Health Focus

DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: My 35-Year-Old Bridge is Loose

A: Before we got to the bridge, we discussed how he got there and the history of dentists in Eastern Cuyahoga and Lake County over the past few decades. I felt that immediately we had a lot in common, as I knew who they were, and I wanted to help him with his problem. When I entered dental school, my new patient was in an accident that resulted in loss and damage to many of his front teeth. He spent a good deal of time ensuring that his teeth lasted for many decades. Bridges and implants allowed him to stay in permanent teeth for many years and not have to move to something removable.

His front four teeth are a bridge that has served him well until recently. Now his bridge is loose and detached on one side of his mouth. Let's review what I mean by a permanent bridge. For many years, a permanent bridge was and in some cases still is the best way to replace missing teeth. It provides permanence and great cosmetics for the recipient. The bridge comprises at least one crown on either side of the missing tooth or teeth, which anchors the teeth into place. The bridge attaches to these teeth a special dental cement that is resistant to mouth fluids. Over the years, and in this case over decades, the cement will start to break down. Once the cement deteriorates, mouth bacteria come under the edge of the crown. This influx of bacteria produces acid and creates decay areas on the tooth. Sometimes, a patient will complain of discomfort, and sometimes there are no symptoms.

When the decay reaches a certain point, the entire bridge becomes undermined, and normal chewing will cause the bridge to separate from the tooth. That scenario is what happened to my patient. One end of the bridge was no longer attached, and all four teeth were held in place by only one tooth. Our problem is how to keep him in permanent teeth and not move down the road to something that he would have to take in and out of his mouth.

Essentially there are two approaches to this case. One method would involve removing the decayed tooth and making a larger bridge. This direction would require me to include more teeth and make them part of the bridge. If the teeth next to the decayed one are part of another bridge, this option goes off the table, or the new bridge would become very large. Since other bridges were present, this concern was not theoretical but real.

Our second approach involves dental implants, and both anchor teeth would require removal and replacement with single implants. I would use these implants as new anchors for exactly what he had for many years. He would leave with a front bridge that is only four teeth in width and anchors to the two implants.

A third approach would involve a mixture of natural teeth and implants, but I wanted to keep the case simpler as I had other good choices for him. In the case of the implants, I would use a special guide and computer planning to make the placement of the implants as close to perfection as possible.

We reviewed all the choices and together came up with the best for his situation. Cosmetics are a concern, so I also had to factor that into our discussions. My goal is to recreate what served him so well for all these years. If you have dental work that is getting old, please call me for an evaluation. Often, I can give it new life before it becomes a serious issue. Please call me at 440.951.7856 and set up a visit as I look forward to hearing from you.

Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.

The Healthy Smile
34586 Lakeshore Boulevard
(¼ mile west of Route 91 on Lakeshore Blvd)
Eastlake, Ohio 44095
440-951-7856
Severance Medical Arts, Suite 603
5 Severance Center
Cleveland Heights, OH 44118
216-371-2333
www.jeffreygrossdds.com

OPHTHALMOLOGY

Gregory Eippert, MD

Q: I am not a candidate for either LASIK or PRK. Is there any new development to improve my vision without depending on glasses or contact lenses?

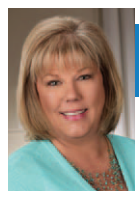
A: Yes. The ICL, or Implantable Collamer Lens, offers a premium option for those seeking reduced dependency on glasses and contact lenses. ICLs can be suitable for those who are not good candidates for Lasik/PRK for reasons including thin corneas, very high corrections, excessive dry eyes, and irregular corneas. The best candidates for ICLs are between the ages of 21 and 45, with moderate to severe nearsightedness, and who have had no previous eye surgery.

ICLs function like contact lenses to correct nearsightedness. The difference is that they work from within the eye instead of sitting on the surface of the eye. The ICL is placed behind the iris, the colored part of the eye, and in front of the natural lens. This enables light to focus properly on the retina. Patients cannot feel the ICL in their eye, and, because of its position it is undetectable to onlookers.

ICLs offer permanent vision correction and are intended to remain in place, without maintenance. However, should the need arise, it can easily be removed and replaced, or another procedure done at any time. You could still wear glasses or contacts if necessary, and the ICL does not affect presbyopia, or the need for reading glasses due to age. If cataract surgery should later become necessary, the ICL can be removed and replaced with an IOL (intraocular lens).

Deciding on a vision correction procedure that's right for you is an important one. Consult with your eye doctor to understand the different options and explore the possibilities.

Gregory Eippert, MD
8140 Norton Parkway
Mentor, OH 44060
440-255-1115
www.opivision.com



INSURANCE

Laura Mutsko Agent and CSA

Q: I will be going on Medicare before the end of the year. It all seems so confusing. I don't know where to begin!

A: Regular readers of this column know I do not believe that "one size fits all" when it comes to health insurance, including Medicare coverage. As you get ready to go on Medicare, you will need to consider the various Medicare options in order to determine which one is the best choice for you. The good news is that we are here to help.

Some of the basics you will want to become familiar with include the following:

- What does Original Medicare cover – and what is not covered?
- How do I close any gaps in coverage?
- What is the difference between Original Medicare, a Medicare Supplement, and a Medicare Advantage Plan?
- Will my doctors, hospitals and other providers accept my coverage?
- What is the long-term penalty for missing my sign-up deadline?
- How do I get the best prescription coverage for me?

