

Branching Out

Spring 2020

Dear Patients:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to reopening our office. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice, and you may have seen this during your visits to our office.

Our infection-control processes are made so that when you receive care, it is both safe and comfortable. We want to tell you about the infection-control procedures we will follow in our practice to keep patients and staff safe.

Our office follows infection-control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC), and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up to date on any new rulings or guidance that may be issued. We do this to make sure that our infection-control procedures are current and adhere to each agency's recommendations.

You will see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- ▶ Our office will communicate with you beforehand to ask some screening questions. You will be asked those same questions again when you are in the office.
- ▶ We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- ▶ You may see that our waiting room will no longer offer magazines, children's toys, and so forth, since those items are difficult to clean and disinfect.
- ▶ Appointments will be managed to allow for social distancing between patients. That might mean that you are offered fewer options for scheduling your appointment.
- ▶ We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.
- ▶ At the time of your appointment, please call from your vehicle to alert our staff that you are here; someone will assist you immediately.
- ▶ We are also asking that only the patient enter the building when directed to do so unless the patient requires assistance. These efforts will help things run as smoothly and safely as possible.
- ▶ No walk-ins can be allowed at this time.

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Produced for the patients of Daniel W. Fridh, D.D.S., M.A.G.D.

1200 Andrew Avenue
La Porte, IN 46350

OFFICE STAFF

Patient Care Coordinators:

Patty Gangwer
Monica Mendoza
Linda Pinkstaff
Barb Ash

Business Manager:

Ashley Fridh Stout

Expanded Function Dental Assistant:

Lindsay Gogel, EFDA, CDA

Dental Assistants:

Bonnie Igelski, EFDA
Elaine James, EFDA

Licensed Hygienists:

Jennie Alexander, LDH
Sharon Humphrey, LDH
Sharon Mullen, LDH

Office Hours

Mon.	8:30 a.m.-1:30 p.m. 3:00 p.m.-6:00 p.m.
Tues.	8:30 a.m.-1:00 p.m. 2:00 p.m.-5:00 p.m.
Wed.	8:30 a.m.-1:00 p.m. 2:00 p.m.-5:00 p.m.
Thurs.	8:00 a.m.-Noon
Fri.	Closed

Appointment Phone:

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Whatever your needs...expect excellence.



Our office follows infection-control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC), and the Occupational Safety and Health Administration (OSHA).

Dear Patients:

(continued from front)

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at **219-326-7446**, or visit our website at **www.drfridh.com**.

For the most up-to-date information, please visit our Facebook page at **Daniel W. Fridh, D.D.S.**

Thank you for being our patient. We value your trust and loyalty, and look forward to welcoming back our patients, neighbors, and friends.

Dr. Fridh



Stomach Acid and Teeth: A Destructive Mix

Gastroesophageal reflux disease (GERD), or acid reflux, is a condition that can cause frequent heartburn, and if left untreated can damage the esophagus and elevate the risk of esophageal cancer. GERD also poses a threat to your teeth.

The lower esophageal sphincter separates the esophagus from the stomach. It serves as a gatekeeper: It opens to allow food into the stomach and to allow air to escape from the stomach (a burp), and it closes to prevent stomach acid from seeping into the esophagus and possibly the back of your mouth. When this sphincter opens at the wrong time, GERD is the result. GERD can kick into action throughout the day, but it's at its worst while sleeping, when saliva production is diminished, swallowing is less frequent, and gravity isn't as much of a factor.

GERD can spur nausea and vomiting, difficulty swallowing, abdominal pain,

respiratory issues, and ... tooth erosion. Tooth enamel on the inside and chewing surfaces of your teeth can wear away, leading to tooth sensitivity, tooth discoloration, higher risk for tooth decay, and changes in your fillings. What's worse, tooth erosion is permanent.

Those who have GERD may not know it. Heartburn is a familiar symptom, but not everyone with GERD experiences that. In a fair share of cases, a dentist is the first to spot signs of GERD via its effects on teeth.

If you suspect or have been alerted to evidence of GERD, see your physician to come up with a plan of attack. Practical measures you can take include the following:

- Eat smaller meals.
- Avoid lying down following a meal.



- Cut out alcohol and smoking.
- Minimize fatty, acidic, and spicy foods in your diet.
- Maintain a healthy weight.
- Chew sugarless gum to encourage saliva production, which will neutralize and help wash away acids in your mouth.

Regular dental checkups can spot trouble originating in your mouth ... or another part of the body. If you are due, call us to schedule an appointment.

Morsels of Dental History



According to the American Dental Association, texts written by the Sumerians roughly 7,000 years ago referred to “tooth worms” as the cause of dental decay. This explanation was not debunked until the 1700s, when French dental pioneer Pierre Fauchard, the “father of modern dentistry,” wrote of the link between sugar and tooth decay.

The first dentist known by name in recorded history is Hesy-Re, an Egyptian scribe who lived in the 27th century B.C. He tended to the dental health of pyramid laborers and was also the personal physician of Pharaoh Djoser—a true man of all people.

The Chinese are credited as the first to utilize amalgam dental fillings, or “silver paste,” around 700 A.D. Composite resin restorations arrived on the scene in the 1960s.

