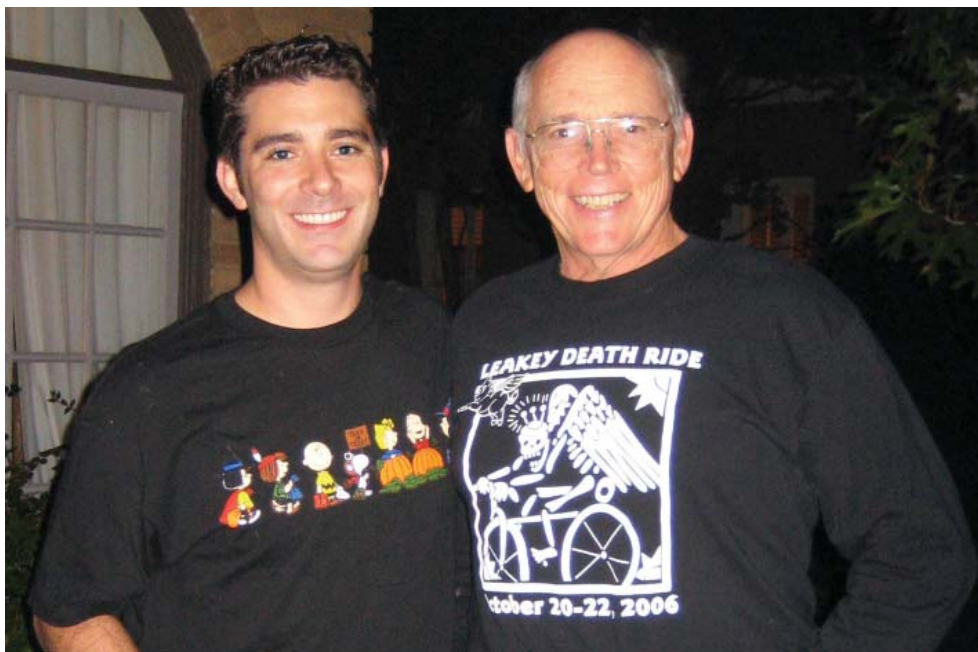




Barrett L. Bartell, d.d.s., pa Tom C. Howorth, d.d.s.

Winter 2007

Here's to 2007!



Practice Administrators

Chari
Tam

Hygiene Coordinator

Diane

Office Manager/RN

Kim B.

Dental Assistants

Christy
Myrna
Chari

Dental Hygienists

Amber
Amy C.
Amy R.
Kim J.

Dental Hygiene Asst.

Shelby

As we wind down another year, I am able to reflect on what was a great year in dentistry and in our practice! As always, dentistry is evolving and great things are happening in this field. Our team continues to attend education courses to stay on top of new techniques and procedures to take better care of you. I am so thankful for the wonderful team I have working with me and the support of such great patients, the combination makes things run smoothly in our office.

As you all know, our team works great together in the office, but we also know how to have fun together outside of the office. Throughout 2007 we have attended continuing education classes together for 3 days in San Antonio to keep our dental skills aligned with new technology and enjoy the San Antonio Riverwalk; we worked with Jameson management® to fine tune our skills working as a team to better serve you; enjoyed our end of summer party with our families for bowling and pizza; held the annual Bartell Boo Bash at Halloween for food, fun & trick or treating; gave thanks for each other, our families, and our patients over Thanksgiving lunch and will celebrate the end of the year with a Holiday Party! I cannot comment enough how grateful I am to have such a great team of people to get to work with.

Our practice continues to grow thanks to your referrals. We are honored to take care of your friends and family and appreciate you for sending them our way! Thanks for a great year with our practice and we look forward to taking care of you in the future!

Dr. B



We will be closed for the Christmas and New Year Holidays December 22nd thru January 1st.