You can get clear-cut, straight forward answers to these and other questions by attending my class, Getting Started with Medicare. I will be presenting it this fall at area libraries and community centers, including the following locations:

Wednesday, 9/21/22
6:00pm – 7:30pm
Mentor Library
Registration: 440-255-8811

Monday, 9/26/22
6:00pm – 7:30pm
Morley Library in Painesville
Registration: 440-255-5700

Thursday, 9/29/22
6:00pm – 7:00pm
Willoughby Library
Registration: 440-942-3200

Tuesday, 10/4/22
6:00pm – 7:30pm
Willowick Library
Registration: 440-943-4151

The class is only for educational purposes. No plan specific benefits, details or sales presentation will be provided. Preregistration is required.

You can find a list of additional locations, dates, and times for upcoming classes on my website at www.MutskoInsurance.com/seminars.

The type of Medicare coverage you choose can have a long-term impact on your health and well-being. We will be happy to help answer all your questions on health insurance, including Medicare Advantage Plans, Medicare Supplements, Vision, Dental and more. Please give me a call at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com. We will set up an appointment to discuss your insurance needs.

Laura Mutsko
Mutsko Insurance Services, LLC
6982 Spinach Drive
Mentor, OH 44060
440-255-5700
www.mutskoinsurance.com

Is fair skin more susceptible to skin cancer?

The skin is the largest organ on the body. As with other areas of the body, skin is susceptible to cancer.

The National Cancer Institute says there are many different types of skin cancer and that it can appear differently depending on the type and the person. Any changes in skin should be brought to the attention of a doctor immediately. The sooner treatment begins, the better the prognosis typically is.

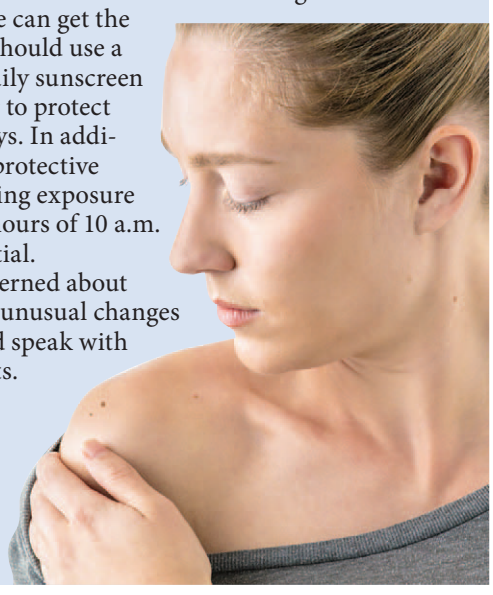
Individuals also should be aware of what constitutes having a heightened risk for skin cancer. In most cases, that can include the type of skin one has. The Skin Cancer Foundation indicates that skin type is a major factor in risk for skin cancer, including the deadly melanoma. While people with any shade of skin can get skin cancer, those who have fair skin tones are even more at risk for sunburn, sun damage and skin cancer.

In 1975, Harvard Medical School physician Thomas Fitzpatrick created a scientific classification system for skin type, identifying six types of skin. The Fitzpatrick Skin Type chart goes from very light to very dark. Skin types I and II face the highest risk of developing skin cancer, while types V and VI are at the lowest risk. That's because fair skin doesn't have as much pigmentation and natural melanin protection from the sun.

In addition to pigmentation, skin type also is calculated by how skin reacts to sun exposure. This means whether one easily burns or easily tans. Fair skin tends to burn easily and tan lightly or not at all.

Even though fair-skinned individuals are at greater for skin cancer, anyone can get the disease. Everyone should use a broad-spectrum daily sunscreen of SPF 30 or higher to protect against harmful rays. In addition, wearing sun-protective clothing and avoiding exposure between the peak hours of 10 a.m. and 4 p.m. is essential.

Individuals concerned about skin cancer risk or unusual changes to their skin should speak with their dermatologists.



Health Focus

OPHTHALMOLOGY

Gregory Eippert, MD

Q: I have two questions about cataracts. One, is there only one type of cataract, and two, can you ever wait too long to have a cataract removed?

A: Cataracts are a clouding of the natural lens in our eyes. Most cataracts are caused by aging changes. Cataracts are classified by how they look and where they occur in the lens. Basically, there are three types or classifications of cataracts. 1) Nuclear cataracts form in the central portion of the lens. 2) Subcapsular cataracts occur at the back of the lens. 3) Cortical cataracts form in the periphery of the lens. Your eye doctor can confirm for you the type of cataract you may have by performing a complete, dilated examination.

Cataracts progress at different rates, some slowly and others more rapidly, and it is impossible to predict how an individual's cataracts may progress. The best indicator that it may be time to consider cataract surgery is when you find it difficult to perform your normal activities such as reading, driving, working, playing sports, etc. because of declining vision. Some patients are more tolerant of visual dysfunction than others and may choose to wait for cataract surgery.

As a cataract matures, it becomes denser and harder. Mature cataracts that are allowed to develop over long periods of time can cause inflammation or increased intraocular pressure that can lead to glaucoma. When operating on a mature cataract, there is also the potential for increased risks during surgery however with today's advanced technology, the removal of such cataracts tends to be easier with fewer complication rates.

