 2012. Tom Dick, Chairman of Vision of Good Hope, continued the theme of mission in Moldova, including stories of Coke bottles being used upside-down for the redemptive purpose of dispensing water for children's tooth-brushing! We enjoyed chatting over lunch. Pastor John Herron finished off the afternoon teaching on evangelism as we considered the unique opportunities we have every day to share God's love, care and compassion.

For more details about your regional group please contact Iain Corran the Regional Group co-ordinator via the CDF website.

Here are details of two upcoming regional days, but keep your eyes peeled for more details of additional group meetings.

The **East Anglia** regional group will be meeting on Saturday 12th March at the home of Clive and Jan Sprawson. The programme has not been decided upon yet but the members and partners are welcome from 10.30 am.

The **South West** group will be meeting on 19th March at the home of Malcom Prideaux. Simon Crewe will be talking about his time with DentaId in Cambodia and Nepal amongst other things. It should be a fascinating afternoon. From 1pm onwards with themed food and refreshments possibly!

Member News

John Crocker, a long-standing CDF member passed away on 24th December 2015 following a long period of ill health.

An inspiring memorial service was held in Abingdon on 13th January. People may remember him from past conferences where he amazed people with his conjuring tricks.

Jesus said to her, "I am the resurrection and the life. Whoever believes in me, though he die, yet shall he live, and everyone who lives and believes in me shall never die. John 11:25-26

Nepal Dental Camps



Andrew Bottomley, Mary Burke and Carol Adeloye will be heading to South West Nepal in March 2016. Here they tell us a little of what they will be getting up to.

They will be visiting churches in towns but away from the towns, the dental need is still unmet. The local church leaders really value their help in their communities as they provide a holistic witness.

The trip is a 'repeat' of several visits over the last few years. Andrew and his wife Sara, worked in Nepal in the 1990s with the International Nepal Fellowship and were supported by CDF.

When they lived in Nepalgunj for one year they were part of a small fellowship there and since returning to UK, their local church, Crofton Baptist, has developed links which have led to physical church building support, education trips as they run a school and dental Camps in villages where satellite churches have been started.

Please pray for the team as things are difficult in Nepal at the moment with the current political climate and fuel shortage. Flights are subject to short notice change. International flights cannot get air fuel in Kathmandu so have to arrive with enough to get them back to base again. Internal flights are disrupted too.

Here are the details:

Saturday 12th March - fly from Kathmandu to Nepalganj.

Sunday 13th - leave early in the morning to travel two hours in a Jeep to Sonpur and Ghurpitta villages in Bardiya. We will split into two teams and provide dental care to all who queue.

Monday 14th - More dental work before packing up about 4.30pm to return to Nepalganj by 7.00pm for food and sleep.

Tuesday 15th - get up early again to travel by Jeep to Majhgaun in Dang. We will do dental work there that day and stay overnight.

Wednesday 16th - We will travel by Jeep to East Dang area - near Kapilvastu. We will split into two teams and do camps in local villages. Return that night to Majhgaun to stay.

Thursday 17th - Dental camp until 4.00pm. Return to Nepalganj by Jeep.

Friday 18th - Dental work on the compound in Nepalganj.

Saturday 19th - Church in Nepalganj. Welcome in service etc.

Afternoon - there will be people who need their teeth sorted who didn't get done on Friday. 'Just 1 more'!



Sunday 20th - Morning flight from Nepalganj to Kathmandu.

- Please pray for safety in travel - the internal flights and jeep drives on local roads.
- Please pray for health of the team. 'Intestinal hurry' is no fun.
- Please pray for strength and stamina - especially our backs as we will be working on dining room chairs.
- Please pray for wisdom as we make treatment plans in a different language and culture.
- Please pray for our witness - that people who come to sort their teeth out hear and see the Gospel through the team and the local churches.

Volunteering trips to Nepal with Dentaaid

Dentaaid are looking for volunteer dental professionals to join the charity on trips to Nepal as the country tries to restore medical services following April 2015's devastating earthquake.

Dentaaid is inviting dentists, dental therapists, hygienists and dental nurses to join its two-week volunteering trips to Nepal in April and October 2016.

The teams will work with partner organisations in the capital Kathmandu and the Annapurna region in the foothills of the Himalayas. Much of the region's infrastructure was destroyed in the earthquake, including buildings used as dental surgeries, and there is a lot to be done in the field of dental health.

Temporary shelters have been erected to house dental clinics and Dentaaid has provided portable surgeries, which can be operated without access to electricity and running water, in a Dentaaid Box. Organisations have been very proactive in helping their communities but volunteers from the UK will allow them to treat more patients, share expertise and promote oral health education.

Volunteers will be asked to provide preventative treatments such as fissure sealants and Atraumatic Restorative Treatments alongside emergency pain relief. The team will work in busy clinics, remote communities and schools alongside Nepalese dental professionals.

Provisional dates for the trip are Saturday, April 23 - May 7, 2016 with another trip planned for October. Volunteers are asked to raise £2100 which pays for flights, accommodation, food on working days, in-country transport and a donation to help support the continuing work of our host project partners.

To find out more please email info@dentaaid.org



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

CDF, PO Box 12023, Colchester, CO1 9NX

Email: cdf.sarahfelton@gmail.com Website: www.cdf-uk.org

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