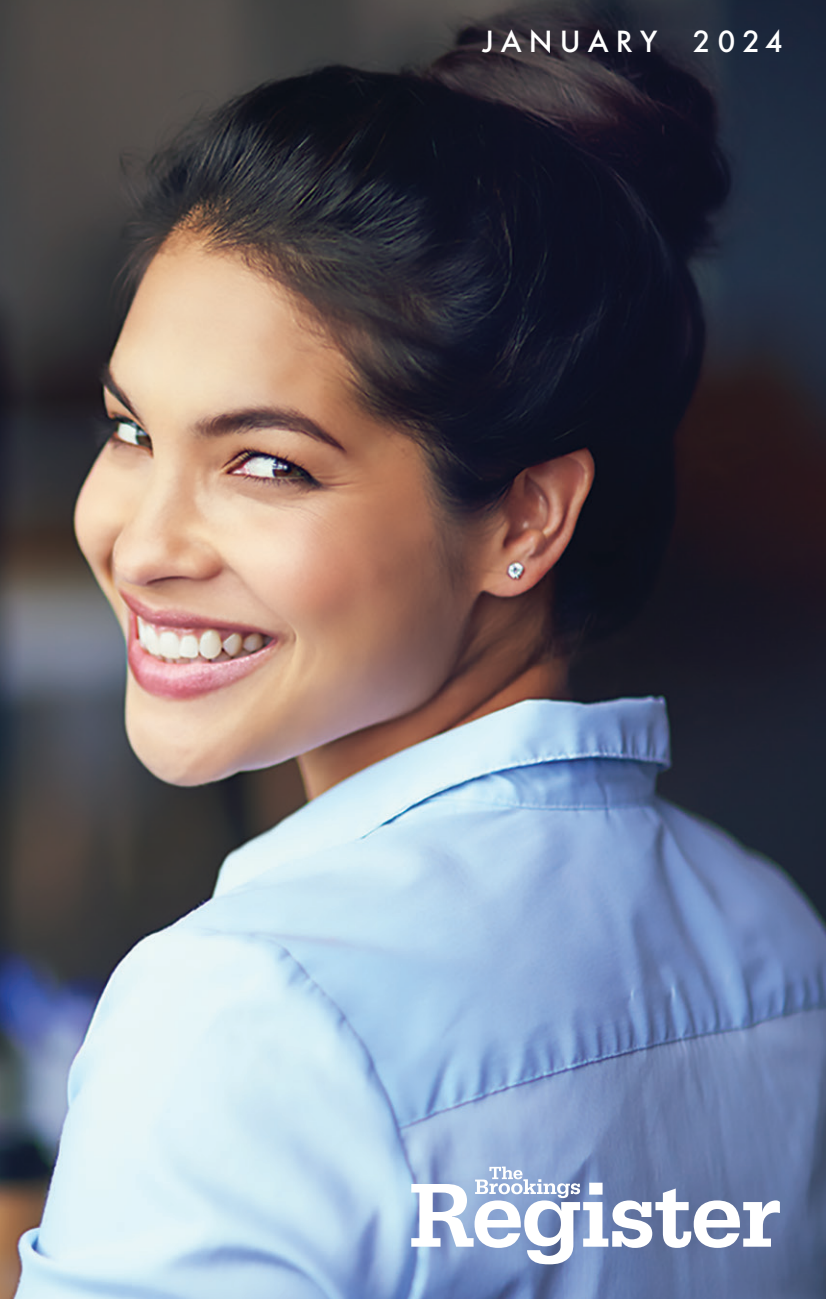


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Dr. Nathan Hilbrands DDS, Miranda Hilbrands RDH

WHAT CAUSES Dry Eyes?

Most cases of dry eyes don't create long-term damage, if dealt with quickly. But dry eyes may be an indicator of a more serious condition.

The National Eye Institute reports that the average tear also includes fatty oils, mucus and thousands of proteins. These elements work in concert to protect the eye from the environment around you, while also keeping the surface smooth for ease in blinking.

Here's why the body might not produce enough tears and how you can find relief.