When to have cataract surgery is a personal decision and the key to selecting the right time will be based on how your vision is affecting your lifestyle and occupational activities. Talk with your eye doctor about how your cataracts are affecting your vision and your life. It is essential that the patient and their eye doctor work together to weigh the risks of surgery against the likely visual benefit. It is also important to understand that only you, the patient, can make the choice to have cataract surgery. It is the doctor's responsibility to educate patients and provide them with the knowledge, along with risks and benefits, that patients need to know so they can make an independent and informed decision regarding cataract treatment.

Gregory Eippert, MD
8140 Norton Parkway
Mentor, OH 44060
440-255-1115
www.opivision.com

INSURANCE

Laura Mutsko
Agent and CSA

Q: What health awareness month is August?

A: Each month, The Centers for Disease Control and Prevention (CDC) focuses on a health concern that aligns with its mission to improve health across the United States. In August, the CDC's aim is to focus attention on the importance of vaccines for people of all ages.

Now, I know we have all heard a lot about the COVID vaccine during the last 2 years. But there are other important vaccines that may have been overlooked and can cause us some serious health concerns. We can be at risk for different diseases as we become older.

Getting up to date on the necessary vaccines can have other benefits, too. "There are new vaccines that have come out in the past several years, specifically aimed at older adults," says Morgan Katz, M.D., an assistant professor of medicine at Johns Hopkins University School of Medicine. One of them is Shingrix, an amazingly effective shingles vaccine.

You do not necessarily need every vaccine on the market today. If you were born before 1957, for example, you may not need a measles vaccine. Measles was so prevalent when you grew up that you probably have an immunity to it. Similarly, almost all adults over age 40 have been exposed at some point in their life to chicken pox. The final decision on whether you get a vaccine for measles, chicken pox or any other disease should be made after you have a frank discussion with your physician. Your doctor may recommend these, or other vaccines based on your age, health condition, job, lifestyle, or travel plans.

Medicare Part D covers most vaccines and immunizations. However, there are certain vaccinations that are always covered by Part B:

- Influenza (flu)
- Pneumococcal (pneumonia) shots
- Hepatitis B shots
- COVID-19 vaccine

Medicare Part B also covers vaccines after you have been exposed to a dangerous virus or disease. For example, Part B will cover a tetanus shot if you step on a rusty nail, or a rabies shot if an animal bites you.

Like eating healthy foods, exercising, and getting regular check-ups, vaccines play a key role in keeping you healthy. Vaccines are one of the most convenient and safest preventive care measures available today. Talk to your healthcare professional if you are overdue for any vaccines at your next visit.

If you would like more information on insurance, including Life, Health, Medicare products, Vision, Dental and more call 440-255-5700 or email me at Lmutsko@mutskoinsurance.com for help today!

Laura Mutsko
Mutsko Insurance Services, LLC
6982 Spinach Drive
Mentor, OH 44060
440-255-5700
www.mutskoinsurance.com

DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: My Grandaughter is Getting Married This Weekend. What Can I Do About My Front Teeth?

A: A new patient came into the office with front teeth that were less than desirable from a cosmetic standpoint. Old fillings, wearing, and teeth chipping caused that smile to not be ideal for wedding pictures. Everything was in place for the wedding, with all the details taken care of, down to the dress. The teeth were the last thing. I didn't have a lot of time to fix this problem. Fortunately for her and me, new materials allow me to create beautiful cosmetics in a fraction of the time they used to.

Before I tell you what I did, let's talk about how this very sweet new patient got into her current situation. The answer comes down to two words, "back teeth." I may have touched on this before, but a good review always helps. Teeth are made to look different. Did you ever stop to think and wonder why this is so? Different teeth have different functions; thus, the back teeth are broader and square. They are used for mashing and grinding food. They are crucial to the digestive process. The more they break down the food, the easier it is for the stomach and its buddies to do their job. As you move forward in the mouth, the teeth are still square but smaller. As we head to the front, the teeth now show cutting edges and blades to rip and tear the food apart so that the back teeth can do their job. Note that we have both right and left sides of the mouth. Redundancy isn't just by coincidence. However, that will be a topic for a later time.

Let's get back to our patient with the weekend wedding. She was missing many back teeth. The body and our instinct for survival and food are very great. What happens is that the front teeth take over the job of the back teeth. They are not as efficient and take a lot of wear and tear. The result is the breakdown, chipping, and fracturing of these teeth as the chewing process proceeds, and now we can understand why back teeth are so crucial to the health of the front teeth. When we ask a tooth to do another job than intended, we create a lot of damage.

Okay, so what did I do? In less than an hour, I could fix, repair, modify and beautify her smile. She left the office with the ability to participate in the wedding and its overabundance of photos with a terrific look. New materials let me do this quickly and easily, allowing me to do a 1-hour smile makeover. Summer is here, and we are all getting out and doing things. Now is a perfect time to fix the damage that may be present on our teeth. Cosmetics and functional efficiency in chewing are both very important. If you have previously thought about this and were hesitant, my advice is "don't be afraid." Call me for a consultation and discover how you can recreate your smile and health. I can be reached at 440.951.7856. As always, I look forward to hearing from you.

Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.

