

Lec.17

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Periodontal Surgery



❖ Objectives of periodontal surgery:

1. Accessibility and direct vision for proper S & RP.
2. Reduction of plaque retentive area especially periodontal pockets that have not responded to initial therapy.
3. Eliminate inflamed periodontal tissues.
4. Enhancing the regeneration of periodontal tissues.
5. Create physiologic morphology of the dentogingival area that will facilitate efficient self performed plaque control.
6. Correct mucogingival defect and improve periodontal aesthetic.
7. Provide access to correct bony defects.

- **Gingivectomy:** This surgical procedure aimed at the excision of the soft tissue wall of pathologic periodontal pocket.

Indications:

1. Gingival enlargement or overgrowth.
2. Idiopathic gingival fibromatosis.
3. Shallow suprabony pocket.
4. Minor corrective procedure.



- **Contraindications:**

1. Infrabony pocket.
2. Thickening of marginal alveolar bone and the need for bone surgery.
3. Attached gingiva is narrow or absent.

- **Advantages:**

1. Technically simple, good visual access.
2. Complete pocket elimination
3. Restoration of physiologic gingival contour

- **Disadvantages:**

1. Gross wound, post operative pain.
2. Healing by secondary intention
3. Danger of exposing bone.
4. Loss of attached gingiva.
5. Phonetics and aesthetic problem in the anterior area.

- **Gingivectomy Procedure:**

- Giving local anesthesia, then marking the pocket depth by: the straight arm of pocket depth marker forceps is guided into buccal pocket, when the base of pocket is encountered, the forceps is pinched together causing horizontal forceps tip to mark depth of pocket, and by repeating this procedure at each tooth surface, a series of bleeding points is created, which are used as a guide for incision. Primary beveled incision which carried out 1 mm apical to bleeding points by Kirkland knife. Secondary incision is made to separate interproximal soft tissues from interdental periodontium by Orban knife. Careful removal of the incised tissues by Curette or Cumine.

Plaque, calculus and granulation tissues is removed by using Curette to get smooth teeth surfaces. Placing gauze packs to control bleeding. Put dressing to cover the wound with pressure to prevent bleeding.

- **Flap Surgery:**

Indication:

1. In treatment of infrabony pockets.
2. When the gingivectomy will lead to unacceptable aesthetic results.
3. Osseous recontouring (elimination of bony defects).

- **Modified Widman flap Advantages:**

1. Good access to root surface to facilitate S & RP as well as removal of pocket epithelium and inflamed connective tissue.
2. Maintain the width of keratinized gingiva.
3. Replacement of flap at presurgical location leads to less exposure of root surface thus minimizes problem of aesthetic and root hypersensitivity.
4. Cause minimal amount of trauma to periodontal tissues and discomfort to the patient.

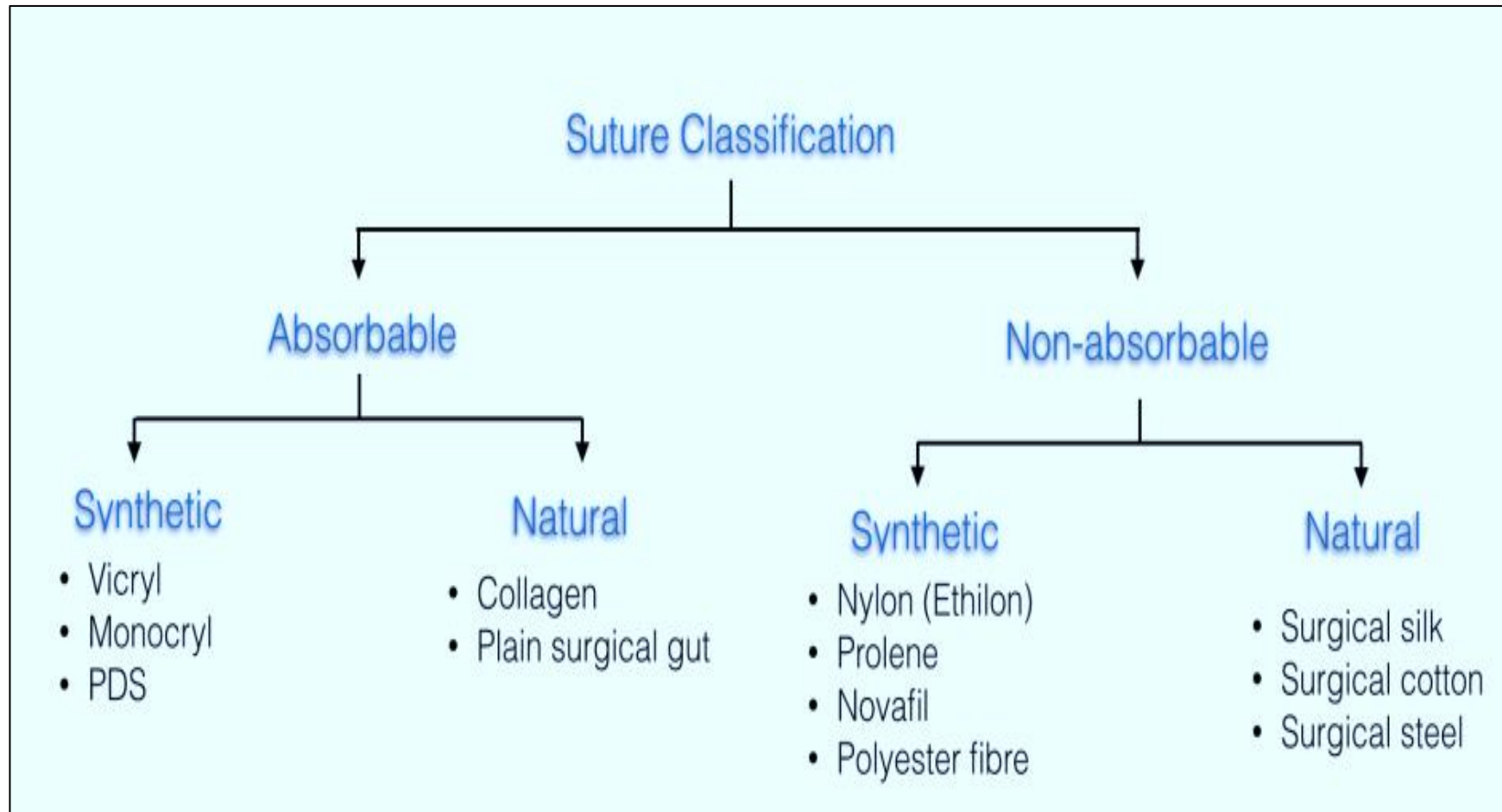
5. Possibility of obtaining close adaptation of soft tissues to root surfaces.
6. Provides better access to re-establish the contour of alveolar bone as well as the potential for bone regeneration in sites with angular bony defects.
7. Furcation areas can be exposed.

- **Procedure of Modified Widman flap:**

The initial gingival incision should be made with knife that can be directed parallel to the long axis of the tooth. The distance of the incision from the gingival margin vary from 0.5 to 2 mm. A second incision is made around the neck of each tooth from the bottom of pocket to the alveolar crest. Full thickness flap is elevated for only 1-2 mm from the alveolar crest as needed for access to the root surface and the interproximal one. The third incision is made along the alveolar crest thus separating the infiltrated tissue from healthy supporting connective tissue. Then, fine cures are used to remove remnants of pocket

epithelium and granulation tissue, calculus necrotic cementum to obtain smooth, hard, clean surface. Root planning is performed with repeated rinsing. Afterwards, the flaps are closed using interrupted sutures.

• Suture Classification:



“Thank You”

