

Periodontal surgery

Information for patients



Leeds Dental
Institute



UNIVERSITY OF LEEDS

'Periodontal surgery' refers to a number of different surgical procedures involving the gums. During periodontal surgery, your gums and teeth will be numbed with local anaesthetic injections. You will be awake throughout the procedure and able to go straight home immediately afterwards.

Periodontal surgery may be recommended in certain situations following non-surgical periodontal treatment when oral hygiene is excellent. If you smoke, periodontal surgery is not usually suitable, due to the negative effects of smoking on your gums.

There are different types of periodontal surgery:

- Open flap debridement
- Regenerative surgery
- Free gingival grafts
- Connective tissue grafts
- Gingivectomy

If you have any questions or concerns, or would like any further information, please ask your dentist.

On the day of your periodontal surgery

On the day of your surgery, it is important to eat as normal beforehand. Take any medications, including painkillers, as normal- unless your dentist or doctor has specifically told you otherwise. You will be offered painkillers before we start the procedure.

At your appointment for your periodontal surgery the team will introduce themselves to you: there will be three or four people in the room. Your dentist will fill in a consent form and explain it to you, and check that you are still happy to go ahead.

During the surgery it is important to keep everything as clean as possible to reduce the risk of infection. During the procedure we will wear sterile gowns and hats. We will give you a hat to wear and cover you with a sterile towel.

Depending on the procedure and the number of teeth being treated, the whole appointment can take up to three hours. You will be given an idea of how long it will be beforehand.

If possible, we recommend that you have somebody to collect you and drive you home afterwards. You should have the day off work where possible.

You should avoid any vigorous exercise or alcohol for 24 hours afterwards.

What are the risks of periodontal surgery?

All surgery has risks. You will be given advice on how to look after yourself afterwards to reduce these risks.

The most common risks of periodontal surgery include:

- Pain or discomfort following the procedure - over the counter painkillers should be enough to help
- Bleeding
- Swelling
- Bruising
- Recession
- Sensitivity. This usually resolves over the following weeks. It can be managed by the use of desensitizing toothpastes
- Failure of the procedure to work.

Open Flap Debridement

Open flap debridement aims to reduce the depth of gum pockets around a tooth or teeth. The reduction of gum pockets can improve the prognosis of the teeth and make it easier to maintain healthy gums following your periodontal treatment.

This procedure may be suitable:

- Following thorough non-surgical treatment (deep cleaning)
- When a few deep pockets remain (usually 6mm or more)
- Where a tooth is not too mobile (loose)

What happens during open flap debridement?

A flap of gum next to the affected tooth/teeth will be pushed back. This will allow access to the pocket and bone defect (area of bone loss). The unhealthy tissue from inside the pocket will be removed with scaling instruments and the root surface will be cleaned. Your gum will be put back in place with stitches, which will usually be removed after 1-2 weeks.

Regenerative surgery

Regenerative surgery is similar to open flap debridement (see previously) but it aims to regenerate (grow back) some of the lost bone support and gum attachment around a tooth. Whether this is possible depends several factors including the shape of the bone loss around your tooth.

What happens during regenerative surgery?

The surgery steps are the same as open flap debridement but if the bone shape is favourable, special products can be applied which may help your bone and gums to heal and regenerate.

One example is Emdogain, a protein gel made from animal (pig) origin. Some people may prefer not to have Emdogain used in their treatment for religious or ethical reasons. 'Bone granules' (Bone Ceramic or BioOss) may be placed into the bone defect and a membrane may be used to cover the area. These products may also be derived from animal sources.

If you have concerns about using products of animal origin, please speak to your dentist.

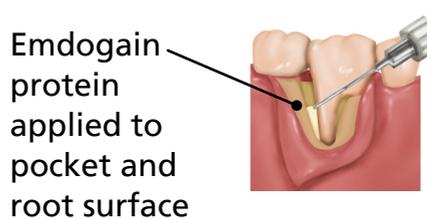
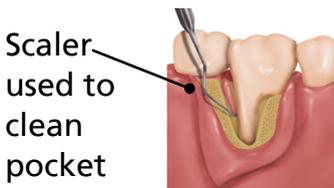
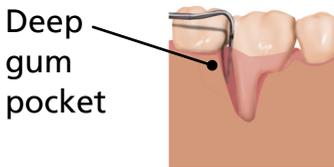
How should I look after myself after open flap debridement or regenerative surgery?

You will be given specific instructions after your surgery, but in general:

- Avoid toothbrushing or cleaning between the teeth until the stitches are removed: you will be given chlorhexidine mouthwash to use twice daily.

If you have had regenerative surgery also:

- Avoid interdental brushes for around six weeks afterwards
- It is important that your dentist does not probe or clean below the gum in the treated pocket for several months afterwards. This may interfere with the healing of the gum and bone, reducing the effects of the surgery.