The Healthy Smile
34586 Lakeshore Boulevard
(¼ mile west of Route 91 on Lakeshore Blvd)
Eastlake, Ohio 44095
440-951-7856
Severance Medical Arts, Suite 603
5 Severance Center
Cleveland Heights, OH 44118
216-371-2333
www.jeffreygrossdds.com

The hows and whys of bad breath

Anyone who bites into a big chunk of garlic bread knows that less-than-fresh breath is a likely outcome of such an indulgence. But for some people, halitosis, otherwise known as bad breath, is something they regularly confront regardless of what they eat.

Functional dentist Dr. Steven Lin indicates around 50 million people suffer from chronic bad breath. Halitosis often is a highly preventable condition, provided an individual can discover the root of the issue, according to Johns Hopkins Medicine. It's important to note that while halitosis may be an oral condition, it also may be indicative of other health problems. That's why it is vital to determine what's behind bad breath.

- **Poor oral hygiene:** Bacteria reside in the mouth on the teeth, tongue, and other tissues. Failing to floss and brush regularly may lead to increased bacteria growth, resulting in bad breath. Poor oral hygiene may lead to gum diseases, such as gingivitis and periodontitis, which also can exacerbate bad breath.
- **Dry mouth:** When dry mouth, or xerostomia, occurs, salivary glands cannot make enough saliva to keep the mouth moist, states Harvard Health. Saliva helps flush away bacteria and food particles. Without saliva to wash them away, bacteria and debris can start to break down, leading to odor. Certain medications may cause dry mouth. Chewing sugar-free gum and using dry mouth aids can help moisten the mouth.
- **Food:** Certain foods are linked to bad breath. Notably, garlic, onions and some spices are absorbed into the bloodstream and have the potential to affect breath until they leave the system.
- **Dirty dentures:** False teeth, such as dentures and bridges, can collect bacteria, food and fungi if not properly cleaned. Improper cleaning can contribute to bad breath.
- **Tobacco products:** Tobacco can cause unpleasant mouth odors, says the Mayo Clinic. Smokers and oral tobacco users also are likely to have gum disease, which contributes to bad breath.
- **Sleeping with mouth open:** Like other causes of dry mouth, sleeping with one's mouth open dries out the mouth and can lead to what's often referred to as "morning breath."
- **Sinus illnesses or infections:** Small stones covered in bacteria can form in the tonsils and produce odor. Infections, chronic inflammation of the nose, throat or sinuses can contribute to postnasal drip, which also causes bad breath.

Anyone with concerns about chronic bad breath should speak to his or her dentist about their condition. If the cause cannot be traced to oral hygiene, an individual may be referred to a general physician for a physical to rule out other issues.

Health Focus

INSURANCE

Laura Mutsko
Agent and CSA

Q: How do I track down an old pension? I'm sure I had one with the company I worked for in 1972.

A: When you started working years ago, you probably gave only a passing thought to retirement, let alone the pension plan the company offered. For most of us, retirement seemed too far in the future to be a big concern.

Your pension is not necessarily lost, even if the company you worked for merged with another company, went out of business, changed its name, or moved to a new location. However, you may have to do some research to track it down.

If the company still exists, you can begin by reaching out to their human resources department and ask whether there is an account in your name. You can also contact the pension plan administrator to help locate your records.

If your employer went out of business or filed bankruptcy, they may have turned over the funds to a federal organization called the Pension Benefit Guaranty Corporation at https://www.pbgc.gov/. Its Missing Participants Program tracks down employees who are owed retirement money.

States have their own Missing Money sites. In addition, here are two national sites: the the National Registry of Unclaimed Retirement Benefits at https://unclaimed-retirementbenefits.com and the National Association of Unclaimed Property Administrators at https://unclaimed.org/.

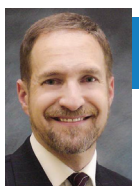
You will have to prove your work history and eligibility to receive your pension benefits. Your old W-2 forms and your earnings statement from the Social Security Administration can be helpful. If you do not have your W-2s or earning statements, check your old records to see if you received an individual benefit statement or an exit letter stating your participation in a plan. You may also have received a notice from the Social Security Administration and/or Medicare advising you of your eligibility for a private pension plan.

Look into spousal payments, too. Some benefit pension plans provide married workers with a qualified joint and survivor annuity, which entitles the surviving spouse to a payment. If your spouse had a pension, check what payments you might qualify for.

Good luck in your search for your pension. I am sure you worked hard to earn it. As you conduct your search be careful about sharing your personal information with people or organizations you have not thoroughly vetted. Do not share your banking or credit card information without first checking on the company's background.

If you have questions or would like to meet with us to discuss your insurance needs, please contact me at 440-255-5700 or Lmutsko@mutskoinsurance.com. I look forward to helping you.

Laura Mutsko
Mutsko Insurance Services, LLC
6982 Spinach Drive
Mentor, OH 44060
440-255-5700
www.mutskoinsurance.com



DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: Yes, Age Counts

A: Remember when the highlight of the year next to Christmas was our birthday? We had parties and gifts galore with deliciously sweet birthday cake and ice cream. As time passed, the anniversary of our birth lost some of its luster for many of us. For some, it has a negative connotation; for others, it is just a regular day. We strive to hold onto the past for as long as we can. We see physical signs of aging throughout our physical appearance. One of the most notable areas is our face, particularly our smile. Does age play a role in my treatment recommendations or not?

As the column began, age does count in my decision-making and innovative treatment approaches for all of my patients. Let me tell you about a female patient I saw this week and where age was a factor in our plan. She struggles in general with dentistry as her level of anxiety is high. She came to see me after an upper cuspid tooth, often called the "eye tooth." The tooth in question fractured to the gum line, and I could not restore it.

