

Health Focus



OPHTHALMOLOGY

Gregory Eippert, MD

Q: What are the general requirements for someone to be considered a candidate for LASIK surgery?

A: Determining if you are a LASIK candidate involves several factors. First, have a complete, dilated eye exam. Your eye doctor can give you a good idea if you are a potential candidate. Final candidacy will require a consultation at a LASIK Center where you will be evaluated with precision optical equipment and examined by the clinical director. General requirements for LASIK include the following.

One, your eyes must be healthy. If there is any condition that will affect how your eyes respond to surgery or heal afterwards, you must wait until that condition is resolved, i.e., severe dry eye, conjunctivitis, infection, and eye injuries. Other eye conditions that may preclude you from LASIK are glaucoma, cataracts, thin corneas, and keratoconus, among others.

Two, your prescription must be within certain limits. If it is too high, whether due to nearsightedness, farsightedness, or astigmatism, your eye surgeon may advise against LASIK and recommend another refractive procedure.

Three, you must be at least 18 years of age and your vision must have been stable for at least a year. And four, you must be in good health. Conditions that are contraindications for LASIK may include uncontrolled degenerative conditions or autoimmune diseases. It is very important to tell your surgeon all pertinent information relating to your health and medical history to determine your candidacy and ensure you achieve the best possible results. If you are pregnant or nursing, LASIK surgery should be delayed until your hormones and vision have returned to normal.

While the vast majority of LASIK and surgery results are excellent, you should be fully aware of the possible side effects, risks, and potential LASIK complications before having LASIK. Choose an experienced LASIK surgeon who can advise you about the best refractive surgery option for your vision needs.

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Hospice nurses provide care during some of life's toughest moments

Coping with terminal illness can be challenging, even for those people with immense support systems behind them. At some point in one's care plan, it may be recommended to transition from actively treating or trying to cure a condition to making the person more comfortable. This is when hospice steps in.

Generally speaking, hospice is reserved for people who expect to die from an illness within the next six months. Hospice care can take place in a health care setting or in a person's



DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: 6 Signs You Need to See a Dentist

A: **1. You are in constant pain** – pain in your mouth, face, or neck is abnormal and can mean several things, including infection or TMJ disorder. The pain may be limited to one tooth or be more widespread. The location, duration, and severity are all important things to note. In fact, I encourage my patients to keep a log, as this is always better than recalling what and when things happened after the fact. These details are all instrumental in making a proper diagnosis.

2. Your gums are bleeding – Bleeding gums = infection. That simple. Usually, bleeding gums are easy to correct and return you to a state of health. You would not expect it to bleed if you touched the skin on the back of your hand. If it does, you probably would run to your physician. The same applies to the mouth. Healthy gums do not spontaneously bleed while eating or during brushing.

3. You don't smile – If you're self-conscious about missing a tooth or the color of your teeth that can be fixed, whether one tooth or multiple teeth, the fixes available today are truly amazing. Whether you are wearing an old denture or your natural teeth have taken a beating through decades of life, there are good options for you. New treatments and variations of existing ones are always appearing in the professional literature.

4. You've had work done – Many people think that they are good to go once they've had work done in their mouths. These thoughts are incorrect. We need to see you routinely to ensure that nothing breaks down over time and that no bacteria are getting in and causing infections. Regular cleanings and checkups are keys to maintaining optimal health.

5. You are having trouble eating – Difficulty chewing or swallowing is not normal, so don't brush it off (sorry for the pun). I saw a patient yesterday who no longer chews on her left side. Whenever she eats anything slightly cold or hot, she must shift the food to a different area of her mouth in her tooth. A painful tooth can be a major game changer

private home. Hospice nurses are vital parts of a hospice care team. These people care for those who have opted for hospice at the ends of their lives and fulfill the hospice philosophy of comfort and quality based on each person's unique needs.

According to Samaritan Life-Enhancing Care, a hospice nurse serves many purposes. A hospice nurse discusses and explains the patient's prognosis, and performs assessments and reviews medical histories. The nurse will administer medication for pain and monitor conditions and additional needs. Hospice nurses work to support the family and advocate for care according to the patient's wishes. They also can answer questions and address concerns, serving as sounding boards in difficult situations. Hospice

when trying to enjoy life. If you feel this applies to you, please see a professional as soon as possible. These unpleasant sensations can be the start of a much more serious problem

6. You use tobacco – Tobacco is harmful to your mouth as well as your overall health. Gum disease is directly related to gum disease and oral cancer. We can also recommend smoking cessation if you are ready for the next step in your journey to excellent health.