RISK FACTORS

Dry eyes may happen with both women and men, but women are more at risk to develop this condition — in particular following menopause. In general, it happens most commonly with older people, but dry eyes may be a sign of a more serious underlying problem for those of any age. Schedule an appointment with an eye doctor if you have any prolonged period of dryness. You may be suffering from blepharitis, ectropion or entropion or rheumatoid issues, according to the American Academy of Ophthalmology.

BEING DIAGNOSED

You'll usually undergo a comprehensive examination in order to confirm a diagnosis. The eye's external integrity will be evaluated, as well as your cornea and both eyelids. The



doctor will also ask about any family history of dry eyes, while determining how serious your symptoms are and analyzing other general health issues.

In serious cases, the eye care specialist may decide to measure tear production using the Schirmer method (which involves blotting strips under your eyes) or the phenol red-thread test (where a thread filled with pH-sensitive dye is placed over your lower lid).

TREATMENT OPTIONS

Unfortunately, a dry-eye diagnosis usually confirms that you'll have chronic issues — but there are treatments that can address them. Mild cases may be treated with over-the-

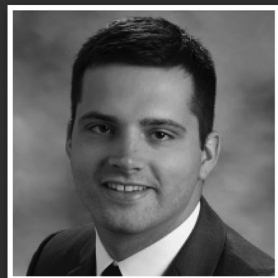
counter or prescription-strength supplemental tear solutions, according to the American Optometric Association. In some cases, topical steroids could be recommended.

Those suffering from more serious cases may require tear-duct implants that are meant to conserve tears. There is a dissolvable option made of collagen and a semi-permanent version made of silicone. They may last anywhere from days to months. Tears then have no place to go except onto the surface of your eyes. In the worse-case scenario, patients are referred to surgery, where the ducts that allow excess tears into the nasal cavity are closed. It's an outpatient procedure, with local anesthetic.

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Sensitive TEETH?

Sensitivity can actually be an indicator of other serious dental issues. Do you have trouble eating or drinking very warm or cold things?

It may be more than a simple inconvenience. Those sensations can serve as early signals for tooth decay, exposed areas caused by gum disease or worn enamel.

Some of these issues may be visible to the untrained eye, but more often a dental professional will be needed to provide a determination and action plan for those who are suffering.

PROTECTIVE LAYERS

Enamel covers the top of our teeth, and it's one of the strongest elements of our body. It can be worn down, however, with poor dental hygiene and/or an overabundance of acidic foods and drinks. As the outer tooth deteriorates, the lower layers of dentin are exposed. (At the root level, a layer of cementum is also present.) Dentin is dotted with a series of small tubes, which potentially allow cold and heat to enter the interior where it can reach nerve endings.

Understanding what's sensitive to your teeth is the first step to finding relief, since in some cases the issue can be easily avoided.

PREVENTATIVE MEASURES

If you don't have sensitive teeth, work to keep it that way



by brushing gently. Going about this chore too aggressively can cause a weakening of enamel, which leads to discoloration, tooth decay and tooth sensitivity. It can also lead to problems with your gums. If you already suffer from this condition, avoid acidic foods and drinks. That includes soft drinks, citrus fruits, wine, even some yogurt. If you enjoy these things without too much pain, wait to brush – or drink milk to rebalance the acidity in your mouth. Brushing too soon can erode the enamel. Experts also suggest rinsing with warm water.

IF YOU NEED TREATMENT

Ask the dentist about treatment for your particular level of teeth sensitivity during your regularly scheduled check-up. Their approach will be dictated by how much pain you're in, and other elements of your general oral health. In some cases, you may be instructed to seek out over-the-counter toothpaste that addresses the condition. Applying fluoride directly to teeth can strengthen them. There are recommended pain reduction therapies, too. In the most serious of cases, doctors may recommend a gum graft or root canal.



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Macular DEGENERATION

This deterioration sounds scary, but many still have useful vision. It's important to undergo regular exams to watch for age-related worsening, in case you suffer from an early onset.

The issue is defined as a degeneration of the portion of your retina which provides central vision. In some cases, there will only be a minimal impact. Even those with very advanced cases, however, may still be able to see by employing peripheral sight.

WHY DEGENERATION HAPPENS

Researchers don't yet know precisely why most macular degeneration occurs, though their studies indicate that it could be some combination of heredity and lifestyle factors like obesity, smoking and diet. The condition develops as the eye ages, sometimes due to deposit formations under the retina. In other instances, abnormal blood vessels grow under the retina, causing problems. But the natural aging process can also lead to the development of this condition, without

any other compounding factors. Degeneration is more common with Caucasians.