Normally, this would be a simple case to treat. My general plan would involve removing the fractured tooth and replacing it with an implant or bridge. Except, in this case, we have a "however." The tooth immediately in front of the broken tooth was set back in her mouth. When she smiled, it looked like she had nothing but front teeth as the back teeth were hidden from view. I could not make her a bridge as the tooth in front was so recessed. If I were to do that, it would still look like she had a broken tooth and was missing two teeth. The same scenario would apply if I replaced the broken tooth with an implant.

Granted, this is how she came in the door, and her smile was far less than perfect. I would even go on to say that her smile was not attractive. She knew this and agreed with me. Afterward, she told me that no one ever wanted to address her smile, which she felt was lacking. My patient is twenty-four years old. If we don't get a handle on her oral health and smile at this age, she will be in full dentures very soon. We discussed this, and even though her parents and grandparents followed this path, she preferred not to go this way. She has many years ahead of her, and my goal is to keep everyone's teeth as long as possible, if not forever.

I recommended moving her teeth into a more esthetic position with Invisalign treatment. With her teeth in the proper position, I could fix and replace teeth and create a very youthful appearance. Would this approach work for someone fifty years older than she? The answer to that question is a definite maybe. Just like I factored in several side issues with her, so too I would do so with an older individual. Age does not dictate treatment, but it is one of many factors I consider when developing the proper approach for each of you.

I have many wonderful tools in my arsenal to preserve your teeth for a lifetime. Even if you have lost your teeth, the array of approaches I utilize creates hope for many people. I won't give up on you, and you should not give up hope on yourself regarding oral health. If healthy teeth and gums are on your bucket list, please call me for a consultation. We can figure this out together. My number is 440.951.7856, and I look forward to hearing from you.

Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.

The Healthy Smile
34586 Lakeshore Boulevard
(¼ mile west of Route 91 on Lakeshore Blvd)
Eastlake, Ohio 44095
440-951-7856
Severance Medical Arts, Suite 603
5 Severance Center
Cleveland Heights, OH 44118
216-371-2333
www.jeffreygrossdds.com

Did You Know?

High cholesterol levels are often associated with adulthood. However, children also may experience high cholesterol, which can affect their long-term health. Pediatric high cholesterol, like its adult counterpart, refers to high levels of low-density lipoproteins (LDL), also known as "bad" cholesterol. Elevated LDL can lead to fatty deposits that cause hardening of the arteries. Complications such as heart attack, stroke and early severe diseases are possible, according to Children's Health. John's Hopkins All Children's Hospital warns that heart disease has its roots in childhood. Therefore, it is important to be aware of children's cholesterol levels, as high levels can increase kids' chances of heart disease and stroke as adults. Childhood obesity, eating a diet high in trans fat and saturated fat, and having a parent or close family member with high cholesterol are risk factors for children. A pediatrician can be consulted and a lipid profile prescribed to check cholesterol levels. Lipid profiles are recommended between ages nine and 11, and again between ages 17 and 21.

OPHTHALMOLOGY

Gregory Eippert, MD

Q: How does diabetes affect my eyesight and what is diabetic retinopathy?

A: Diabetes is the number one cause of blindness in the United States. With diabetes, your body does not use or store sugar (glucose) properly. High blood sugar levels or, severely fluctuating levels, can cause damage to the blood vessels in the retina, the nerve layer at the back of the eye that senses light and helps send images to the brain. Damage to the retinal blood vessels is called diabetic retinopathy and is a serious sight-threatening complication of diabetes.

Diabetic retinopathy usually affects both eyes. In the early stages of diabetic retinopathy, there are few, if any, symptoms. As diabetic retinopathy worsens, you may notice symptoms such as blurry vision, vision that fluctuates changing from blurry to clear, seeing blank or dark areas in your field of vision, and losing vision among others.

There are two types of diabetic retinopathy. 1) Non-proliferative diabetic retinopathy, NPDR, is an early form of the disease where the retinal blood vessels leak fluid or bleed. This bleeding and leakage can cause a macular edema, swelling of the macula, and can damage central vision. 2) Proliferative diabetic retinopathy, PDR, is an advanced form of the disease that occurs when blood vessels in the retina are replaced by new abnormal fragile vessels that bleed easily and may result in a sudden loss of vision.

Treatment of diabetic retinopathy varies depending on the extent of the disease. It may require laser surgery to seal leaking blood vessels, or injections and/or medications to decrease inflammation or stop formation of new abnormal blood vessels. In advanced cases, vitreous surgery or surgical repair may be required.

Anyone who has diabetes is at risk of developing diabetic retinopathy. It is extremely important therefore that they see their eye doctor at least once a year for a complete dilated retinal exam or more often as recommended by your eye doctor. If you notice vision changes in one or both eyes, call your eye doctor right away. Early detection and treatment can limit the potential for significant vision loss from diabetic retinopathy.

Gregory Eippert, MD
8140 Norton Parkway
Mentor, OH 44060
440-255-1115
www.opivision.com

Health Focus

OPHTHALMOLOGY

Gregory Eippert, MD

Q: I've been told I have cataracts and I am only 60. What are the main things I should know about cataracts?

