

Health Focus



DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: My Dentist Just Retired. I Don't Know What To Do

A: You don't know how many times I hear this question. Many patients on the far side of 40 have seen the same dentist for years. A relationship has been created, nurtured, and developed. And then, your trustworthy friend and healthcare provider retires just like that. To top this off, the type of practice you are used to and comfortable with is gone. Now we have a large corporation running the facility. The dentist is an employee and has difficulty making his own decisions. After all, there is a corporate protocol to follow.

A study shows that people under age forty search for their health professionals via their phones. Those over age forty talk to their friends and relatives. We call this word of mouth, which is still the best way to find your new doctor. Instead of a few lines online, you could engage the referring friend in a detailed discussion. You could ask him what was and wasn't appealing. You can ask for clarifications on statements and thoughts. It doesn't get any better than that. This way, when you go to the office for the first time, you know how the practice runs.

Some important questions to ask is how long the dentist has been practicing. Often the dentist employed there is a short-term resident in our area. Many dentists today view their professional skills as a job, not a career. Although very qualified, the mental outlook of the doctor and what they are building or not make a significant difference in how you feel when you are there. Going the extra mile means much more when your name is on the front door.

I saw a patient yesterday for the removal of a tooth and the placement of an implant. When I looked at her tooth and her x-ray, I did not understand the reason for that treatment. She told me another person told her they would not try to save the tooth. I looked and thought extensively and could not find a reason to lose that tooth. We decided to attempt to fix it, and the procedure went without a glitch. I was so happy that I had saved her time and money.

This story leads to my next point. Feel free to ask about the extent of the dentist's training and clinical experience in performing the specific procedure you may require. For example, not all dentists are trained or are comfortable with all dental procedures. If their referral rate is very high and you are comfortable with that approach to care, that is the practice for you. If you want to settle into a comfortable practice and not run all over town, find a dentist who meets that need. There are many dentists out there and many approaches. Take the time to find the right match for you.

I encourage new patients to call me and ask questions in my practice. I suggest that they come in and share their thoughts and voice their concerns. If you want to meet me and not just read my thoughts, please call Nikki at 440.951.7856, and schedule an appointment. I look forward to trying to be right for you, and 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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The link between physical activity and mortality risk in older adults



A 2022 study led by researchers at the National Cancer Institute found that recreational pursuits that incorporate physical activity, including walking, swimming and playing tennis, may lower older adults' risk of death from any cause. That includes cardiovascular disease and cancer, which the World Health Organization notes are two of the leading causes of death across the globe. Running, cycling, swimming, other aerobic exercise, racquet sports, golf, and walking for exercise encompassed the seven different exercise and recreational activities researchers examined as part of the study,

which utilized data from more than 272,000 adults between the ages of 59 and 82. The researchers found that achieving the recommended weekly amount of physical activity through any combination of these activities was associated with a 13 percent lower risk of death from any cause compared to people who did not participate in such activities. Though all activities were associated with lower risks of death, racquet sports seemingly provided the most bang for seniors' proverbial bucks, as those activities were associated with a 16 percent lower risk of death.



INSURANCE

**Laura Mutsko
Agent and CSA**

Q: Who will be losing Medicaid benefits?

A: The federal government declared the end of the COVID-19 public health emergency earlier this year. The end of the pandemic will also mean the end of Medicaid benefits for nearly 200,000 Ohio residents who may no longer be income eligible for this benefit.

During the pandemic, states were required to keep people enrolled in Medicaid, even if their income changed. Now, Ohio's Department of Medicaid has begun to verify whether those enrolled in Medicaid are still qualified for this benefit. Ohio will begin sending termination notices to those who are no longer qualified beginning on April 1.

You are responsible to keep your contact information current. If you are enrolled in Medicaid, one of the most important things you can do is keep your contact information up to date and respond immediately to all requests for information. If the department is unable to reach you, it can result in the loss of your coverage. To update your contact information call 1-844-640-6446, visit a county Department of Jobs and Family Services, or log into the Ohio Benefits Self-Service portal at <https://benefits.ohio.gov/>.

