

Patient NEWSLETTER

PATIENT Newsletter

Produced for
the patients of
**Edward R. Kusek,
D.D.S.**

Winter 2007/08

DENTAL TEAM

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Greetings!

As I write this letter, fall is definitely upon us. I have one week of soccer practice and games left as part of the coaching staff for Harrisburg High School. It's been like having a second job for the last eight weeks (except with no pay!). The team has done well, playing up from "B" school to "A" school this year.

I have lectured this fall on two different occasions. I spoke on October 12 for the USD Dental Hygiene School Homecoming. My topic was use of the laser to prevent periodontal disease. On November 16 and 17, we invited clinicians to our office for a lecture on lasers in implant dentistry.

I attended a lecture on October 19 on the use of a CAD-CAM machine for the fabrication of same-day crowns. We hope to purchase the machine to offer this technology to our patients. This office would be the first in this region to have one of this type.

I am pleased to announce the addition of a new dentist to our practice. We have signed contracts with **Angela Curry**. She grew up in Elk Point, S.D. She did her undergraduate work at SDSU and received her dental education at the University of Nebraska. Her special interests are cosmetics and orthodontics. We are excited to have her aboard around the middle of summer 2008.

My children have been very active as well. Adam (22) is living in Des Moines, Iowa, and has found a job with Monsanto. He is getting used to the real world of making money to support himself! Amanda (20) has started her last year in the dental hygiene program. This year she is getting more clinical experience. She has enjoyed dentistry and working with patients. Alex (16) had a great soccer season. He was a starter in all the games, and his team had a successful year. He has begun preparing for the ACT exam and looking at colleges.

Included in this newsletter is an article written by **Jeanette Miranda**, one of our hygienists, on the use of the VELscope®. This is a great device for early detection of oral cancer.

As always, thank you for the referrals of family and friends.

Introducing the VELscope®

Oral cancer kills one American every hour of every day. Unfortunately, the five-year survival rate of oral cancer has remained virtually stagnant, at 59 percent, for nearly 40 years. While most people realize tobacco usage and alcohol consumption increase the risk of oral cancer, there are other risk factors developing, such as the human papilloma virus, that contribute to the dismal oral-cancer numbers. That's the bad news.

The good news is that **Dr. Kusek** and his hygienists have a new tool to help detect potentially malignant areas of the mouth. In addition to the visual oral-cancer exam our patients have always received, we have a VELscope® light, which detects abnormalities that cannot be seen with normal white light. The VELscope exam takes less than five minutes. Blue light emits from the small, handheld unit and shines over the oral tissue. Healthy tissue fluoresces, and tissue that appears dark red or green needs further examination.

We encourage you to say "yes" the next time you are asked if you want the VELscope used during your oral-cancer screening. Keep in mind that early detection is essential to increasing survival rates of this deadly disease.

Thank you for all your referrals. We appreciate them!



Handle with care

You brush, you rinse, expectorate, and brush some more. You finish up by rinsing that toothbrush thoroughly under the faucet and giving it a couple of taps to remove any excess water. Then you're on your way. Your toothbrush sits in the bathroom all day long...teeming with bacteria. YUCK!

Hold on! Before you rush to sterilize your brush, remember that those germs are mostly the ones the brush picked up from your mouth. Attempts to sterilize toothbrushes—by boiling, microwaving, running the brush through the dishwasher in the silverware basket—usually only serve to destroy the brush. It isn't necessary to disinfect your brush, but there are ways to care for it to keep it as clean as possible.

✘ Allow your toothbrush to air-dry each day. Don't cover your brush or put it in a closed container. If your bathroom is especially humid, you may want to remove your brush during the day.

✘ Keep it from touching other people's toothbrushes, and never share your toothbrush with anyone else.

✘ Replace your toothbrush after any illness, such as a cold, and when the bristles start to flare out. This is usually every few months or so, but some people brush harder than others and may need to replace their brushes more often.

HOLD the sugar, please!