Oral health and good-looking teeth greatly benefit general demeanor and interaction with family members and friends. In the 21st century, there is no good reason for someone not to have a functional and attractive dentition. If you have put off a professional visit for whatever reason, now is the time to turn that thinking around and do something for yourself. Please call Nikki at 440.951.7856, and schedule a free appointment. As always, I look forward to meeting you.

Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.

The Healthy Smile

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INSURANCE

**Laura Mutsko
Agent and CSA**

Q: I have Medicare. I also have coverage through a difference health insurance plan. Does Medicare coordinate benefits with other insurers?

A: Medicare does coordinate benefits for those people who have Medicare and other health insurance coverage. Medicare Part D Prescription plans will also coordinate benefits with other prescription drug coverage. Coordination of benefits rules will determine how benefits are coordinated and who pays first.

The "primary payer" is first in line to pay what it owes on your bills. Any remaining costs are then sent to the secondary payer who determines what portion

nurses also provide emotional support and can facilitate spiritual support. Nurses also may be present at the time of death if asked. Hospice nurses also may help coordinate counseling for surviving family members who are experiencing grief.

Hospice nurses may be classified as intake admissions, case managers, visit nurses, and triage nurses. One or more hospice nurses will be involved with patient care over the course of treatment.

Most hospice care providers are Certified Hospice and Palliative Nursing Assistants or Certified Hospice and Palliative Licensed Nurses. It is important for people considering hospice care nursing to determine the certification and coursework necessary for a career in the field. Families seeking

they are responsible to cover. The secondary payer may or may not pay 100% of the uncovered costs, depending on the type of plan you have. If your employer insurance is the secondary payer, you may need to enroll in Medicare Part B before your insurance will pay.

If Medicare is not the primary payer and the other insurance company does not pay your claim promptly (usually within 120 days), your doctor or other provider may bill Medicare. Medicare may make a conditional payment to pay the bill, and then later recover any payments the primary payer should have made.

Whether Medicare pays first depends on the specific type of coverage you have. If you have other questions about who should pay first, check your insurance policy or call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. You can also find a table outlining who pays first at www.Medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance/which-insurance-pays-first.

Whether Medicare Part D coverage pays first or second for covered prescription drugs depends upon your circumstances and the source of the other prescription drug coverage.

Your responsibility

If you have Medicare and additional health insurance coverage, be sure to tell your doctor, hospital, and all other health care providers about all your coverage. By providing all details to them, it will help to make sure your bills are sent to the right payers, in the right order avoiding any delays in payment.

Do you have questions on life, health, Medicare Advantage Plans, or Medicare Supplements? Call or email me to set up an appointment. I will help you find a plan that works for you. Email me at Lmutsko@mutskoinsurance.com or call 440-255-5700.

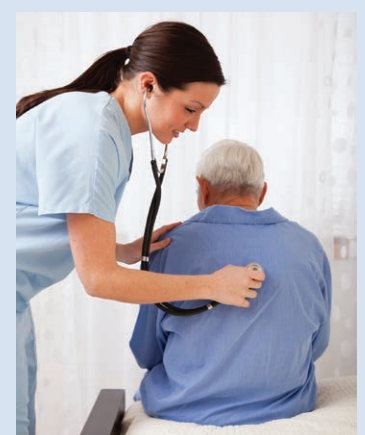
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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

hospice care needs should work with certified individuals.

It takes a compassionate person to work in hospice care. These invaluable individuals step in to offer assistance during trying times for individuals and their families.



Health Focus



DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: My Crown Was Loose, and Then It Fell Off

A: I met this patient a few weeks ago with a complaint that her crown, which was only a few years old, did not stay on her tooth. She was frustrated as a crown procedure is involved and an investment of time and money. She had nothing to show for it. We have previously discussed why crowns can come off and become a source of frustration for the doctor and the patient. Now would be a good time to review those concepts, as we have not discussed this in a while.