Teen's Oral Health

Take time for healthy habits:

Quick meals in the form of "nutrition" bars or fast food help keep you alert and on schedule between school, extracurricular activities and part-time jobs; however, today's fast-pace lifestyle threatens to leave the teen generation with permanent damage to oral and overall health. To prevent the assault on your teeth, you can keep travel size tooth-brushes in lockers or back packs for a quick brush on the go. Chewing sugarless gum with xylitol after meals or snacks can also help cleanse your mouth, with the added benefit of actively fighting decay-causing bacteria. Also, drinking water throughout the day is a great way to help clean excess bacteria and food debris out of your mouth.

Limit drinking soda:

Did you know that teens today are drinking more soda than they have in the past? In 1977 12-19 year-olds drank 16 ounces of soda a day. In 1996, this same age group consumed an average of 28 ounces a day. A typical 12 ounce can of regular soda contains approximately 10 teaspoons of sugar. The average male drinks equivalent of 868 cans of soda a year! Multiply that out: 8680 teaspoons of sugar a year or 181 cups of sugar that you consume in a year just from drinking sodas. That's a lot of sugar! Not only is sugar harmful to teeth, the acidic flavor additives in your favorite soft drinks can cause additional erosion and damage tooth enamel. There are simple ways you can limit the harmful effects of sodas; try sipping soda through a straw, because it cuts down on the contact the beverage has with your teeth. Rinsing your mouth with water after drinking soda can also reduce the risk of cavities.

Avoid Oral Piercing:

Lip and tongue piercing remains a popular teen trend; however, it tends to have detrimental consequences on your oral health. Tongue piercing commonly causes fractured teeth as you can chip teeth on a tongue piercing while eating, sleeping, talking and chewing on the tongue jewelry. The fracture might be confined to tooth enamel and require a filling, or it may go deeper leading to a root canal or extraction. Tongue and lip piercings also cause recession and can lead to tooth decay, sensitivity, and the need for gum grafts. Infections are also common with oral piercing and they cause more than pain. A tongue can swell after being punctured causing severe infection; in some cases the tongue can swell and block the airway making it difficult to breathe. Also, unclean piercing equipment can cause other infections, such as blood borne hepatitis.

If you want a healthy mouth, maintain a healthy lifestyle.

Information in this article from the American Dental Association



Our Dental Family News

You may have noticed some shifts in jobs of our team members if you have been in recently. We have a familiar face returning from her dental retirement.....we are ecstatic to welcome back Tam Sherrel! We knew we needed to find a spot for her when she offered to come back, so we have her on Tuesdays and Wednesdays to help with Chari's job as we needed Chari's expertise sitting chair side to our doctors. Chari, practice administrator, was also a dental assistant to Dr Howorth for many years

before there was a need at the front desk. Her skills in the office and sitting chair side have proven to be beneficial for our patients and our team.

Another change that you may have noticed is we have a "growing" employee! Shelby, hygiene assistant, is expecting her first baby early next year! We are so excited for her and cannot wait to meet our new office addition! We'll keep you posted.....

Visit us at our website

<http://www.barteldds.com>

To Pre-Medicate or Not to Pre-Medicate...that is the Question!

For decades, the American Heart Association (AHA) recommended that patients with certain heart conditions take antibiotics shortly before dental treatment. This was done with the belief that antibiotics would prevent infective endocarditis (IE), previously referred to as bacterial endocarditis. IE is an infection of the heart's inner lining or valves, which results when bacteria enter the bloodstream from the mouth and travels to the heart.

The AHA's latest guidelines were published in its scientific journal, *Circulation*, in April 2007 and there is good news: the AHA recommends that most of these patients no longer need short-term antibiotics as a preventive measure before their dental treatment.

The American Dental Association participated in the development of the new guidelines and has approved those portions relevant to dentistry. The Infectious Diseases Society of America and the Pediatric Infectious Diseases Society endorsed the guidelines.

The guidelines are based on a growing body of scientific evidence that shows the risks of taking preventive antibiotics outweigh the benefits for most patients. One risk is an adverse reaction to antibiotics that range from mild to potentially severe cases. Inappropriate use of antibiotics can also lead to the development of drug-resistant bacteria.