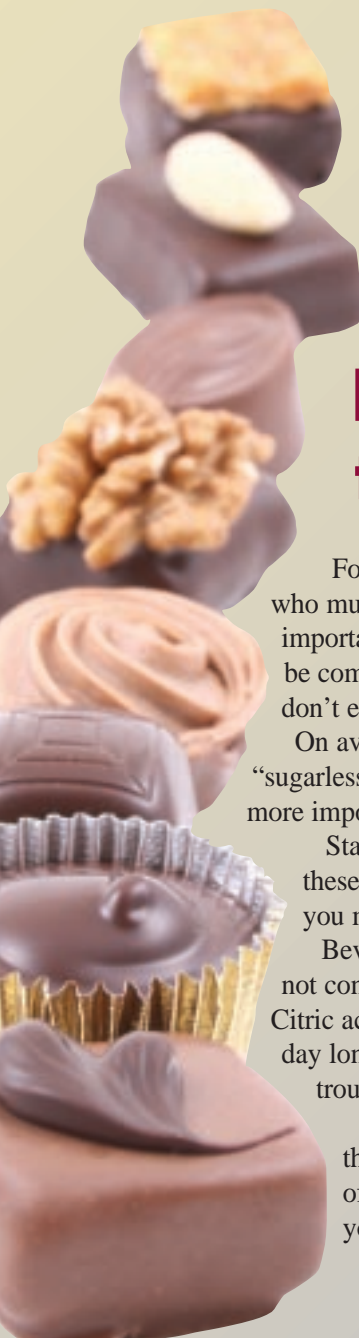
Foods that are sugarless or sugar-free certainly help diabetics and others who must avoid sugar to enjoy a more well-rounded diet. However, it's important to know that foods and drinks that are labeled "sugarless" may not be completely safe for teeth. Sugar has a tendency to hide in places where we don't expect to find it.

On average, Americans eat about a half-cup of sugar a day. Switching to "sugarless" products is certainly a move in the right direction. However, it's even more important to know what's really sugarless and what isn't.

Start reading labels. Look for words ending in "ose." Ingredients ending with these three letters are actually sugars. Fructose is a well-known one. However, you may also find natural sweeteners, such as molasses or barley malt.

Beverages that are sugar-free—such as sodas and flavored bottled waters—may not contain sugar, but among their ingredients are acids that are harmful to teeth. Citric acid and sucralose are common ingredients in these drinks. Sipping these all day long can be harmful to teeth. Either switch to plain water or use a straw to avoid trouble.

The more you can do to avoid sugar—both obvious and hidden—in your diet, the better it will be for your teeth and probably your waistline. Choose lots of fresh fruits and vegetables instead. That way, you'll get the nutrition you need and enjoy foods that are better for your teeth.



As you grow better

We all grow better one day at a time, don't we? And, as we grow better, we experience changes that affect our mouths and our teeth. If you've grown to be better than retirement age, you may be experiencing some of these changes.

Dry mouth is a problem that many people complain of as they age. It's true that, as we grow better, we produce less saliva. Saliva is our first defense against the bacteria in our mouths, so producing less of it is a concern. Some medications can cause dry mouth as well. One of the best remedies for this is to drink lots of water. Keep a glassful by your bed at night, and carry a bottle with you during the day.

In addition to dry mouth, gum recession can cause more of the root of the tooth to be exposed. It's important to pay special attention to these areas when brushing to remove debris and plaque. The roots of the teeth are especially vulnerable to decay and should be watched carefully.

Chances are good that if you're beyond retirement age, you have at least a few fillings in your mouth. Unfortunately, fillings don't last a lifetime. As they begin to break down, they may provide safe passage for bacteria to cause further decay. Regular dental checkups can detect problems such as these before they become too serious.



Where did toothbrushes come from?

It's believed that toothbrushes were first used in the late 1700s, but it wasn't until 1850 that a patent was issued to mass-produce them. By the late 1800s, brushes were made with boar's-hair bristles, which tended to stay damp and fall out of the handle easily. In 1938, DuPont developed nylon bristles to solve those boar's-hair problems. Regular, daily use of toothbrushes must be credited to the U.S. military, which made twice-daily brushing part of the routine for soldiers who signed up during World War II.

The men brought this habit back stateside, and bathroom sinks all over the country have been a little more crowded in the morning ever since.

...and what about paste?

Early toothpastes are attributed to the Egyptians and Romans. A number of ingredients were tried—among them, flowers, salt, pepper, and mint. Later on, powders made of brick or charcoal were tried. In 1896, Colgate entered the fray with their "Ribbon Dental Cream." For a long time, there were only a few brands of paste, and they only did one thing: clean teeth. However, in recent years, there's been an explosion of different types of pastes—fluoride, stain removal, whitening, desensitizing, antiplaque. It's much easier now to find one that meets your specific dental needs.