Soft tissue surgery

Soft tissue grafting can be used to treat areas of gum recession (gum loss with exposed root surfaces): most commonly around the lower front teeth.

Gum recession does not always affect the long term lifespan of your teeth. However, you may find that the affected teeth are sensitive, harder to clean, or uncomfortable to clean. This in turn may increase the risks of decay or gum disease around that tooth.

When there is gum recession, the band of 'hard-wearing' gum usually present around the necks of teeth may be lost. If this happens, there is a risk that the recession will worsen over time.

Grafting surgery mainly aims to improve the long term stability of the gum level, reduce any discomfort and make it easier to clean. It is not always possible to completely cover the exposed root surfaces.

Before any grafting surgery, it is essential that your home cleaning and gum health are excellent. You will usually see a member of staff for oral hygiene instruction and scaling first, and be reviewed to check that the gum health is good enough to proceed with surgery. A high standard of oral hygiene is the most important factor in keeping the gum stable and healthy, both before and after surgery.

With any grafting surgery, there are risks that the surgery may not work. There is a risk that the grafted gum may not heal into place and be lost.

Free gingival grafts

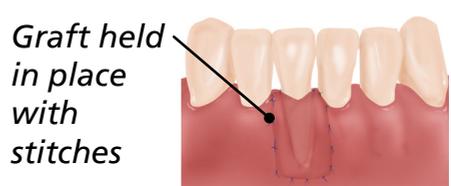
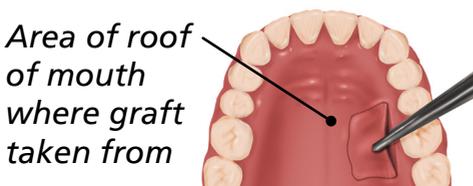
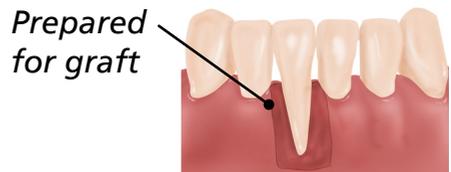
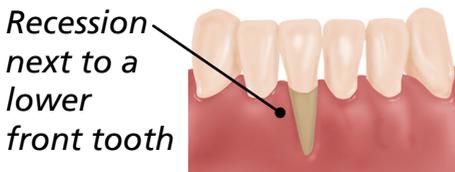
Free gingival grafts aim to increase the band of 'hard wearing' gum around the tooth by taking some gum from the roof of your mouth and placing it in the area of recession. This procedure does NOT aim to cover the exposed root surface. Some coverage of the root surface may be achieved, but this is unpredictable. A second surgery (connective tissue grafting; see next page) may be offered in the short or longer term after free gingival graft surgery to try to cover the root surface if necessary.

What happens during free gingival graft surgery?

The area around the affected teeth will be prepared to provide an area where the new gum will be stitched in place.

A thin layer of the gum surface (a graft) will be lifted away from the roof of your mouth (the donor site). This gum will be stitched in place over the area of recession and the teeth either side.

The donor site in the roof of your mouth will heal over by itself - at first it will feel like you have burned the area.



Connective Tissue Graft Surgery

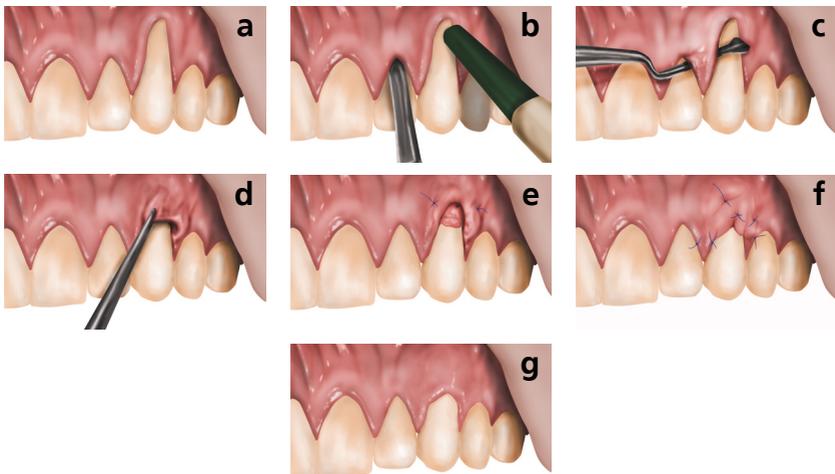
Connective tissue is a layer of tissue below the surface of the gum. This type of surgery uses connective tissue from the roof of your mouth to try to cover gum recession or to add bulk to gum around one or more teeth or dental implants.

There is a risk that the connective tissue graft may not work. The graft may not completely cover the area of gum recession, or may be lost entirely.

What happens during connective tissue graft surgery?

There are different ways to carry out this type of surgery. The technique that it used most within the LDI is 'tunneling'. This is a modern, less invasive technique that can be used to treat more than one tooth at the same time.