Scientists did not find compelling evidence that taking antibiotics prior to a dental procedure would prevent IE in patients who are at risk of developing a heart infection. The heart is often exposed to bacteria from the mouth during basic daily activities such as brushing or flossing. The new guidelines are based on a comprehensive review of published studies that suggests IE is more likely to occur as a result of these everyday activities than from a dental procedure.

The guidelines state the following patients who have taken prophylactic antibiotics routinely in the past but no longer need them include:

- mitral valve prolapse
- rheumatic heart disease
- bicuspid valve disease
- calcified aortic stenosis
- congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

Our office will continue to work with your doctor to ensure you are pre-medicated if necessary. We will not stop antibiotic prophylaxis until your doctor has cleared you.

Preventive antibiotics prior to a dental procedure are advised for patients with:

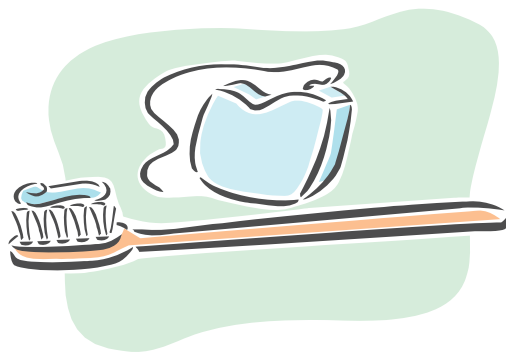
1. Artificial heart valves
2. A history of infective endocarditis
3. Certain specific, serious congenital (present from birth) heart conditions, including, but not limited to:
 - unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
 - a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
 - any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
4. A cardiac transplant that develops a problem in a heart valve.

The new recommendations apply to many dental procedures, including teeth cleaning and extractions. Patients with congenital heart disease can have complicated circumstances and should check with their cardiologist if there is any question at all as to the category that best fits their needs.

Patients and their families should also ask their health care providers careful questions anytime antibiotics are suggested before a medical or dental procedure.

The AHA guidelines emphasize that maintaining optimal oral health and practicing daily oral hygiene are more important in reducing the risk of IE than taking preventive antibiotics before a dental visit.

Information in this article from The American Heart Association & the American Dental Association



Dental Emergency 101

With the holidays approaching, in the hustle and bustle of gathering with family and friends, we know accidents can happen. Knowing what to do when a dental emergency occurs can mean the difference between saving and losing a tooth. Quick action can save your tooth, prevent infection and reduce the need for extensive dental treatment. Remember PAIN is a sign that something is WRONG. The following are tips for dealing with dental emergencies. Call our office as soon as you can so we can help.

Bitten lip or tongue:

Clean the area gently with a cloth and apply cold compresses to reduce any swelling. If the bleeding doesn't stop, go to an emergency room immediately.

Broken tooth, Fractured or Chipped tooth or filling:

If there is bleeding, apply direct gentle pressure to the gums with gauze. Do NOT press directly on the broken tooth. Rinse the mouth with warm water and apply cold compresses to reduce swelling. Eat only soft foods and avoid this side of your mouth when eating. Stay away from food and drink that are too hot or too cold. Do NOT take aspirin or aspirin-substitutes that can

slow clotting. If you are not allergic and do not take any medications that could interact with the following, try 400-800 mg of ibuprofen (Advil or Motrin) or 200-400 mg of naproxen sodium (Aleve). Follow instructions on the bottle and your doctor's instructions. The longer the tooth is bothering you before you go to the dentist the more difficult it is for the dentist to treat you comfortably. Call our office as soon as possible for an appointment. A broken tooth may need a full permanent crown to protect it from further breakage and tooth loss.

Crown comes off:

Try to place it back in if you can. You can purchase a small tube of denture adhesive paste from a drug store. Put a small amount in the crown and place it back on your tooth. Do NOT use ordinary household glue, and avoid superglue at all costs. Call the office as soon as possible so we can check for decay under the crown and recement it properly.

Information in this article from the American Dental Association

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Thank you for all your referrals. We appreciate them!