We know that things tend to shrink and get shorter as we get older. Many of my patients complain that their height is not what it once was. Gravity and compression of tissues are the sources of this phenomenon.

Regarding our mouths and teeth, gravity is not the cause of things getting smaller. Typically, it results from teeth getting shorter due to grinding or clenching. Large or long teeth get reduced in vertical size over the years and decades.

If we couple the passage of time with grinding and clenching, the result is an abnormal amount of wear on the tops of our teeth. Some of our teeth barely stick up above the gum. If nothing else happens, this may not be a problem in and of itself. However, issues can arise if we have cavities or fractures that need repair.

Large fillings, whether silver or white, will break down and need a fix. Typically the correction will involve a crown on the broken tooth or to replace a large filling. Think of a crown like that of a king that sits on the head. The dentist reduces the tooth's top to accommodate the crown's top. This reduction takes a short tooth and makes it even shorter. Now we have a problem revolving around the gripping of the crown to the shaped and reduced tooth.

There is very little surface for the crown to grab and stay in place well. This fact, coupled with modern crowns that naturally can not fit the tooth tightly and rely on cement to hold them into place,

is a recipe for disaster. Even the strongest types of cement struggle when we expose the crown to various chewing forces. The result is a crown that comes loose and falls off.

I counteract this problem with a procedure that exposes more of the tooth to allow a greater grip between the crown and the tooth. I test this out with a provisional crown and see if my goal is met before moving the patient to the final crown.

For teeth on the border of enough grab, abnormal or even some normal chewing forces can dislodge a crown. Patients in this category also need additional help by wearing a protective guard to mitigate those excessive forces. If you find that teeth are breaking continually or crowns do not stay in place, please call Nikki at 440.951.7856, and schedule an appointment. We will work together to eliminate this problem. As always, I look forward to meeting you.

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INSURANCE

**Laura Mutsko
Agent and CSA**

Q: I'm a woman in my 20s, healthy and have a good income. Why is it important for me to get life insurance?

A: Today, more than ever before, it is important for young women to have life insurance. Regardless of whether you are single, married, employed or a stay-at-home mom, you need the protection insurance offers. Here are a few reasons why:

Working women

Most families today depend on the income from the woman of the household, regardless of whether

she has a spouse or partner. Her income makes an important contribution to the quality of their family's lifestyle, such as covering living expenses, medical costs and providing savings for your children's education. Life insurance is a way to make sure these costs will continue to be covered should she die prematurely.

Single women

Many women believe that life insurance isn't necessary until they have a family. They may not have considered that some types of life insurance are a way to save for the future. With some types of insurance plans, the policy builds cash value, and the insured can borrow against these funds or make withdrawals. If it is left to grow, the cash value of permanent life insurance may be used to supplement retirement income.

Stay-at-home moms

Maintaining a household is a full-time job and the cost to replace a stay-at-home mom's services could be quite significant if someone had to be hired to do them. Proceeds from life insurance can help a family pay for services that keep the household running.

Business owner

There are an increasing number of women business owners. Should the owner of a business die, life insurance can be used to provide cash for company expenses such as payroll or operating costs while their estate is being settled.

The earlier you buy the better.

Life insurance you purchase while you are young and fit can protect your future insurability. And the younger and healthier you are when you purchase insurance, the less expensive it will be. Life insurance comes in many different sizes and shapes, and determining the policy that meets your needs can help you find the policy that's appropriate for you.

If you would like to discuss your insurance needs, please call Mutsko Insurance Services at 440-255-5700 or email Laura Mutsko at Lmutsko@mutskoinsurance.com to set up an appointment.

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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.

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What is a nurse practitioner?

Annual wellness visits have long been considered a vital component of preventive health care. That hasn't changed, though the dynamic between patient and health care professional during those visits has changed considerably for many people.

Once a realm exclusive to patients and their physicians, annual wellness exams now often involve patients and nurse practitioners. In fact, the American Association of Nurse Practitioners notes that NPs have become the preferred health partner of choice for millions of people, which makes it worthwhile to explore just what NPs do.

What is a nurse practitioner?

The AANP notes that NPs are highly educated clinicians who blend clinical experience in diagnosing and treating health conditions with an added

emphasis on disease prevention and health management. All NPs must complete a master's or doctoral degree program and have advanced clinical training beyond their initial professional registered nurse preparation. The education and training required of NPs prepares them to practice in various health care settings, including primary care, acute care and long-term care.