DIFFERENT TYPES

This deterioration is typically associated with the thinning of the eye's macula tissues due to aging. This is known as the "dry form." Vision loss is typically gradual, and those who develop the condition are simply urged to monitor their central vision for future changes. The good news is, early detection and following certain self-care measures can delay your vision loss. Unfortunately, however, there is no cure. The version of macular degeneration involving abnormal blood vessels is commonly referred to as the "wet form." Some 10% of sufferers are diagnosed with this neovascular form, as new pathways grow under the retina and leak blood or fluid,

leading to blurred vision.

WHAT TO LOOK FOR

Even without treatment, macular degeneration rarely causes total blindness all by itself. This deterioration also isn't uniform. In fact, it usually happens in just one eye, though the condition can manifest in the other eye later. Symptoms include dark areas in your vision, blurriness, distorted areas or complete loss of sight in your central vision area. Many don't become aware that they're suffering from macular degeneration until it's diagnosed in a regular eye examination — or until they have a noticeable change in their vision. Those with high blood pressure or cardiovascular disease should take their medication, closely following doctor's recommendations on how to control the condition.

Combating DENTAL EROSION

What you do between dental visits can make all the difference.

Things we eat and drink have a direct daily impact on enamel.

This daily onslaught begins to wear down the outer shell of our teeth, which protects the more sensitive dentin found beneath. As the enamel erodes, teeth begin to appear yellow or stained — since dentin isn't as white as the outer shell.

What can we do? The Oral Health Foundation has created a checklist of things to watch out for when combating dental erosion:

ROOT CAUSES

Our tooth enamel briefly softens each time we ingest something that's acidic. Saliva works to balance the mouth's acidity, and the outer tooth then returns to its normal state. Erosion occurs when we ingest these acidic things too often, or when your mouth hasn't yet had the time to protect itself once more. Small amounts of enamel can then be brushed, chewed or washed away.

WHEN YOU'RE EATING

Eat fruit instead of drinking fruit juice, and eat fruit with a meal rather than as a snack. Drink water as you eat acidic foods or after drinking acidic liquids. Wait an hour or so after eating something acidic before brushing your teeth. If you



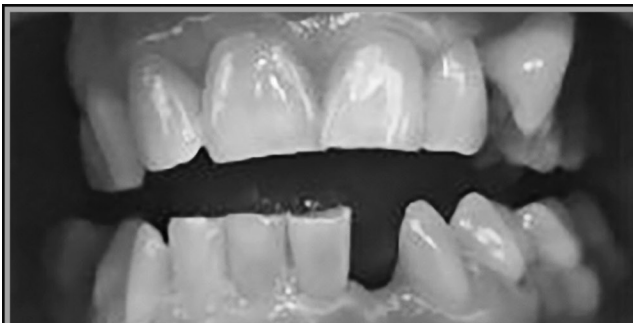
can't slip away in a timely fashion, consider sugar-free gum since it will encourage the production of saliva until you make time to brush.

WHEN YOU'RE DRINKING

When drinking acidic things like coffee, tea, wine or soft drinks, use a straw to help the liquid reach the back of your mouth without coming into contact with teeth. Avoid swishing these liquids around in your mouth. If you're not lactose intolerant, finish meals with a selection of cheese or a glass of milk in order to balance the acidity in your mouth.

TREATMENT OPTIONS

Smaller instances of erosion may be addressed by your dentist with a small filling or other protective application. In more advanced cases, a cap or veneer could be needed in order to replace the damaged tooth. Regular check-ups can keep the problem from reaching that point, since your dentist is there to offer timely professional care. But this actually makes it even more important that anyone who thinks they're suffering from dental erosion seek out professional advice as early as possible so the problem can be identified and potentially corrected.



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Obesity & YOUR VISION

Being too overweight can lead to serious issues with your sight.

We typically hear about the risks of diabetes, heart attack and high-blood pressure when discussing obesity. But it puts a strain on your eyes, too.

Being overweight is defined by body-mass index, or the ratio of your weight to your height. Those who have a number of 30 or higher are considered obese. Unfortunately, as many as one in three American adults exceed that figure, according to the American Heart Association.