If you receive a letter of termination, you have the option to appeal the determination. However, it is important not to delay your appeal. If you appeal within 15 days of the date of the notice, your healthcare coverage will remain in effect until the appeal process is completed. If you appeal beyond 15 days, your coverage will end, but can be reinstated if the appeal is successful. If you do not appeal, your Medicaid coverage will end on the last day of the month in which the notice was issued.

If you are no longer eligible for Medicaid, you will need to obtain other health insurance. One option is to enroll in their employer's healthcare plan. Those who are not eligible for an employer plan may be able to buy low-cost health coverage through the federally facilitated Marketplace at healthcare.gov.

If you have questions on insurance, including life, health, Medicare Advantage plans, or Medicare Supplements, please contact Mutsko Insurance at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com. We look forward to helping you.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: I have been thinking about having LASIK. What questions should I be asking and what things should I consider before I make my decision?

A: The decision to have LASIK surgery is an important one. LASIK, laser assisted in-situ-keratomileusis, is an outpatient procedure that uses an excimer laser to reshape the cornea to correct or reduce nearsightedness, farsightedness, and astigmatism. The first step in the LASIK decision process should be an appointment with your eye doctor for a complete, dilated eye exam to determine if you are a potential candidate for this procedure. Final candidacy will require a consultation at a LASIK center where you will be evaluated with precision optical equipment, examined by the clinical director, and have an opportunity to discuss your questions and concerns.

A general list of questions and concerns about LASIK involves three different areas: the surgeon, procedure, and patient. For the Surgeon: How long has the surgeon been performing refractive surgeries and how many refractive surgeries have been performed? What are the surgeon's education and medical credentials? Is the surgeon certified by the American Board of Ophthalmology? Are reviews/testimonials available?

About the Procedure: What kind of laser technology is used? Is it an 'all laser' center or are blades used for making the flap? What are the risks? How long does the procedure take? What is the recovery time? What is involved in both post-op care and long-term follow-up care? Are enhancements included if required? What does the LASIK procedure cost?

For the Patient: Am I a good candidate for LASIK or PRK? How will I know which type of surgery I need? Do I have any other general or eye conditions that might rule out LASIK or require treatments prior to having LASIK? What results can I reasonably expect after surgery?

While LASIK surgery is safe and effective with approximately 600,000 LASIK procedures performed annually in the United States, it is not for everyone. Before having LASIK surgery, make yourself fully aware of all the risks and choose an experienced LASIK surgeon who can advise you about the best refractive surgery option for your vision needs.

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Health Focus



INSURANCE

Laura Mutsko
Agent and CSA

Q: What are manufacturer prescription co-pay cards?

A: When insurance is not enough to cover brand-name prescription costs, manufacturer copay cards can help lower the cost of expensive drugs that do not have a generic equivalent. They are savings programs offered directly through drug manufacturers and are sometimes called copay coupons and copay assistance cards.

Copay cards usually work in this way. The patient's health insurance plan will cover a portion of the cost of the prescription and the manufacturer will pick up all or part of the remaining cost. In some cases, 100% of the cost may be covered by the manufacturer.

Programs vary from manufacturer to manufacturer in how much of the costs they will cover and how long a patient can take advantage of their program. To learn whether a copay card is offered for a drug you are taking, you can:

1. Go to the manufacturer's website for information.
2. Call the manufacturer and ask if a copay program is available.
3. Talk to your healthcare provider or pharmacist.
4. Contact needymeds.com for information.

For most copay cards, there are two requirements. First, you must have commercial or private insurance, and second, you cannot have government health insurance such as Medicare or Medicaid. These requirements are due to anti-kick-back statutes that limit the scope of manufacturers' reimbursements.

While copy cards will not be the answer for everyone, they are a viable way to save money on prescriptions for many. If you are having difficulty paying for your medications, talk to your physician or other healthcare provider. Ask if they have samples they can give you or whether a lower cost medication will work for you.