A: Cataracts, a natural age-related condition, generally appear first when a person is in their 40s or 50s but do not usually affect vision until after age 60. Cataracts develop at different rates in different people and most cataracts progress gradually over a period of years.

Cataracts cause the lens inside your eye to become cloudy thus preventing light and images from reaching the retina. As a result, vision may become blurred, colors seem dull, and seeing at night is more difficult due to glare around lights. Typically, cataracts cause no symptoms until they have grown large enough to interfere significantly with the passage of light through the lens.

When cataracts cause enough vision changes to interfere with daily activities such as your job, driving safely, reading, or watching TV, visit your ophthalmologist for a dilated exam and other testing as necessary to assess if and how much cataracts are affecting your vision and if surgery is an option. The decision to have surgery depends on the degree to which your vision has been impaired. Although some persons with cataracts find that their vision improves by using eyeglasses, the only real way to cure cataracts is by surgery.

The good news is that if you are a candidate for cataract surgery, continuous innovations in technology have made the procedure safer than ever. And even better, with the advancements in replacement lens technology, cataract surgery can offer an opportunity to correct other vision problems such as astigmatism or presbyopia. Talk with your ophthalmologist about cataracts and the best options for your eyes.

Gregory Eippert, MD
8140 Norton Parkway
Mentor, OH 44060
440-255-1115
www.opivision.com

INSURANCE

Laura Mutsko
Agent and CSA

Q: What is the No Surprise Act for medical bills?

A: A surprise medical bill is an unexpected bill from an out-of-network provider or an out-of-network facility. They are often the result of an emergency when the patient does not have a choice in their care.

Surprise bills generally occur when a patient goes to a facility that is in-network with their insurance company but receives services at that facility from an out-of-network provider. For example, an out-of-network anesthesiologist works with an in-network surgeon, or an out-of-network radiologist reads an X-ray ordered by an in-network doctor.

The No Surprises Act aim is to help people avoid surprise bills for care at hospitals and surgery centers. The bill does not cover other types of medical facilities such as Urgent Care Centers.

The act protects consumers in the following ways:

1. Private insurance plans are required to apply in-network cost-sharing for out-of-network claims for emergency care.

2. Providers are prohibited from billing patients more than the in-network amount for surprise medical bills.

3. The No Surprise Act provides a process for insurers and providers to resolve disputes about charges and payments.

Know what you are signing.

Be aware that out-of-network providers may ask you to sign a waiver allowing them to balance bill you for medical charges. If you sign a Notice and Consent to Balance Bill, you waive your right to protections under the No Surprises Act. That means the provider can bill you for the full out-of-network amount and take steps to collect it.

Does the No Surprises Act cover Medicare beneficiaries?

The No Surprises Act covers people enrolled in private large and small group health plans, self-insured health plans, and Federal Employee Health Benefits plans. Some plans bought under the Affordable Care Act (ACA) are also covered.

People who are covered by government programs such as Medicare, Medicare Advantage plans already have all these protections.

If you wish to dispute a surprise bill, you can contact the Centers for Medicare & Medicaid Services No Surprises Help Desk at (800) 985-3059 from 8 a.m. to 8 p.m. ET, seven days a week, to submit a question or a complaint. For more details on the No Surprises Billing Act, please go to https://www.cms.gov/nosurprises/consumers/new-protections-for-you.

If you would like information on Health Insurance, including individual and group plans, Medicare Advantage plans, Medicare Supplements and more, please contact me at 440-255-5700 or Lmutsko@mutskoinsurance.com.

Laura Mutsko
Mutsko Insurance Services, LLC
6982 Spinach Drive
Mentor, OH 44060
440-255-5700
www.mutskoinsurance.com

DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: I'm Afraid It Will Come Out

A: I often hear that statement when a patient comes to me with something loose in his or her mouth. The loose object is usually a tooth, but more often than not, it could be a loose piece of dentistry. Those objects will typically be a crown or a permanent bridge. Both natural and dentist-made teeth loosen for a common underlying reason of deterioration of the supporting or anchoring mechanism.

When we refer to loose teeth, we usually see a breakdown in the bone or gum around the tooth. Fibers from these tissues attach to the teeth and create a firm base. These live tissues anchor the tooth into the jaw and allow it to withstand the forces of chewing and grinding. When talking about man-made teeth, the cement will have started to break down or disintegrate.

When I encounter these situations, my first task is stabilizing the loose object before things go from bad to worse. Stabilization could involve anchoring the teeth to their adjacent neighbors or reapplying cement, allowing the status quo to return to the mouth. Sometimes, though, I can not treat the tooth first on my list of repairs or fixes. I need to prepare the mouth for a more involved procedure.

When I do this, I need to duplicate the mouth so my lab or I can prepare something to place in the mouth down the line. Duplicating the mouth involves a dental impression or, as is commonly stated, "taking a mold of your teeth." I take a large spoon-like object that fits in your mouth and covers your teeth. I fill this object with a putty that turns into an elastic, rubbery material in a few minutes or less. After it turns to putty, I remove it from the mouth and use that impression to create a model or duplicate of your mouth with all its unique details.

This process elicits the statement that I quoted in the title: everyone fears losing a tooth when I remove an impression. To be quite frank about this situation, that scenario is not impossible as I have to evaluate the looseness and, if necessary, take precautions to avoid that unwanted result.