Which services can NPs provide?

Some people may not even realize that the NP they speak with during an annual wellness exam isn't a physician. That's because NPs can perform a host of services



people often associate with physicians. The U.S. National Library of Medicine notes that NPs are allowed to provide a broad range of services, including:

- Perform a physical exam
- Order laboratory tests and procedures
- Diagnose, treat and manage diseases
- Prescribe medications and write prescriptions
- Coordinate referrals

- Provide information regarding preventive care and healthy lifestyles
- Perform certain medical procedures

What are the qualifications to be an NP?

The AANP notes that NPs undergo rigorous certification, periodic peer review and clinical outcome

evaluations. NPs also must adhere to ethical codes. In addition, due to the fluid nature of health care, NPs must self-direct their continued learning and development to ensure they maintain their clinical competency.

Why do I see an NP and not a physician?

The AANP notes that NPs help to address a shortage of primary care physicians. With their expertise and accepted range of responsibilities, NPs are helping to ensure patients receive timely and accurate medical advice. Without NPs, patients may have to wait especially long periods of time to see their physicians, which could have dramatic and adverse long-term effects on their overall health.

Nurse practitioners play a vital role in modern health care settings. These versatile, talented professionals routinely apply their rigorous training and extensive education in ways that benefit their patients every day.

Health Focus



INSURANCE

Laura Mutsko
Agent and CSA

Q: I'm on a Medicare Advantage plan and take insulin. Will the Inflation Reduction Act that I'm hearing about affect me?

A: Yes, you and many other seniors may see a number of benefits resulting from the Inflation Reduction Act of 2023. The new law will help you save money, improve access to affordable treatments, and strengthen the Medicare program. Here's what the law means for you:

Lower costs for insulin

Whether you have a Medicare Advantage plan or a stand-alone Medicare Prescription Drug Plan, you will no longer pay a deductible for your insulin. In addition, your Medicare drug plan **can no longer charge you more than \$35** for a one-month supply of your Part D-covered insulin.

If you get a 2- or 3-month supply of insulin, your costs cannot be more than \$35 for each month's supply of covered insulin.

Part D plans have until March 31, 2023, to update their systems to make sure you are charged the correct amount. If you got a Part D-covered insulin product and paid more than \$35 for it between January 1, 2023 and March 31, 2023, your Part D plan must reimburse you for any amount over \$35 per month's supply. Contact your plan if you believe you are entitled to a reimbursement.

Beginning July 1, 2023

Those who use a traditional insulin pump covered under Medicare Part B's durable medical equipment benefit will have a \$35 cap on the cost of a month's supply of Part B-covered insulin. The Part B deductible will no longer apply.

More benefits

People with Medicare Part D drug coverage will now pay zero out-of-pocket for their shingles vaccine.

According to CMS.gov, "As part of the Inflation Reduction Act, for the first time ever, drug companies will pay rebates to Medicare when their prescription drug prices increase faster than the rate of inflation." Over the next few years,

additional benefits will be rolled out that will help keep health care costs down for Americans due to the 2023 Inflation Reduction Act.

Do you have questions on life, health, Medicare Advantage Plans, or Medicare Supplements? Call or email me to set up an appointment. I will help you find a plan that works for you. Email me at Lmutsko@mutskoinsurance.com or call 440-255-5700.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: I see all kinds of floaters in my vision. Can they be prevented or removed? When should I be concerned about them?

A: The floaters that appear in your eyes come in many shapes and sizes and may look like specks, squiggles, dots, cobwebs, bug shapes, or clouds. Floaters can be disturbing especially if they are new, numerous, in your line of vision, or accompanied by other symptoms.

Floaters are actually tiny clumps of gel or cells inside the vitreous, the clear gel-like fluid that fills the inside of your eye. As we age, the vitreous gel inside our eye changes and may thicken or shrink forming clumps or strands inside the eye. The vitreous gel pulls away from the back wall of the eye causing a posterior vitreous detachment, or PVD, and is a common cause of floaters. There is no therapy, vitamin, or medication that can prevent floaters.

While annoying, ordinary floaters are very common and usually aren't cause for alarm. Over time, floaters tend to drift off center or settle at the bottom of the eye, out

of your line of sight, and become less noticeable. They never actually dissolve though and sometimes a sudden eye movement may bring them momentarily back into your sight line.

The time to be concerned about floaters is if you experience a sudden onset of new floaters, there is a shower of floaters, or they are accompanied by flashes of light. In this case, see your eye doctor as soon as possible, even if the symptoms dissipate or disappear on their own. Additional symptoms that are cause for concern, especially when associated with floaters, include eye pain, changes in your vision, gray shadows in your vision, or a curtain coming down over your vision.

If your floaters are caused by another eye condition, you may need treatment for that condition. If your floaters are caused by aging and they don't bother you, then you probably won't need any treatment.

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DENTAL CARE

Jeffrey Gross,
DDS, FAGD

Q: I'm Worried That I'm Losing It

A: Usually, we talk about lost crowns or teeth, but today I will go far afield from those topics. I want to discuss aging and specifically doing so positively and healthily. Just this week, I read an article in a magazine called "The Guardian." It was written by their science editor, who reported on a recent study addressing the subject of aging.

The study was done by the University of California in San Francisco and the University of British Columbia. Specifically, it looked at the effect of exercise as we age. The conclusion was quite emphatic. Those who exercised late in life showed a reduced chance of developing dementia. This subject is near and dear to my heart as my wife suffered from Alzheimer's, and the effects were devastating. The takeaway is that it is never too

late to start.

The article went on to describe life-changing activities to make as we get older. The changes were based on various population studies that showed the benefit of altering what we have been doing in the past or continuing those habits that appear to be most beneficial. I want to spend the rest of this column reviewing what I learned from that article.

1. Exercise:

The first one, as I mentioned, is an emphasis on exercise. Exercise does not have to be many sweaty hours a day. Let me make it simpler. Everyone needs to move during the day. That could be as simple as walking or as complicated as training for a 5K walk or run. Aerobic exercise, in combination with strength training, seems essential to slowing down or preventing dementia. As things age and get stiff, I would add some flexibility exercises to reduce the aches and pains.

2. Fix your hearing:

Brain scans show a correlation between brain shrinkage and hearing loss. When I think about that fact, it is almost intuitive. When we do not hear what is happening around us, we isolate ourselves in our world. Social isolation is another factor in developing cognitive problems, and hearing loss creates our isolation.

3. Exercise your brain:

Staying mentally active with problem-solving, figuring out what is wrong with something, or learning a new language are all good activities. This could be an opportunity to learn how to use a computer or smartphone rather than saying it is too complicated for me.

4. Oral Hygiene

As you probably figured out, this subject first caught my eye. Studies have shown that gum disease and other mouth infections are associated with an increase in Alzheimer's Disease. The mechanism is unclear, and more research is needed in this field. Good brushing and flossing and routine cleanings are essential to maintaining a healthy mouth.

From the day that we are born, the aging process begins. How you travel this road is not always in our control. That being said, living life to the fullest by making positive choices is essential for a long and enjoyable life. Oral health is part and parcel of living well and enjoyably. I would suggest that you call Nikki at 440.951.7856, and schedule an appointment to make sure that you stay on track for your oral health. As always, I look forward to meeting you.

Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.

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The role of certified nursing assistants

The nursing profession is vast and attracts an array of talented people. A career as a nursing assistant can be a rewarding path for those who want to get into the profession.

According to the U.S. Bureau of Labor Statistics, health care jobs are expected to grow by 13 percent between 2021 and 2031, making a nursing career an attractive option.

What is a nursing assistant?

According to Premier Nursing Academy, a certified nursing assistant is an entry-level step into the medical field. A CNA is not a nurse, but these individuals will work very closely under the supervision of licensed nursing staff, physicians and other health care providers.



Why become a CNA?

Many people are drawn to becoming a CNA because the job presents a start in a career in health care. While some are content to remain CNAs for the duration of their careers, other CNAs use the position as a way to get on-the-job experience that can help them decide if they want to go further in the field of nursing. CNA certification does not require extensive education. On average, it takes between four to 10 weeks to complete the necessary coursework to become a certified nursing assistant.

Average day for a CNA

According to Indeed, a CNA can expect to perform these tasks on any given day.

- Administer medications to patients.

- Assist patients with activities of daily living.
 - Bathe and dress patients.
 - Check vital signs.
 - Serve meals and help patients eat.
 - Watch for changes in patients' behaviors or worsening conditions.
 - Reposition bedridden patients.
- CNAs work in many different settings, including at hospitals or in residential nursing homes.

Salary and outlook

The BLS estimates that demand for certified nursing assistants will increase by 5 percent by 2031. Interested parties can expect to earn a median annual wage of \$30,290. Should one want to go on to becoming a registered nurse, he or she can expect a salary of \$77,600.

Certified nursing assistants play important roles in the medical field. CNAs hone their skills in facilities and can choose to stay put or go on to more advanced nursing careers.

Health Focus



OPHTHALMOLOGY

Gregory Eippert, MD

Q: Will cataract surgery be of benefit to me if I have macular degeneration (AMD)? Is there a way to tell how much of my vision loss is due to the cataract rather than the AMD?

A: Cataracts and age-related macular degeneration, AMD, are leading causes of visual impairment in older adults worldwide. Additionally, there are an increasing number of patients who have coexisting cataracts and AMD. Treating cataracts in a patient with AMD presents some unique challenges since both conditions contribute to decreased visual acuity but in different ways. The cataract is a clouding of the lens at the front part of the eye causing blurry vision whereas the AMD damages the retina at the back of the eye and affects one's central vision. Each condition therefore must be assessed separately while also considering their effect on one another.

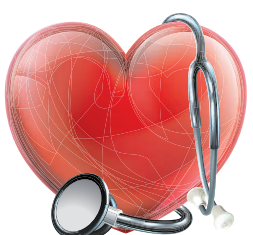
Prior to cataract surgery for those who also have AMD, there should be a thorough exam of both the retina and macula to get an idea of how much of the vision loss may be attributed to each the cataracts and the AMD. Testing to help with this assessment can include ocular coherence tomography (OCT), glare testing, fundus and/or retinal photos, and an accurate history of both conditions including diagnosis date, rate of development, stability of AMD, and documentation of vision changes.

With this non-routine cataract surgery involving a secondary condition such as AMD, it is essential to have a straightforward discussion between the patient and the surgeon explaining realistic visual potential after cataract surgery. The key point to understand is that there are at least two conditions affecting the patient's vision so that removing the cataract may not provide 'ideal' vision but it may help to improve the quality of your vision for daily activities. Having another family member present during this discussion will help ensure that all the facts are covered and understood including the risks and benefits and likely outcomes after surgery.

For those with AMD, dry or wet, having cataract surgery doesn't usually present any greater risks. With accurate testing and evaluation, along with proper precautions and measures, AMD should not be a contraindication to cataract surgery.

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DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: My Front Teeth Are Dark

A: I met two people this past week, one of whom was the patient and the other her mother. After visiting other dentists, the mother, who reads this column regularly, decided to see what I could do to help her daughter. Over the years and due to medical issues, several back teeth were not healthy. Decay, breakage, and other issues caused these teeth to crack down to the level of her gums. When I looked and examined those teeth, I realized that I could not salvage them. We discussed removing and replacing some, not all, of them with dental implants to bring her back to chewing properly.

The discussion then moved to what many people feel is the ultimate dental issue: the smile and how the rest of the world sees her. Professional cleaning by an experienced dental hygienist had not happened for a while. Her teeth were stained and dark and needed attention badly. We spoke about whitening her teeth, and if that wasn't enough, then veneers or crowns were an option.

However, we needed to discuss another facet of her front teeth which was very apparent to me. All her upper teeth were bent inwards so that the most prominent visual part was the area near the gum. For an attractive smile, we like to see the bottom or edges of the upper teeth be the most visually prominent.

When teeth are set back or angled back, like in my patient, the upper front teeth don't stand out when smiling. The patient looks like they have dark teeth. I find that when patients have this situation, they tend to cover their teeth with their upper lip, which makes the matter worse. They look like they have no teeth at all.

We know that teeth don't exist in a vacuum, and their position can affect other areas of concern and other teeth. When the upper front teeth are canted inwardly, they wear away the bottom teeth.

The upper front teeth hit the lower front teeth every time the patient chews. When we see a situation like this, the bottom teeth' front enamel takes a beating and starts to break down also.

So what did I recommend? I suggested a very time-efficient approach to all of her issues. The first item on the agenda is removing the hopeless back teeth and placing implants in the best possible places. While the implants are locking into place, I would move her front teeth outwards so they show more when she smiles with aligner therapy. I would plan to have the movement finished by the time I finish the implants. If your smile is not what you would like to see, please call Nikki at 440.951.7856, and schedule an appointment. Everyone deserves a great smile. As always, I look forward to meeting you.

Jeffrey Gross, DDS, FAGD, is an Ohio-licensed general dentist and is on the staff of Case Western Reserve School of Dental Medicine.

The Healthy Smile

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INSURANCE

**Laura Mutsko
Agent and CSA**

Q: If someone turns 65 while in prison, are they eligible to enroll in Medicare?

A: In general, Medicare will not cover medical costs for anyone while they are in prison, jail or otherwise in the custody of penal authorities. This applies even if they were enrolled in Medicare prior to their incarceration. The states and territories are responsible for providing essential health, mental health services, and prescriptions to all inmates, and inmates have a constitutional right to treatment while in jail or prison.

If someone turns 65 and qualifies for Medicare while incarcerated, they will qualify for a Part B Special Enrollment Period (SEP)

that will permit them to enroll in Medicare without penalty once they are released. To qualify to use this SEP, the person must have been released from incarceration on or after January 1, 2023.

The SEP will be available for 12 months. It begins the day they are released from incarceration, and it ends the last day of the twelfth month after their release. (Being released from incarceration means that you are no longer in the custody of a penal authority. Examples of being in custody can include people who are in prison, people under house arrest, and people under supervised release.)

During the SEP, the person will have two choices for when Medicare coverage can begin:

- They can choose to have coverage begin on the first of the month after the month they enroll, or
- They can choose to have coverage begin up to six months retroactively (but it cannot begin before January 1, 2023 or before they were released from incarceration).

Those who choose not to enroll in Medicare within 12 months of being released will have to wait until the General Enrollment Period to sign up. There will likely be a Part B late enrollment penalty if they enroll after their SEP.

Anyone released from incarceration before January 1, 2023 will likely need to use the General Enrollment Period to enroll in Medicare. For more information regarding eligibility and application requirements, contact your local Medicaid office or your State Health Insurance Assistance Program. (SHIP).

If you would like to discuss your insurance needs, please call Mutsko Insurance Services at 440-255-5700 or email Laura Mutsko at Lmutsko@mutskoinsurance.com to set up an appointment.

**Laura Mutsko
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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Pre-workout tips for seniors

As physically active individuals age, they typically must change how they approach exercise. For example, rather than jumping two feet first into new activities

like they might have done when they were younger, seniors may have to think about injury prevention and ways to improve their endurance prior to lacing up their sneakers. For most, that may boil down to taking various pre-workout steps.

- **Get enough rest.** The body requires adequate sleep and other rest during the day to stimulate muscle growth and repair. Exercise may not be as effective and it may be more dangerous if seniors are engaging without enough sleep. In addition, sleep deprivation can reduce reaction



times, which can adversely affect workouts.

- **Emphasize stretching.**

Stretching can improve flexibility and reduce the risk of muscle injuries. It also can

improve range of motion in the joints. Stretching before and after a workout prepares the body for exercise and helps it recover.

- **Wear the proper footwear and clothing.** Sturdy, supportive athletic shoes and well-fitting workout wear can make working out more comfortable and safer. The National Institute on Aging recommends finding footwear designed for the specific activity you'll be engaging in. Footwear that offers sufficient heel support and nonslip soles is beneficial as well.

- **Warm up.** Give the body an

opportunity to acclimate during a warm-up period that will facilitate healthy breathing. Warming up also loosens up the joints and muscles for the exercise ahead. After a workout, seniors should cool down to reduce their heart rates and prepare for recovery.

- **Carefully consider pre-workout supplements.** Pre-workout powders and pills have become quite popular for exercise enthusiasts. Manufacturers may advertise that their products are loaded with vitamins and minerals that will help energize the body for a workout. However, they also may be fortified with caffeine. Do not take a pre-workout supplement without first consulting your physician, as certain products may adversely interact with medications you're taking for preexisting conditions.

Pre-workout steps can keep seniors safe and reduce injury risk from exercise.