For all your questions concerning life and health insurance including Medicare Advantage Plans, Medicare Supplements and more, please contact me at 440-255-5700 or Lmutsko@mutskoinsurance.com. I look forward to assisting you.

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OPHTHALMOLOGY

Gregory Eippert, MD

Q: What changes can I expect in my vision as I get older?

A: Just like your body, your eyes and vision change over time. Some changes occur because the quality of vision naturally lessens with age. Some changes may be due to age-related conditions or other eye problems that may require evaluation and treatment. While not everyone will experience the same symptoms, the following are some common vision changes to expect as you get older.

Presbyopia: Beginning in your 40s, the lens in your eye starts to lose its flexibility making it difficult to read up close or small print. You will likely be able to compensate for a time by holding reading material farther away from your eyes. As presbyopia advances, you will eventually need reading glasses, progressive lenses, or multifocal contact lenses to help with reading and up-close tasks.

Glare: As you age, you may notice additional glare from headlights at night or from sun reflecting off the windshield or pavement during the day. Glare difficulties can be due to cataracts which are a clouding of the lens in the eye that often occurs as a natural part of aging. With cataracts, the light entering through the cloudy lens is scattered rather than directly focused on the retina thus causing glare. If you are having symptoms of glare that are affecting your daily activities, see your eye doctor for an exam and evaluation of your cataracts.

Dry eyes: Up to 75% of adults over the age of 40 have dry eyes, a condition in which your eyes don't produce enough tears and/or the quality of the tear film has decreased. As a result, your eyes may sting or feel gritty. In some cases there may be excessive tearing which is a natural response to irritation and your eyes attempting to compensate for lack of tears. Using artificial tears as needed throughout the day will increase your comfort level, or consult with your eye doctor for other options such as prescription dry eye medications.

Floaters: In many cases, floaters are a normal part of aging. Floaters occur when the gel-like vitreous inside the eye begins to liquefy and pull away from the retina. Floaters can appear as specks, spots, cobwebs, and other shapes and seem to float across your vision. If you have floaters that are large, multiple or like a shower effect, or those that are accompanied by flashes of light, see your eye doctor as soon as possible.

So what can you do about age-related vision changes? The best natural defenses against vision loss as you age include establishing and maintaining a healthy diet and wise lifestyle choices such as not smoking. Also recommended are regular eye exams with your eye

doctor including a baseline exam at age 40 and yearly exams at age 50 and after. Be sure to let your eye doctor know about your current medical condition(s), medications that you are taking, any family history of eye disease, and any concerns you might have about your vision and vision health.

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DENTAL CARE

Jeffrey Gross,
DDS, FAGD

Q: My Dentures Have Never Felt Right. Could I Be Wearing the Wrong Dentures?

A: I hear many variations of this question as patients are often surprised with their new dentures. I find this concern or statement with many new denture wearers. These patients discover that a denture is not the same as real teeth. With that as a starting point, we have a new set of concerns and problems.

New denture wearers struggle with a mouth that is shrinking rapidly as their mouths heal after tooth removal. Learning how to chew with a denture is challenging for the novice and takes a lot of practice. Some patients become experts quicker than others, and some patients struggle forever. These are the patients to whom we speak about adhesives or implants to help them with their chewing and speech.

For the seasoned denture wearer, your dentures probably fit well when you got them. As people age, their dentures don't change, but their mouths do. With proper care and regular dental visits, your dentures should fit and stay in good shape for a long time. But dentures must be re-aligned, rebased, or replaced as they don't perform forever. If designed and fabricated correctly, adhesives and cleaners will not help make dentures fit or look any better. As we age, the gum ridges and the bone in our mouths can shrink, causing dentures to become loose. Loose dentures can cause sore spots in your mouth, stomach problems from being unable to chew food properly, and even oral cancers. A loose denture could also cause changes in your facial features.

On average, a denture can only perform for three to five years and must be replaced or re-aligned more frequently. Wearing the same dentures for more than that time causes permanent changes in the mouth. For instance, an old denture can cause the ridges to shrink faster, resulting in looser dentures, making it much more difficult to fit future dentures. The deterioration is so gradual

that denture wearers get used to it, forgetting how it used to be. They forget how it felt to look good, pain-free, and worry-free. Even a denture that started perfectly will not fit the same as it used to.

