



# PERIO POINTERS

## Flaps and Osseous Resection

The fundamental treatment for chronic periodontitis is flaps and osseous recontouring. This treatment choice has lasted for forty years because it is effective in retaining natural dentition. The studies show a 90% retention of teeth.

Some periodontists tend to be ultra conservative in their treatment, doing very small flaps and minimal osseous recontouring. In the 1970's the group out of Boston developed a highly arcuate type of osseous architecture. I feel there is a middle of the road approach that is the best.

Certain things do need to be done. The flap should give you adequate access to visualize the area. Peekaboo surgery will not allow you to remove the osseous ledges, tori and the ability to create an arcuate osseous architecture. In essence if you cannot see it you have done a flap curettage.

If your periodontist leaves osseous ledges and tori, find a new periodontist as he does not understand the biology of osseous surgery.

Based on the literature, I can expect a 90% retention of teeth over 40 years. You cannot say that about implants as we just do not know.

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Some days you are the dog,  
other times you are the  
hydrant.

### Newsletter Spotlight

You rarely see a lecture about osseous surgery as it really is not exciting, just effective if done well. Photographs are difficult to get as you are dealing in a hemorrhagic environment. Osseous surgery is not a hot topic like technology, implants or marketing.

## Case Study



Visualize the end result prior to making an incision.



Meticulous debridement of calculus and tissue must be done.



Flatten interproximal craters; do osseous grafts on vertical defects.



Groove interproximally to create sluiceways and in the process remove buccal or lingual ledges or tori

Suture the case closed properly. Makes the healing easier. Any type of suture will do but I use 4-0 gut as I am lazy. Dip the suture in water or pull it through some Neosporin to make it easier to manage.

Dress the area as it is more comfortable for the patient.

Postop instructions and medications are given. I normally use antibiotics on the mandibular arch or the diabetic.

I try not to take them off their medications as I think that creates greater problems.