I still make physical impressions as they are often needed, but I have another way to deal with the loose tooth issue and lay to rest any concerns of pulling out a tooth inadvertently. The days of tugging and stressing the tooth are gone through digital impressions. In addition to that fear, the often mentioned concern about gagging goes by the wayside also. Using a digital camera and very sophisticated software, I can make a model of your mouth without ever touching the teeth. As you can well imagine, the benefits are tremendous.

I saw a patient this week with a bridge in the front of his mouth that was attached to only one side. Using a traditional impression created a real danger of dislodging the bridge. Going digital allowed me to accomplish my goal without concern or thought of dislodging the bridge.

Every day, I look at and evaluate new technology. Some of the newer techniques solve problems, and others may be more cumbersome. I try to blend the new with the old and create the best level of dentistry that I can for you, my patient. If something is weighing on your mind in your mouth, please call us and see if I can allay your fears and concerns. Please call me at 440.951.7856 and set up a visit with Nicole. I look forward to hearing from you.

Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.

The Healthy Smile
34586 Lakeshore Boulevard
(¼ mile west of Route 91 on Lakeshore Blvd)
Eastlake, Ohio 44095
440-951-7856
Severance Medical Arts, Suite 603
5 Severance Center
Cleveland Heights, OH 44118
216-371-2333
www.jeffreygrossdds.com

Did you know?

High cholesterol levels are often associated with adulthood. However, children also may experience high cholesterol, which can affect their long-term health. Pediatric high cholesterol, like its adult counterpart, refers to high levels of low-density lipoproteins (LDL), also known as "bad" cholesterol. Elevated LDL can lead to fatty deposits that cause hardening of the arteries. Complications such as heart attack, stroke and early severe diseases are possible, according to Children's Health. John's Hopkins All Children's Hospital warns that heart disease has its roots in childhood. Therefore, it is important to be aware of children's cholesterol levels, as high levels can increase kids' chances of heart disease and stroke as adults. Childhood obesity, eating a diet high in trans fat and saturated fat, and having a parent or close family member with high cholesterol are risk factors for children. A pediatrician can be consulted and a lipid profile prescribed to check cholesterol levels. Lipid profiles are recommended between ages nine and 11, and again between ages 17 and 21.

Health Focus

DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: Can You Save My Tooth?

A: When I was asked this question yesterday, another patient came to mind. The other patient I had treated the day before encountered a similar situation. The question is fundamental and one I deal with multiple times during the week. I felt that the topic of preserving a tooth in the mouth would be a good discussion for this week's column. As all of you know, I am an ardent advocate of keeping teeth forever. Teeth are vital to our health for a variety of reasons. The most obvious one is nutrition. A good and healthy dentition allows us to chew various foods vital to our overall health. We see today in America the extent of disease that develops because of poor eating choices. Some of those choices arise because of a desire, and others arise because we don't have a healthy set of teeth whose job is to chew our food well.

All that being said, there are times when I recommend removing a tooth instead of keeping it in the mouth. The rationale behind those decisions can be from a multitude of factors. Today, I want to focus on the amount of decay of the tooth in question. When I tell a patient a tooth has a cavity or when a patient comes to me with a hole in their tooth, my mind immediately goes into an assessment mode. What do I have to do to stop the cavity process most simply and straightforwardly?

The level of decay guides my thinking. Teeth with a small or medium cavity or hole in the tooth can easily be put back into service and a state of health with a simple filling. Whether the filling is an older style silver amalgam or a newer, white-colored filling does not make a difference. I remove the decay and then "patch," if you will, the area with some hard material that will let the patient chew.

Both patients that I saw had decay under old crowns. The crowns were in good shape, but the tooth underneath, due to cement leakage and breakdown over time, allowed bacteria to enter the tooth. In these two patients, the decay went down under the gum area. A routine matter of decay can become very complicated whenever decay goes under the gum. A dentist cannot fill a tooth or create a proper seal when we work under the gum. The difficulty stems from gum tissue having fluid, and the tiniest amount will leak into the tooth area. Our materials do not attach well to a wet surface.

My goal involves creating an area where I can control this wetness and proceed to fix the tooth. Whether that fix is as simple as a filling or more involved, like a crown or even a root canal procedure, dryness is key. If I cannot achieve this goal, then, unfortunately, the tooth will come out, and I will replace it with a bridge or an implant to maintain function, health, and balance in the mouth.

Every situation is different, and every dentist has their comfort level and skill set. The more years we practice, the more we expand our skills to handle a wider variety of situations. If you recently received a message that a tooth is hopeless, I encourage you to get a second opinion. Maybe we can come up with a positive solution for you. Please call me at 440.951.7856 and make an appointment with Nicole.

I look forward to hearing from you.

Jeffrey Gross, DDS, FAGD, is an Ohio licensed general dentist and is a staff member at Case School of Dental Medicine in the Department of Comprehensive Care.

The Healthy Smile
34586 Lakeshore Boulevard
(¼ mile west of Route 91 on Lakeshore Blvd)
Eastlake, Ohio 44095
440-951-7856
Severance Medical Arts, Suite 603
5 Severance Center
Cleveland Heights, OH 44118
216-371-2333
www.jeffreygrossdds.com

The link between dirty contact lenses and infection

Contact lenses are a solution for people with impaired vision who don't like the look or feel of eyeglasses. But unlike eyeglasses, contact lenses require daily maintenance. Without such TLC, contact lenses can become dirty, which can lead to serious infection.