If you are not wearing your dentures because they "don't feel right," are loose, or make sore spots in your mouth, you should see a dentist to have them evaluated and possibly adjusted, relined, or remade. If the teeth in your dentures are worn considerably, talk to your dentist about making some new ones. If your dentures are not too old or worn, you may be a candidate for dental implants, eliminating the need for removable dentures or bridges. It is not hard for me to add implants to an existing denture without making a new set. This idea always surprises patients as they think we must start with a new denture.

With a new or existing set of dentures, it is also important to continue regular dental visits to ensure your teeth fit properly and to be examined for signs of oral cancer. Brush your dentures daily with a special brush to remove food and plaque. Then brush your tongue and gums with a regular soft toothbrush. When you are not wearing your dentures, you may keep them in water (not hot) or a denture solution recommended by your dentist. And never try to repair or adjust your dentures yourself!

If you feel it is time to assess your mouth and full or partial denture, please call Nikki at 440.951.7856, and schedule an appointment. New technology and methods are always being developed, expanding your choices and potential satisfaction. I look forward to helping you, and, 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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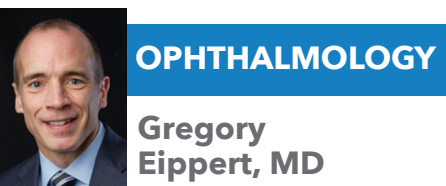
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Health Focus



OPHTHALMOLOGY

Gregory Eippert, MD

Q: I am only 62 and my eye doctor told me I have cataracts. My vision is still fine at this time, but when should I be concerned?

A: Cataracts, a natural age-related condition, generally first appear 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, can affect one or both eyes, and most cataracts progress gradually over a period of years.

Cataracts cause the natural lens inside your eye to become cloudy thus preventing light and images from reaching the retina. Typically, cataracts cause no symptoms until they have grown large enough to interfere significantly with the passage of light through the lens. Symptoms of cataracts include blurry or foggy vision, colors appear dull or washed out, poor night vision, halos appear around lights, and needing more light to read.

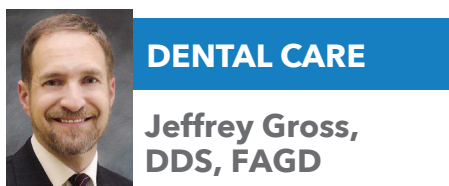
Simply having a cataract does not always require surgery. Sometimes a change in eyeglasses or contact lens prescription is enough to restore adequate vision. Unfortunately, there is no way to prevent cataracts and since they are a natural condition that occurs over time with age, they can't be prevented by medicines or diet. The only way to correct vision that is impaired by cataracts is with cataract surgery during which the clouded natural lens is removed and replaced with artificial intraocular lens or IOL.

When cataracts cause enough vision changes to interfere with daily activities such as your job, driving safely, reading, or watching TV, visit your eye doctor 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. Whether or not to have cataract surgery is a choice between you and your eye doctor. The time to consider cataract surgery is when glasses or contact lenses no longer improve your vision enough to effectively perform your daily activities. If you don't feel that your cataracts are causing problems in your daily life, you may choose to wait for cataract 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. Your eye doctor can provide you with information about replacement lens options, new technology, and surgery details as needed.

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DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: I'm Glad that You Can Do All the "Hard Stuff."

A: That was what a patient told me recently. They were referring to the fact that traveling to various doctors to accomplish our treatment goals does not usually happen for most of my patients. Typically, I plan and design the treatment in conjunction with your desires, wishes, and goal, and together we bring you to a state of dental well-being. So when a patient refers to the "hard stuff," they usually discuss placing the dental implants. I will grant you that many dentists, even in 2023, don't place dental implants regularly, but that is not what I think of when I think of the "hard stuff."