Firstly, the gum edge is gently loosened around the teeth being treated to form a 'tunnel'. This allows the graft to be placed underneath the gum, into the tunnel. The gum can be moved to cover the exposed root surfaces. The gum between the teeth stays in place.



A piece of connective tissue (the graft) will then be taken from the roof of your mouth. The graft is inserted into the tunnel. The graft, along with the gum over the top, are used to cover the areas of recession. The graft and gum are held in place with stitches. Stitches will also be placed to close the area in the roof of your mouth.

What should I expect after Free Gingival Graft or Connective Tissue Graft surgery?

After both types of surgery there will be multiple stitches to help your mouth heal. These will be removed 1-2 weeks after the surgery.

After Free Gingival Graft surgery, a periodontal dressing pack may be placed over the donor site in the roof of your mouth and over the area where the graft was placed. These can feel bulky and may interfere slightly with your speech and eating. However, the packs protect the areas and reduce discomfort, so it is important that you do not try to pull them off early.

How should I look after myself following Free Gingival graft or Connective Tissue Graft surgery?

You will be given specific instructions after your surgery, but in general:

- DO NOT attempt to dislodge or remove the dressing packs
- Avoid pulling your lip away to try to look at the treated area: it is essential for healing that the graft is undisturbed.
- Avoid toothbrushing around the treated teeth until the packs and stitches are removed: you will be given chlorhexidine mouthwash to use twice daily
- Once the graft has healed, it is essential to maintain excellent oral hygiene to prevent more recession

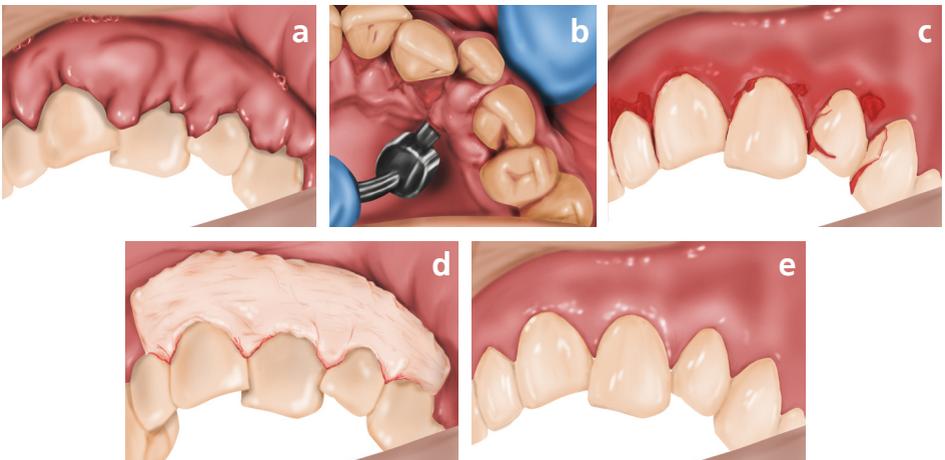
Gingivectomy

Gingivectomy is the removal of excess, overgrown, gum tissue. Gingival overgrowth (overgrown gum) may occur where plaque control is poor. It may also be related to particular medicines (e.g. phenytoin, cyclosporine, calcium channel blockers), orthodontic treatment or certain medical conditions. In all of these cases poor oral hygiene will make the gingival overgrowth worse.

Before and after gingivectomy, it is essential that your oral hygiene is excellent. This will reduce the overgrowth, make gingivectomy surgery easier and reduce the risk of the gum growing back. If the overgrowth is due to medications or medical conditions, the risk of the overgrowth returning is greater.

What happens during gingivectomy?

The excess gum tissue will be trimmed away. Periodontal dressing packs will be placed to protect the area, which will be removed after 1-2 weeks. The removed gum tissue may be sent away for testing, to make sure that no further treatment is required.



How should I look after myself after gingivectomy?

The dressing packs protect the treated area and reduce discomfort, so it is very important that you do not attempt to dislodge or remove these early.

You will not be able to brush the treated area until the dressing packs are removed, so you will be given chlorhexidine mouthwash to use twice daily.

Following removal of the dressing packs, it is very important that you resume effective toothbrushing to help the area to heal properly.

To contact us in an emergency

For urgent advice please phone **(0113) 343 1729** where you will be able to speak to a qualified Dental Nurse or leave a message. This phone line will be manned by a Dental Nurse Monday to Friday from 09:00 to 09:30am and from 1:30 to 2:00pm (except on public holidays). Messages left at any other time will be listened to at the next session.

For any other queries please contact Restorative Reception on **(0113) 343 6262, 343 6248** or **343 6235** (8:45am to 12:30pm and 1:30pm to 5:00pm.)

Out of hours, please contact Accident & Emergency, Leeds General Infirmary: **(0113) 243 2799** ext **2512**

What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter

