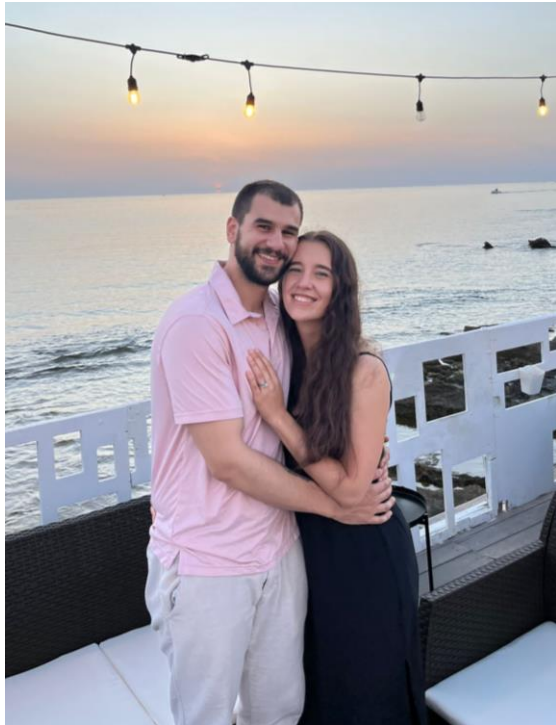


## Giga-waabamin Dr. Avendano!



Dr. Sarha Avendano, DDS, will be leaving the Bad River Dental Clinic after almost 3 years of service. She will be moving to New York. We wish her the very best!

**Official last day:** June 28<sup>th</sup>, 2023

**Family:** Husband and two dogs

**Hobbies:** Latin dancing, reading, soccer and sketching

**Hometown:** Manizales, Colombia

**How long you have been in your position:** 2 years and 8 months

**Favorite thing about working in Bad River:** The patients! I have gotten to know many people and just learning about their lives and their stories has always moved me. Sometimes I laugh, sometimes I just listen and sometimes I want to cry with my patients. Regardless, it has been amazing to go on this journey with them.

**Hopes for the dental clinic in the next year:** So many! To have another full-time general dentist, to establish an elder outreach program, to develop a mentorship program for youth interested in pursuing any dental career and for the dental department to have more involvement in community events.

**Any additional information you would like to share:** If any patients that I have not personally informed of my departure have anything they would like to discuss whether it be treatment plans, pending work or have any questions please call dental so I can best help you with your transition to another provider.



**Farewell message:** Thank you so much for giving me a chance to serve your community! Everyone here in one way or another has taught me so many lessons that I will always carry with me. This place has given me so much in terms of personal and professional growth, and I hope that from my time here I was able to help people be more at ease at the dentist. Bad River will always have a very special place in my heart! Best wishes to everyone and hope to see you all soon!

## White Paper: AI/AN Communities Face a ‘Disproportionate Burden of Oral Disease’

A recent journal was released in collaboration with CareQuest, the Society of American Indian Dentists, and the National Indian Health Board/Tribal Oral Health Initiative. This paper recognized that **historical and intergenerational trauma have been and continue to impact Indigenous people and their ability to overcome health inequities**. This is a very important aspect of overall health that is often overlooked. Healthcare providers have a responsibility to recognize this link. We strive to educate our providers and staff about the unique traumas and experiences of Indigenous people to have a trauma-informed lens when treating community members. With a culturally responsive dental team we hope to improve health inequities.

## Complete Dentures

Complete dentures are made for people who have no teeth. Sometimes people need to have their remaining teeth pulled because of disease. Patients who have complete dentures are *oral athletes* – they need to train their muscles to keep the dentures in place while eating and talking which can be a difficult learning curve. It can take several months to feel comfortable wearing new dentures.

It is very important to have realistic expectations with dentures. The ability to chew with dentures is about 70% less effective compared to a normal set of full, healthy teeth. Typically, this is still a drastic improvement due to not having any teeth or severely diseased teeth. Patients need to understand that in order to chew effectively food needs to be cut into small pieces. With dentures it is not realistic to expect to be able to bite into hard bread or pizza for example.

Some insurances will not cover dentures until 6 weeks after all the teeth for a healing period. Once we start the dentures it can be about a 5 – 6 month process. This is because we utilize a lab that we ship cases to, and the cases need to be shipped back. Immediate dentures are an option, but they typically do not fit very well. Depending on the clinical situation, sometimes we can offer patients temporary triad dentures made in house since the healing period is lengthy. These do not fit perfectly but are meant to help people get by until the final dentures can be made.

Even with a full set of dentures it is important to come in annually to have the dentures evaluated for fit and stability as well as an oral cancer screening. Most insurances will cover a new set of dentures every 5 years.

**Appointment 1:** initial impressions with plastic tray. This model is used to create what we call custom trays. We make custom trays out of a special material that we can mold to the uniqueness of each mouth.

**Appointment 2:** custom tray impressions to capture how muscles move and allow for a better fit of the dentures.

**Appointment 3:** wax records to figure out where the bite should be and select teeth color.

**Appointment 4:** full try in with teeth in place. Verify the bite, speech ability, and esthetics. *No major changes can be made once they are sent for final processing.*

**Appointment 5:** delivery of new dentures! Verify fit, bite, speech ability, and esthetics. Review proper care such as: **remove dentures every single night and clean with soap and make sure to clean mouth daily.** Dentures that are left in 24/7 can cause fungal infections, inflamed tissues that can impact fit of dentures, and bad breath.

**Appointment 6+:** adjustments of new dentures. Sore spots are normal, and they don't typically go away on their own. We adjust the dentures to you, and you adjust to having the dentures and keeping them in place.



Example of complete denture wax rim for records (appointment 3)

Normal business hours 8:00 – 4:30 PM  
Monday – Friday  
Closed for tribal holidays

Upcoming closure dates:  
06/13/23 PM, 06/19/23

Direct dental phone number:  
(715)685-7887

# Services we offer:



Call us with any questions or to schedule your appointment today!

- Comprehensive and periodic exams to monitor your oral health with radiographs
- Prophylaxis: regular dental cleanings
- Sealants: protective covering in deep pits/grooves of teeth to help prevent cavities
- SRP: scaling and root planning, aka “deep cleanings” for patients with periodontal disease
- Fillings: removal and replacement of cavities, replacement of missing tooth structure
- Root canals: removal of nerve within the tooth with a filling put inside tooth
- Extractions: pulling teeth
- Biopsies: testing of suspicious tissue
- Invisalign: removable trays to align teeth
- Other miscellaneous surgeries
- Crowns: full coverage restoration of teeth, aka “caps”
- Implant crowns: caps over screws that are placed in the jaw
  - \*We are not placing implants\*
- Brides/fixed partial dentures: full coverage restorations that stay in your mouth with pontics or “hanging teeth” to fill in a space or two
- Removable partial dentures: prosthesis that is removed nightly to replace teeth
- Complete dentures: full set of fake teeth that you remove nightly

As an IHS clinic we offer our direct services at no charge to tribal members from any reservation regardless of insurance status.

Direct services include things that we do directly at our clinic: exams, cleanings, fillings, root canals, and pulling teeth.

Services that have a fee include things we need to send off to a lab such as: crowns, bridges, partials, dentures, Invisalign



Crown



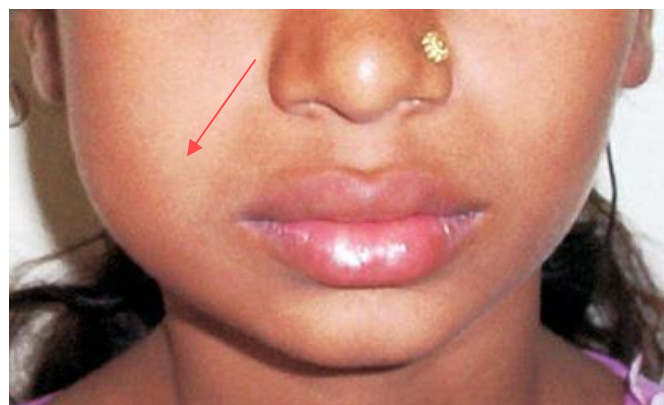
Bridge/fixed partial denture



Removable partial denture



Complete dentures



Example of dental emergency with lower right side of the face swelling from infected tooth.

**We will be closed 6/13/23 in the afternoon for staff in-service. The ER walk-in clinic will be from 8 – 11 am.**

Bad River Dental has an emergency walk in clinic. If you have emergency needs such as facial swelling or uncontrollable pain, we encourage you to come in from 12:30 – 3:00 Monday – Friday on days the tribe is open. Once here, you will be evaluated and seen based on severity.

If you have an urgent need such as a broken tooth without pain, please call us at (715)685-7887. If no answer, feel free to leave a voicemail.

Dental fun fact:  
Fluoride is a mineral that occurs naturally but can be made synthetically in a lab.

Ojibwe dental word of the month:

tooth decay = *bigishkanaabid*

Please email [v.gokee@badriverhwc.com](mailto:v.gokee@badriverhwc.com) with any questions or topics you would like addressed in next month's issue! All submissions will remain anonymous.

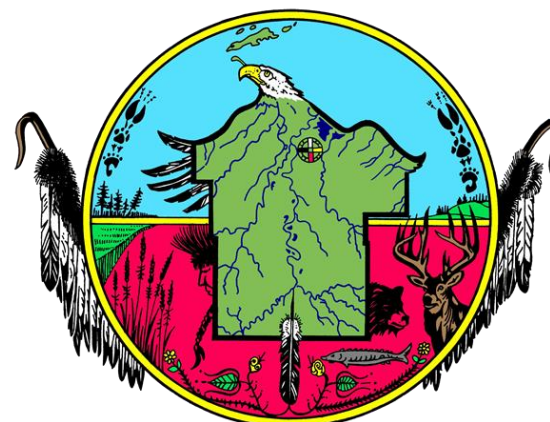
Miigwech for reading, please be on the lookout for our next monthly issue!

## Dental emergency vs a dental urgency

Emergency patient: someone in need of immediate care and attention. Emergent needs include: significant pain, noticeable swelling on the face, difficulty opening their mouth and/or someone who has sustained trauma to the face within the past 24 hours.

If you have trouble breathing, swallowing your own spit, or swelling below the jawbone [please go to the ER.](#)

Urgency patient: someone in need of swift dental intervention. Urgent needs include: front tooth chip, broken dentures, lost crown/temporary on teeth without root canals, or need for medical clearance for surgery. These appointments can be scheduled and do not need to walk-in.



### Works Cited

CareQuest Institute for Oral Health. American Indian and Alaska Native Communities Face a 'Disproportionate Burden of Oral Disease': Reversing Inequities Involves Challenges and Opportunities. Boston, MA: March 2023. DOI:10.35565/CQI.2023.2002 Copyright ©2023 CareQuest Institute for Oral Health, Inc.