The real "hard stuff" begins after the implants are placed. Creating the teeth' shape and position is the real challenge. Tooth position is especially true when it comes to full dentures. Fillings or crowns are very precise. Either they fit and fulfill their intended purpose, or they don't. If they don't, it is usually relatively easy to fix, repair or do them over to reach our goal. When it comes to dentures, there are so many factors to consider. Let's discuss a few of our challenges.

Unlike a filling or a crown, a denture sits and rests on some soft tissue. Even an implant-supported denture has a soft tissue component. The soft tissue of the mouth is just what it sounds like. So the fit involves taking a rigid denture and putting it on quicksand ... the base is moveable. Therefore the fit can never really be solid. There will always be some movement. When we make a patient a replacement denture, it may never fit like their original denture. The mouth has changed over the years, so that the fit will change. Yet in the mind and the expectations of the patient, they yearn for days gone by. We can attain this level sometimes but can't quite get there always. You, the patient, have changed. Your change means that everything about your new denture may also change.

Another component of the "hard stuff" is your ability to handle a new set of teeth that move around. Every patient is different. Abilities and expectations are different. For any of you who have played golf, I'm sure you have heard of the mental component

Did You Know?

Cancer can be caused by genes a person inherits at birth or by outside influences that cause genetic mutations to occur in cells. According to Yale Medicine, inherited cancers that were present from the time of conception make up only a small percentage of the

of the game. Some players psyche themselves out of playing well. Their minds do not let them reach their true potential. The same is true for a denture wearer. The patient has a skill to learn. Some patients do better than others. Some patients need much more time. Some patients need some aids or "crutches" to allow them to function. Every one of you is different. Adapting to a denture is really the "hard stuff," as I have no control over this. I can only advise, guide and encourage you on your journey, much like a coach. But only you can travel on that journey.

Those of you whom I have had the privilege of helping know how much time I will spend with you. You know how many visits are sometimes necessary. Of course, most of you will have a treatment that proceeds beautifully and expediently. But for those of you who need the extra time, you know that I will work to help you get to your optimal result. Optimal is different for everyone; part of my "hard stuff" is determining your optimal. If you are ready to step forward in your dental health or have questions about how to proceed on your personal journey, please call me at 440.951.7856 as I look forward to hearing from 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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INSURANCE

**Laura Mutsko
Agent and CSA**

Q: Are Shingrix shots for shingles covered for everyone over sixty-five?

A: Beginning in 2023, the Inflation Reduction Act eliminated all out-of-pocket costs for vaccines that the CDC's Advisory Committee on Immunization Practices recommends for adults who have drug coverage from Part D or from a Medicare Advantage plan. This includes the Shingrix shingles vaccine.

This does not mean that everyone who is over age 65 can receive the Shingrix vaccine at no cost. For the vaccine to be provided at no cost, you must,

(1) Be covered by Medicare.

most common cancers, such as breast, colon and prostate cancer, and even less common cancers. In addition, even if inherited genetic mutations are present in the body, that does not mean the development of cancer is inevitable. According to Verywell Health, only around 5 to 10 percent of cancer cases can be attributed

(2) Have prescription drug coverage through a Medicare Advantage Plan or a Medicare Part D plan bought as an add-on to original Medicare.

Out-of-pocket vaccine costs for most people enrolled in Medicaid will be eliminated beginning Oct. 1, 2023. Without prescription drug coverage, you may have to pay more than \$180 a dose for Shingrix.

Where should I get my vaccine?

Unfortunately, a lot of the information you find online concerning coverage for the shingles vaccine is outdated or confusing. At one time, you were required to have a prescription to get the shingles shot at a pharmacy. Now, most people get their shingles shots at pharmacies, much like their annual flu shots.

To avoid any billing headaches, verify that your pharmacy is in your Part D plan or your Medicare Advantage plan's network. Do not assume that your costs will be covered if you get vaccinated at your physician's office. Ask the doctor's office to confirm that your doctor can bill Medicare Part D before you plan to get the vaccine there. If you have any concerns, check your Explanation of Benefits (EOB) to learn if the vaccine is covered at your healthcare provider's office, local pharmacy, or both.