The good news is, there's something you can do about it. Meanwhile, here's a look at the health issues facing those who are considered obese.



DIABETES CONCERNS

People with diabetes should get regular dilated exams, according to the American Diabetes Association, since vision problems are typically associated with this disease. The most common symptom is blurred vision, which happens when a person's high-blood sugar levels lead to swelling in the lens of the eye. This change in shape is what creates a vision problem. Diabetic patients often report this issue after eating too many carbohydrates. On the other hand, low-glucose levels are also an issue but not because of swelling. Instead, it impacts the brain's ability to focus your eyes.

HIGH BLOOD PRESSURE

Your eyes rely on blood vessels to nourish important components like the optic nerve, and the retina's inner and outer areas. These fragile pathways can become damaged or blocked as a result of high blood pressure, and vision problems follow. These vessels, called arterioles, are quite easily impacted since they're so small: Some are only half the width of the average human hair. Experts recommend a combination of dietary changes, exercise and sometimes medication to control high blood pressure. Lowering your numbers can also have a positive impact on your eyes.

GETTING ON TRACK

If you're concerned about being overweight, the American Heart Association has some simple recommendations for turning the corner: Do at least a half hour of moderate-intensity aerobic activity on five different days per week to improve cardiovascular health. In order to better regulate your blood pressure, you should average about 40 minutes of modern vigorous aerobic activity on at least three days a week. You should also watch what you eat. A doctor can help shape a dietary plan that addresses your particular needs.



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OVERCOMING DENTAL Anxiety

Fear of the dentist is common, Healthline says, but there are ways you can overcome your dentophobia or odontophobia.

Letting fear hold you back from these important medical visits can sacrifice your health. Here are some strategies for coping with dental anxiety.

DENTOPHOBIA

Fear of going to the dentist is called dentophobia. It's important to recognize the difference between a fear and a phobia. A fear is something you dislike, even strongly dislike. This can cause stress, of course, and avoidance. But it's not yet a phobia.

A fear rises to a phobia when it causes distress and avoidance to the point of interfering with your daily life. Phobias are also usually fears of things that won't cause you harm, but your phobia tells you that it will. Such as the dentist.

TREATMENTS

For a phobia, consider seeking professional help, such as from your doctor or a therapist. They may recommend exposure therapy, where you might make visits to the dentist's office without sitting for an exam, gradually increasing your time there and activity until you conquer your phobia. This may be paired with medication to help ease your anxiety.



TIPS FOR STAYING CALM

If you're wrestling with fear or anxiety, Healthline recommends these tips for staying calm in the dentist's chair.

- Visit at a less busy time of day, such as the early morning. There may be fewer patients and fewer procedures making scary noises.
- Bring noise-cancelling headphones or earbuds and listen to music to help you relax.
- Ask a friend or family member to come with you to your appointment and help ease your fears.
- Practice deep breathing or meditation techniques to

help you calm down.

Most importantly, let your dental professionals know about your fears. They can help ease your anxiety and be prepared to help you through your exam. Remember that seeing the dentist is critical to maintaining good health and well-being. It's way more than just having a white smile.

You should have your teeth professionally cleaned once every six months for optimal dental health. While you're in the chair, your dentist will also check for signs of cavities, gum disease, oral cancer, dry mouth and bad breath.



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WHEN TO SEE A *Periodontist*

If you have advanced gum disease, the dentist may recommend this specialist. But what's the definition of periodontitis — and what exactly do they do?

Your dentist will discuss whether your particular situation requires specialized treatments, implants and other procedures that aren't necessarily available at his office. If so, then you may need to see someone who is more experienced in periodontal disease, and has the necessary training, equipment and experience to help solve your issue.

DEFINING PERIODONTITIS

If it goes untreated, gingivitis can advance into a diagnosis of periodontitis as plaque grows unseen and unchecked below the gum line. Sufferers experience a chronic inflammation response as the bacteria in plaque irritates the gums. Over time, the gums and then the bones that support teeth begin to gradually deteriorate. As the gums separate from the teeth, pockets form that then also foster infection. The pockets continue to deepen, destroying more gum and bone,

until the teeth can become loose and then fall out. Replacement options are then needed.