In the 1840s, anesthesia was introduced for dental procedures: ether in 1842 and nitrous oxide in 1844. Prior to this, alcohol, narcotics, and physical knockouts as anesthetics proved unreliable as well as dangerous. Surgery was a last resort, and in some cases a lot of restraining, screaming, and plugging of ears occurred.

The 19th century saw social barriers broken in dentistry in the United States, as Dr. Lucy Beaman Hobbs became the first woman to graduate from dental school in 1866. Soon after, in 1869, Dr. Robert Tanner Freeman became the first African American to earn a dental degree.

Feeling the Burn ...



We’ve all experienced painful mouth burn after an overeager first bite of fresh pizza or first sip of coffee. Usually to the roof of the mouth, but sometimes the tongue and insides of the cheeks, too.

Thankfully, most instances of mouth burn from a hot food or beverage are mere annoyances that clear up after a few days. These are first-degree burns that damage only the outermost layer of tissue in the mouth.

However, occasionally a person may suffer a second- or third-degree burn. Multiple layers of tissue incur damage and might become discolored, and blisters may form. These burns need immediate medical attention, as blisters can become infected without proper attention—any infection is a serious matter. Signs of infection include increased pain, redness, fever, fatigue, and pus.

Taste buds destroyed by a bad burn will be replaced by new ones, but the worse the burn, the longer it will take.

Home remedies for less serious burns include sucking on ice cubes; eating soft, cold foods; avoiding hard, hot, salty, or spicy foods; taking over-the-counter pain medication (ibuprofen or acetaminophen); or using an alcohol-free mouthwash.

Most mouth burns will heal on their own in a few days; others may need more attention. If you experience the more serious variety, give our office a call.

Brushing Your Teeth: Don't Overdo It

The American Dental Association (ADA) recommends brushing your teeth for two minutes, two times per day. Would brushing more frequently and for longer be even better? Nope.

Vigorous brushing, brushing too long, and brushing too frequently can damage tooth enamel (abrasion), the hard, outer surface of the tooth that is the frontline defense against tooth decay. Damaged enamel also opens the door to tooth sensitivity, as nerves in the next layer of the tooth (dentin) are exposed.

Overzealous brushing can also result in gum recession. When gums recede, tooth roots are exposed. Their outer layer is composed of cementum, which is not as hard as enamel, making them even more vulnerable to decay and sensitivity.



Keep these tips in mind:

- If you need to freshen your mouth more than twice a day, consider rinsing with water or mouthwash, or chewing sugar-free gum.
- Don't brush immediately after consuming acidic foods or drinks—wait an hour. The acid softens up enamel, which makes it more susceptible to damage from brushing. In the meantime, your saliva will begin cleanup operations.
- Keep in mind that whitening toothpastes are typically more abrasive and can boost tooth sensitivity.
- Many electric toothbrushes have built-in pressure sensors and timers.
- Use an ADA-approved, soft-bristled brush and apply light pressure. Check out the ADA YouTube video on brushing technique.

Dental Sealants Aren't Just for Children

Dental sealants serve as shields for the chewing surfaces of molars and premolars. They prevent food and bacteria from gaining a foothold in pits and fissures that escape the reach of brushing, thus preventing cavities.

Many people associate dental sealants with young children, but they're not the only ones who can benefit. For example, when kids set off on their college adventures, good dental care and proper diet frequently get placed on the back burner. Sealants could prove useful.

As a person ages, many medications and chronic conditions cause dry mouth, elevating the risk of dental decay. Again, dental sealants could be beneficial in some circumstances. Those with diminished motor skills or weak tooth enamel might be well-served, too. (And sealants are clear. Your dentist can still keep an eye on your tooth surface.)

There is an up-front cost to sealants, of course; however, long term they can more than pay for themselves with cavity prevention and stress reduction. But they don't last forever—typically seven to 10 years—and would need to be reapplied.

Good home care, proper diet, and regular dental checkups play key roles in preventing tooth decay. Sealants are an additional arrow in the quiver. If you have questions, call us or bring it up at your next checkup.



*Thank you for
choosing us!
We are so grateful
for wonderful
patients like YOU!*

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MENOPAUSE and Oral Health

Women going through menopause experience bodily changes due to a reduction in hormones and fluctuations in hormonal activity. Oral health can get caught up in the whirlwind.

For instance, saliva production may decrease, which can lead to dry mouth (xerostomia) and an increased risk of cavities. Saliva helps cleanse the teeth, rinsing away cavity-producing bacteria.

Decreased estrogen levels can also lead to diminished bone density. Bone loss in the jaw can result in receding gums and tooth loss. And when gums recede, teeth are further exposed, increasing susceptibility to tooth decay and sensitivity.

Gums may become inflamed, appear deep red, and bleed easily. Or, on the flip side, they may look shiny and pale. In addition, menopause can heighten the risk of periodontitis, an infection of the gums that also attacks the jawbone.

Burning mouth syndrome is believed to be a byproduct of menopause. This condition causes discomfort to outright intense pain in the front part of the mouth, lips, inside of the cheeks, and tongue. Sensations range from burning to extreme tenderness to numbness. Taste can be altered as well.

Women going through menopause who are experiencing collateral damage to their mouths should contact a dental office. Medication, prescription toothpastes, dietary changes, good home care, and regular dental checkups can help a person get back on track.