We've come a long way from the earliest teeth-cleaning devices.



MODERN CONVENIENCES

Researchers have made some interesting discoveries about the history of dentistry. It seems that some prehistoric individuals were practicing dentistry in the area we now know as Pakistan. Whether or not they had valid licenses is unclear, but we do know that their treatment methods left much to be desired.

Scientists discovered nine skeletons in a cemetery in this Middle Eastern nation and, from those, found 11 teeth that had undergone dental work. The teeth all showed signs of having holes drilled in them using stone drill bits. The teeth were back molars, so researchers theorize that the holes may have been drilled to relieve some type of toothache pain. Several of the teeth exhibited evidence of decay, and one jaw appears to have been badly infected. From the size of the holes, scientists believe that the procedure was rather uncomfortable.

When we consider how the dental profession has changed—especially over the last century—we realize how thankful we are for modern conveniences. A wide variety of anesthetics are now available to patients so that discomfort from dental procedures is truly minimized. We know that some people still become nervous at the thought of having dental work done, but we can assure you that every effort is made to make your visit with us as comfortable as possible.

FAMILY & IMPLANT
DENTISTRY

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*Here's your
dental newsletter!*

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New weapon against oral cancer

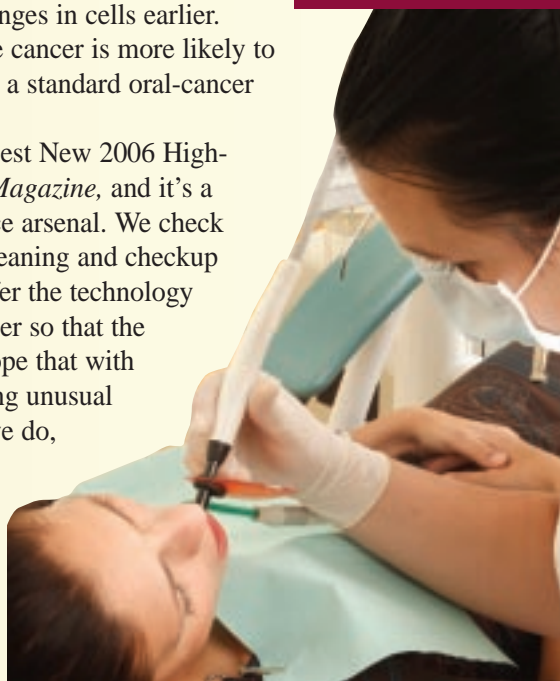
While great strides have been made in survival rates for certain types of cancer, oral-cancer mortality rates have not changed much. This may be because oral cancer is so difficult to detect in its earliest stages. Changes in cells in oral tissues tend to occur below the surface, where they can't be spotted by the human eye. Early detection is the best weapon against oral cancer and offers greater hope for survival.

Discovering abnormalities in the mouth before they can be seen with the naked eye could help increase survival rates for oral cancer. That's why LED Dental, Inc., has invented VELscope. VELscope can be used to detect differences in tissue fluorescence to spot possible changes in cells earlier. It allows the dentist to spot areas where cancer is more likely to develop when used in conjunction with a standard oral-cancer examination.

VELscope was named one of the "Best New 2006 High-Tech Products" by *Dental Economics Magazine*, and it's a device we've chosen to add to our office arsenal. We check for oral cancer each time you have a cleaning and checkup at our office. Now, we're pleased to offer the technology that can help us detect oral cancer sooner so that the chances of beating it are greater. We hope that with our VELscope, we will not find anything unusual when we examine your mouth, but if we do, we'll refer you right away for the treatment you need to keep it from progressing into something more serious.



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DENTISTRY

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Office Hours

Monday	8:00 a.m.-5:00 p.m.
Tuesday	9:00 a.m.-6:00 p.m.
Wednesday	8:00 a.m.-5:00 p.m.
Thursday	8:00 a.m.-5:00 p.m.
Friday	8:00 a.m.-Noon

**Appointment and Emergency
Phone: 605-371-3443
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Hope your 2008
is really **GREAT!**