DIFFERENT KINDS

Be on the lookout for gums that bleed when you regularly brush or floss, changes in the position of your teeth, receding gums or loose teeth, bad breath, tender or swollen gums, and pain when you eat. As you're being evaluated, doctors will discuss the four stages of gum disease: Gingivitis, which involves gum inflammation without loss of bone, then initial periodontitis, mild periodontitis and progressive periodontitis.

When the situation becomes chronic, that means dentists have consistently identified inflammation in the supporting tissues around our teeth, coupled with progressive detachment and early bone loss. This form of periodontitis can be associated with heart disease, diabetes and various respira-

tory problems. Aggressive periodontitis happens to patients who are otherwise healthy, according to the American Academy of Periodontology. They suffer rapid loss of attachment and bone destruction, but without other underlying issues.

HOW PERIODONTISTS CAN HELP

These specialists are specially trained in diagnosing, preventing and treating these serious issues with our gums. In the earliest stages, they may simply scale, root plane or provide a debridement on a regular basis to remove plaque that toothbrushes and flossing can't reach. Surgical procedures follow for those with more advanced cases. The services needed, up to and including removal of the teeth, depend entirely on the amount of damage that's already occurred.

Managing WISDOM TEETH

A new set of teeth emerge long after the last baby teeth have fallen out. If there's isn't room beside existing permanent teeth, they can cause big problems.

If you're lucky, wisdom teeth are no issue at all. Sometimes, however, previously straight teeth may be crowded forward. You may also experience jaw pain and headaches as the overcrowding worsens.

If they are misaligned or haven't completely broken through the gum surface, wisdom teeth may allow bacteria to collect — creating a perfect atmosphere for cavities or infection. They may hinder flossing. Impacted wisdom teeth can also develop cysts, which may damage the roots of neighboring teeth.

WHAT THEY ARE

Wisdom teeth arrive in the late teens and early 20s, well after permanent teeth have replaced those of our childhood. They're believed to have been necessary in earlier eras because our ancestors ate things that were more difficult to chew. X-rays at the dentist's office will chart the emergence of these extra back teeth, while also providing key information on moving forward. If you have room in your mouth, there may be no discomfort whatsoever. Others may need to have them removed, a process that is complicated if the teeth are



coming in at an angle. Doctors will also be on the lookout for infection or related health issues.

DOING AN EXTRACTION

Removing your wisdom teeth will take one or two outpatient visits, depending on the positioning of your teeth. If an infection is present, a round of antibiotics may be required before surgery. The process will involve a general anesthetic, so you may be asked not to drink or eat beforehand. Doctors will open up the area and remove the teeth, then close up the area. Patients wake up a little later, then are released.

MOVING INTO RECOVERY

The dentist will give you specific instructions on what to do after having your wisdom teeth extracted. Follow it all closely, or you may have to return for more treatment. You'll typically be asked to bite down on surgical gauze and then periodically change the pad. Soft foods like pudding or soups that aren't too spicy will be recommended until the stitches dissolve behind your permanent teeth. Avoid crunchy foods like peanuts or chips, since they can re-open your surgical wounds. Some forms of physical activity may also promote bleeding.

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LASER VISION *Correction*

Laser vision correction involves reshaping your cornea in order to correct various issues with the eye.

Sufferers are increasingly turning to laser eye surgery to correct common problems like being near- or far-sighted. The result could be a life free of glasses.

TRENDING UPWARD

LASIK, or laser-assisted in situ keratomileusis, was first approved by the FDA in 1998. A low risk of complications and high success rates confirmed by the American Academy of Ophthalmology led to a growing number of doctors to provide some version of the surgery. Today, millions have undergone laser vision procedures, with millions more to come. Most complaints relate to dry eye symptoms, which are typically only temporary. Some don't see the improvement they'd hoped for, a possible outcome that doctors will discuss prior to surgery.

BEFORE YOU GO

An eye evaluation is required before anyone is determined to be a good candidate for laser vision surgery. A doctor will take a close look to decide whether this procedure is right for you, or if you should consider an alternate path. They'll ask you to switch from contact lenses to glasses in the weeks leading up to this evaluation, since they can change the shape of your eye. This kind of laser surgery works by reshaping the cornea, so the eye needs to be in its natural state in order to provide the best surgical planning.