The Shingrix vaccine is recommended for adults aged 50 and over, even for those who received Zostavax in the past. Shingrix replaced Zostavax which was retired in November 2020.

If you need help

If you have trouble affording Part D prescription drug coverage, you may qualify for the Extra Help program, a government program that helps people with limited income and assets pay premiums and out-of-pocket costs for Part D drug coverage. Starting in 2024, the Inflation Reduction Act also expands the level of income eligibility for the Extra Help program.

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to inherited genetic mutations. More often than not, cancers that seem to "run in the family" are more likely a result of lifestyle or environmental factors that are shared by family members, such as eating the same unhealthy foods or a propensity to overindulge in alcoholic beverages.

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Health Focus



DENTAL CARE

Jeffrey Gross, DDS, FAGD

Q: I Know That I'm Losing a Tooth, but What About The Bone Disease?

A: I meet the nicest people every week, and this week was no exception. A new patient came to me and told me she is an avid reader of this column and enjoys it. Due to many problems in her personal life, her teeth have been on the back burner for years. It is now time to move them front and center in her life. Her concerns revolved around loose teeth and their ability to hold a partial denture on her lower jaw. Her upper teeth were fitted with a denture that she has worn well for many years. Not only has she worn this well, but the denture is well worn. The teeth are shorter than they were when it was new due to years of function.

Her lower teeth, which were the focus of our visit, were loose. Loose teeth mean that the supporting gum and bone have deteriorated over time. Much like a fence post is firmly attached to cement and anchored to the ground, healthy teeth attach firmly to the bone in the jaw. If this bone slowly disappears, then the tooth is no longer sturdy. When you chew, the tooth moves, and when you attach a partial denture to it, the tooth is traumatized even more by chewing and biting forces.

Why does bone disappear? Is it a natural occurrence of aging or something else? Bone wears away when exposed to inflammation and infection. We have all heard the term "gingivitis," which is gum inflammation. Gum inflammation is the start of gum and bone disease. The very complex process of this disease results in the loss of bone and, ultimately, loose teeth due to no support.

My patient did not have many teeth, and all showed bone loss due to gum disease. Her treatment

will involve removing those teeth and making a lower denture. Although worn, her upper denture fits well, and we discussed the pros and cons of making her a new one. Ultimately she made her own decision based on new knowledge that she gained from our talk.

Lower dentures are difficult to wear and chew with when we first receive them. Some patients do well, and others struggle and never master the skill. Our conversation went to implant placement to help her with her new denture if needed. She was happy to hear that adding implants would not require a second new denture. I can easily add them to most dentures if needed.

After all this talk, we never mentioned the elephant in the room. Will my gum disease continue to spread? Will I ultimately lose more bone, like seen in osteoporosis? She was happy to hear that the cause of the tooth and bone loss was the tooth. Once I remove the tooth, the bone disease disappears and does not destroy the rest of her jaw.

There is so much to learn in health care and dentistry in particular. We learned that once an offending body goes away, so does the disease process. Oral health and overall health will improve once gum and bone disease are gone. If you have any loose teeth, please call, and we can see if I can reverse the process and make it stable again or remove it to halt the bone loss. Please call me at 440.951.7856 as I look forward to hearing from you.

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Q: What is a Medicare benefit period? Is it annual?

A: A Medicare benefit period is the way Original Medicare measures your use of inpatient hospital and skilled nursing facility (SNF) services. Unlike other types of insurance, the deductible for a Medicare benefit period is not based on the calendar year. You will pay a separate deductible for each benefit period – meaning you could pay more than one deductible in the same year.

With Medicare Part A (hospital insurance) a benefit period begins the day you go into a hospital or skilled nursing facility. It ends when you are out of the hospital or SNF for 60 days in a row

At the beginning of each benefit period, you will be responsible for your Part A deductible. After you meet your deductible, Original Medicare pays in full for days 1 to 60 of your hospital stay. For days 61-90, you will be responsible for a daily co-insurance.

A new benefit period begins if you go back into the hospital after being out for 60 days. You will be responsible for paying a second deductible - one for each benefit period - even if you are in the hospital both times for the same health problem.