Physicians typically emphasize the importance of proper contact lens care upon prescribing lenses. That's because of the link between dirty lenses and infections. But the Cleveland Clinic notes that such infections are often avoidable.

Infections and bacteria

According to the Cleveland Clinic, roughly 80 to 90 percent of contact lens-related eye infections are bacterial. The bacteria staphylococcus aureus, also known as "staph," is linked to many cases of contact lens-related eye infections. Staphylococcus aureus bacteria are resistant to common antibiotics, which underscores the importance of cleaning contacts to reduce the risk of infection.

Pseudomonas aeruginosa is another type of bacterial infection that can affect individuals who wear contact lenses. The Cleveland Clinic indicates that this fast-growing infection is possibly the most severe. It can lead to a hole in the cornea and there's a significant chance of permanent scarring and vision loss.

Fungal infections

Poor contact lens hygiene also can lead to fungal infections. Fungi such as aspergillus or fusariam pose a threat to vision and infection can occur if lenses are not properly and routinely cleaned.

What causes contact lens-related infections?

The American Academy of Ophthalmology reports that, in addition to bacteria and fungi, various things can cause contact lens-related infections. Those factors include:

- Using extended-wear lenses
- Sleeping in contact lenses
- The buildup of microbes under the lens
- Herpes virus
- Parasites
- Reusing or topping off contact lens solution
- Failure to keep lenses clean

What are the signs of contact lens-related eye infection?

Serious vision loss or blindness can result from contact lens-related infections. However, less severe symptoms may present themselves before the infection progresses to the point of vision loss.

- Blurry vision
- Unusual redness of the eye
- Pain in the eye
- Tearing or discharge from the eye
- Extra sensitivity to light
- The feeling that something is in the affected eye

Contact lenses require daily maintenance to prevent infection. More information is available at www.aao.org.

OPHTHALMOLOGY

Gregory Eippert, MD

Q: I was recently diagnosed with glaucoma. Although it was caught early and my vision loss is minimal, I am feeling very frustrated and depressed. Do you have any suggestions to help me cope with this life-long condition?

A: Glaucoma is a chronic eye disease that can also have emotional and psychological effects. When first diagnosed with this long-term, sight-threatening condition, common reactions include fear, helplessness, worry, depression, or lethargy. The good news is that glaucoma, when detected early, can usually be treated and managed.

As a newly diagnosed glaucoma patient, establishing a good working relationship with your eye doctor will be of primary importance. Your eye doctor will perform baseline testing that will allow for comparisons over time as well as establish a continuing care plan specific to your needs. Routine testing, follow-ups, and regular treatment as recommended are essential components to managing glaucoma.

Another recommendation is to learn about glaucoma and ask questions. Other positive ways to help manage glaucoma include keeping a detailed record of both your eye and general medications; scheduling your next eye checkup before you leave the doctor's office and putting it on your calendar; and taking care of the rest of your body because keeping in good general health is just as important as taking care of your eyes. As a glaucoma patient, you are in a unique position to teach your friends and relatives about this disease. Many people are unaware of the importance of regular eye exams and that individuals with glaucoma may have no symptoms. You can help protect their eye health by encouraging them to have their eye pressure and optic nerves checked regularly. If low vision is or becomes an issue, there are a variety of products and resources to help people with low vision learn how to continue leading an active life.

Gregory Eippert, MD
8140 Norton Parkway
Mentor, OH 44060
440-255-1115
www.opivision.com

INSURANCE

Laura Mutsko
Agent and CSA

Q: I put off paying a medical bill last year. Did this affect my credit report?

A: Let me reassure you, you are not the only person who has an unpaid medical bill. According to the Consumer Financial Protection Bureau, approximately one in five U.S. households have some medical debt. Up until now, unpaid medical debt moved quickly to collections and resulted in a negative impact on consumers' credit reports. This process recently changed.

As of July 1, 2022, all cleared medical debts that had been in collections will no longer be included on consumers' credit reports. This means that if you've paid your medical bill in full and the debt is still on your credit report, the negative mark will now be removed.

Consumers will also have additional time to pay their bills before unpaid medical debt appears on their credit report. Unpaid medical debt will not appear on your credit report for one entire year, an increase of six months. In addition, credit scores will only be dinged for owed amounts over $500.

Beginning in the first half of 2023, Equifax, Experian, and TransUnion credit bureaus will also stop reporting unpaid medical debts of less than $500.

While this is good news to consumers with smaller debt, it does not cover all medical bills. Consumers with more substantial debts will still face damage to their credit if their bills are not paid. Consumers are still responsible to pay their debt, regardless of the amount.

If you are having trouble paying a medical bill, experts suggest taking the following steps:

1. Contact your health care provider and/or their billing agency as soon as possible to let them know your payment will be delayed.
2. Request an itemized bill and review it with the billing agency to make sure it is correct. File a dispute if you find any errors.
3. Ask if there are any financial assistance programs to help you.
4. Try to negotiate an interest-free payment plan or a lower lump sum payment.

Your best option is to remain insured if at all possible. If you lose your employer provided insurance, consider an Affordable Care plan where you may qualify for subsidies. Give me a call at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com to learn more about the different plans available to you.

Laura Mutsko
Mutsko Insurance Services, LLC
6982 Spinach Drive
Mentor, OH 44060
440-255-5700
www.mutskoinsurance.com