DURING SURGERY

The procedure usually takes less than 30 minutes. Depending on the approach an incision may be made in the eye itself. Plastic plates may be used to flatten your cornea. Laser

thermal keratoplasty involves creating a concentric circle of prescribed burns to the eye. Because this is an outpatient procedure, you will be awake when these things happen. There may be some physical or emotional discomfort, but as with common outcomes, your doctor will be able to provide more information about what to expect.

INTO RECOVERY

There are important precautions to take after surgery takes place to avoid potential known risks. You will not have stitches so it's critically important to avoid rubbing your eyes. Eye care professionals typically recommend a shield to keep patients from accidentally hurting themselves. Watch closely for infection, severe pain or worsening vision. Contact your doctor if you notice any of these changes.

GETTING Braces AS AN ADULT

It's not just a teenage thing anymore. About 4 million Americans wear braces, and up to a quarter of them are adults, a study by Humana shows.

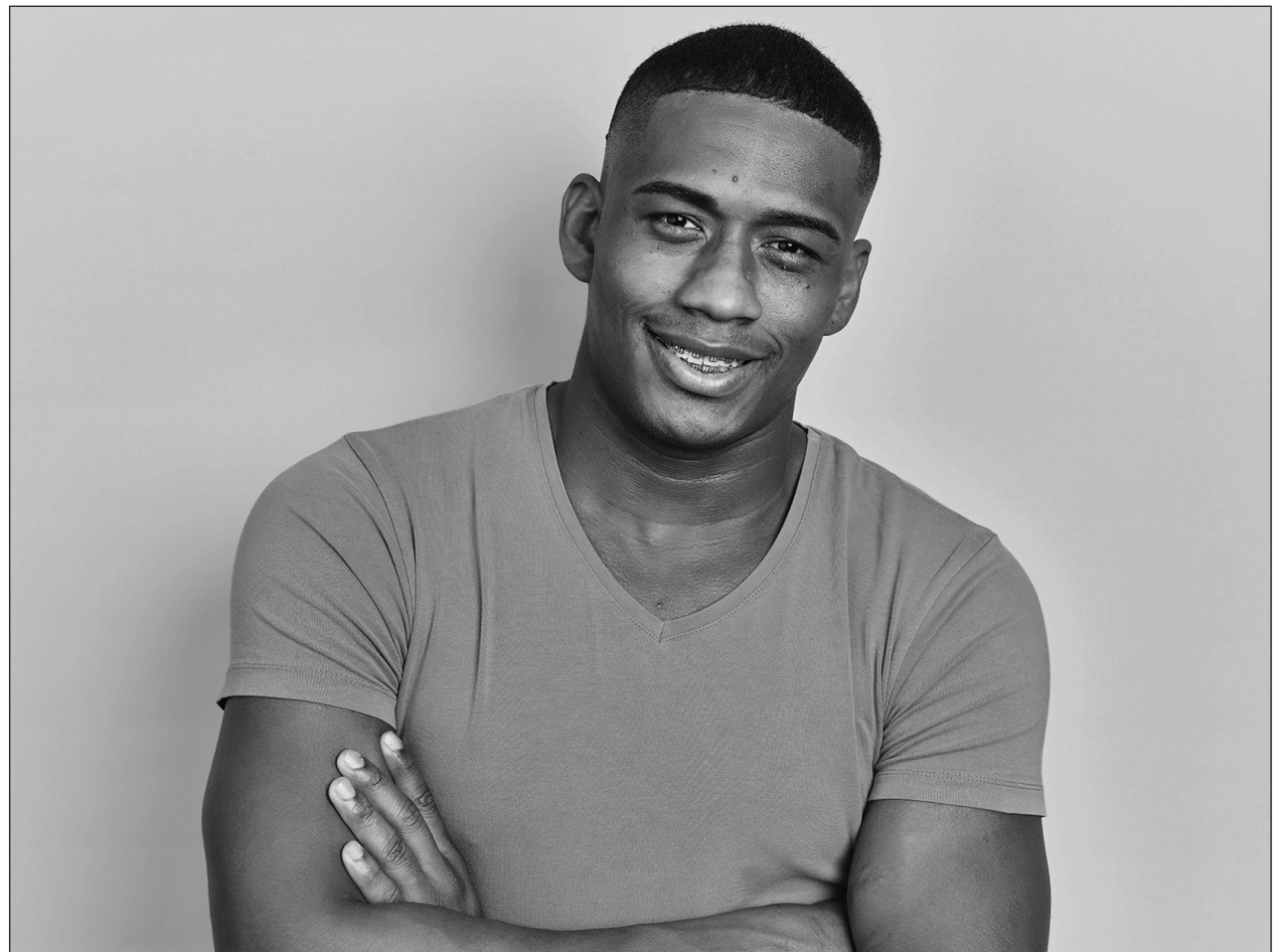
Some adults having their teeth aligned now didn't have them fixed as children or have teeth that have moved over time. They may also be more able to afford them now.

Ohio orthodontist Dale Anne Featheringham told the AARP that shifting teeth can be caused by adults losing teeth, losing bone around the teeth or just by the way you hold your mouth.

"Because the bones of the jaw and around your teeth and gums change as you age, problems can arise that prompt older people to seek orthodontic treatment," she said.

Misaligned teeth can be tough to clean, letting disease set in and causing other health problems.

"Every day we're learning more about the connection between the health of the mouth and overall health, and we're discovering that inflammation is linked to more serious problems like heart and lung diseases," Featheringham told AARP. "It used to be that the only adults who came in for treatment were those who had serious functional problems like the inability to eat or speak well. But now we're seeing significant numbers of adults seeking treatment for cosmetic improvement and overall wellness."



Experts warn to be wary of over-the-counter aligners and stick with professional treatment from an orthodontist. Do-it-yourself kits can be dangerous and cause tooth erosion, worsen any misalignment or even lead to jaw problems.

And for adults who aren't keen on a mouth full of metal, there are options. Newer technologies include 3D-printed aligners, which are thin pieces of clear plastic that fit over the top and bottom teeth and are barely noticeable. The clear

aligners are worn all the time except when patients are eating or brushing their teeth.

Featheringham said most adult patients should plan on treatment lasting between 10 and 24 months, with adjustments every six to 12 weeks. The American Dental Association, using 2020 survey data, estimates that the average cost of braces or aligners for adults was \$5,500. Orthodontists may use payment plans to make the costs easier to swallow.



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CHOOSING A Toothbrush

The American Dental Association says people should brush their teeth for two minutes, twice a day, with a soft-bristled toothbrush and a fluoride toothpaste.

You should replace your toothbrush every three to four months, or more often if your bristles are frayed or matted.

THE ADA SEAL OF ACCEPTANCE

Look for toothbrushes with the ADA Seal of Acceptance. These products have provided scientific evidence that demonstrates safety and efficacy. They've been evaluated by the ADA Council on Scientific Affairs to ensure they meet requirements. For powered toothbrushes, they're also evaluated on the ANSI/ADA safety standards.

HOW TO BRUSH

The ADA says that brushing for two minutes has been shown to remove plaque. Using a toothpaste that contains fluoride is associated with decreased risks of cavities and remineralization of teeth.

Generally, the ADA says to brush with the toothbrush placed against the gumline at a 45-degree angle to remove plaque from above and just below the gingival margin. Move the toothbrush back and forth in short strokes. Clean the inside surfaces of your front teeth by tilting the brush vertically and making several up-and-down strokes.

Brushing should touch all tooth surfaces. Apply gentle pressure as you brush, reducing risks to injury of your teeth and gums.

CARING FOR YOUR TOOTHBRUSH

Don't share toothbrushes, the ADA says, and rinse them carefully after every use. Remove all paste and debris from the bristles. Store toothbrushes in an upright position after use and allow them to air dry.

If needed, you can sanitize your toothbrush by soaking it in a 3% hydrogen peroxide solution.

MANUAL OR POWERED?

Manual toothbrushes are available in a variety of shapes and sizes. Research has shown that angled or multilevel bristles perform better than flat bristles. Use soft bristles to prevent injury to gums and teeth.

Powered toothbrushes tend to be more expensive, but better for people with dexterity problems or those with dental appliances.

Powered toothbrushes use a variety of head movement to clean your teeth; it's all down to what you prefer. Just make sure you choose a good brush, use it, clean it and replace it often.