The opposite is true, too. One benefit period can potentially span more than one hospitalization. For example, you are in the hospital and you are released. A few days later you have a setback and must return to the hospital. Your benefit period would still be in effect, and in this case, you would be charged only one deductible.

If you have questions about where you are in your benefit period check your most recent Medicare Summary Notice or call 1-800-MEDICARE with your questions.

Do you need help finding the best Medicare Advantage plan or Supplement for you? Give me a call at 440-255-5700 or email me at Lmutsko@mutskoinsurance.com. I look forward to helping you.

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examinations and testing.

Sometimes aphasia symptoms can start to resolve on their own without treatment. Others may need help regaining the ability to communicate through various methods, says Johns Hopkins Medicine. These can include:

- speech-language therapy
- nonverbal communication therapies, such as computers or pictures



OPHTHALMOLOGY

Gregory Eippert, MD

Q: I had cataract surgery a couple of years ago and now my vision is getting blurry just like before I had the surgery. Can cataracts grow back?

A: The answer is no, however there is a condition that can occur after cataract surgery called posterior capsule opacification, or PCO, which may seem like another cataract.

The natural lens of the eye is enclosed in a thin, clear membrane called the capsule. During cataract surgery, the front of the capsule is opened. The cloudy lens inside the eye, the cataract, is removed and replaced with an intraocular lens implant (IOL) that is placed at the front of the capsule. During surgery, the surgeon makes every attempt to maintain the integrity of the capsule itself as it holds the lens in place. In some cases after cataract surgery, the back of the capsule can become thickened or cloudy causing visual difficulties such as haziness, problems with glare, and decreased vision often like pre-cataract surgery. It can take anywhere from a few weeks to a few years for the posterior capsule to turn cloudy enough to interfere with clear vision. If your vision becomes worse after cataract surgery, consult with your eye doctor who can determine if there is a PCO that requires treatment.

Fortunately, PCOs can be treated effectively with a YAG Capsulotomy Laser procedure. The YAG laser creates an opening in the center of the cloudy posterior membrane allowing light to pass through for clear vision. This outpatient procedure takes only a few minutes and is entirely painless. The YAG Capsulotomy is considered very safe and your doctor will review with you all the advantages and risks of this procedure in advance. After the YAG laser, you should notice improved vision quickly provided there are no other problems with the eye. PCOs do not close up or grow back. After a successful YAG Laser Capsulotomy, the procedure should not ever need to be repeated.

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- group therapy for patients and family members
- simplifying language by using short, simple sentences and repeating words or phrases as needed

Aphasia affects communication but it might improve over time. For those who are left with some loss of language skills, therapy may help to address those deficits.

Aphasia and its side effects



Film fans were shocked to learn recently of the health struggles of beloved action movie star Bruce Willis. Willis's health issues were made public in 2022, and since then the star has largely retreated from the public eye.

Willis was initially diagnosed with aphasia, a disorder that affects a person's ability to communicate. Aphasia affects speech, how people write and their comprehension of spoken and written language, according to the Mayo Clinic. For Willis, aphasia ultimately proved to be only one component of what was later diagnosed as frontotemporal dementia.

The Cleveland Clinic says aphasia can be a byproduct of illness, like dementia or injury,

or a complication of a stroke or traumatic brain injury. When blood fails to supply cells in the brain with oxygen, those cells die and can produce deficits. Aphasia also may result from conditions that disrupt how the brain works, and those conditions may be temporary, like migraine headaches. While aphasia predominantly affects adults, it can affect children, too. The National Aphasia Association says nearly 180,000 Americans develop aphasia each year.

Families may feel that something is not right when a loved one has trouble finding words, reading or communicating effectively. There are different types of aphasia, and each kind can impact a different component of speech or understanding.

Doctors may discover aphasia when they are treating patients for traumatic brain injuries or by looking at images of the brain. If a physician suspects a patient has aphasia, the doctor may recommend a consultation with a speech-language pathologist, who can perform comprehensive