

PERIODONTAL OSSEOUS SURGERY

Indications

When periodontal (gum) disease progresses to a more advanced stage, it is common for the underlying supporting bone to become involved. First, the soft, periodontal tissue becomes infected and inflamed. When the inflammation increases, the bone reacts to the infection. Bone is destroyed, and it does not return. You will generally not feel the gums becoming infected or the bone disappearing. Unfortunately, it is painless. Generally, by the time pain is involved, the condition is quite serious.

Since periodontal disease is site-specific, the bone loss will not be uniform. Some teeth will show slight bone loss, some teeth will show more serious loss, and some teeth will exhibit no bone loss at all. The bone loss around a specific tooth or teeth may be regular or irregular in form. The bone loss may be vertical, horizontal, or both. If irregular, surgery to correct the bone loss will be needed. It is not possible at this time to reliably regenerate all lost bone. Once it is gone, it is gone. Research involving the possibility of periodontal bone regeneration has been underway for some time. But at this time, there are few ways to re-grow periodontal supporting bone after it has dissolved from periodontal disease.

Treatment

Until fairly recently, the only method of correcting the irregular bone was to smooth off the high spots. The new bone height between teeth would be even at the level of the most severe bone loss. Although the problem was now corrected, other teeth might lose healthy bone in the leveling process. This could and would make those teeth less stable, and unavoidable and undesirable consequence. In some cases, the nature of the bone defect still dictates that this procedure be done.

A better approach is to augment or build up the irregular bone in locations where it has been lost. This is accomplished with the placement of natural or synthetic bone in a procedure known as *grafting*. Natural bone has been used for over 3 decades and there have been no reported immune system problems. There are also autografts that use your own bone. Allografts are synthetic or freeze-dried natural bone.

Preoperative radiographs, clinical examinations, and periodontal charting will give us an understanding of the type of osseous surgery that is necessary. However, the full extent of the problem may not be fully discovered until the area is exposed during surgery. Radiographs are a two-dimensional, black-and-white representation of a three-dimensional, full – color area. For this reason, treatment goals will remain the same, but the surgery method may be modified. Prognosis of the teeth needing surgery, options, and a best guess for treatment progress will be discussed prior to treatment.

To perform periodontal osseous surgery, a flap must be raised. (Please refer to the **Periodontal Flap Procedures** page). A local anesthetic is used and postoperative discomfort is handled with medication. After this surgical procedure, sutures and a periodontal dressing are placed.

Osseous surgery may be the only treatment that will successfully help to retain your teeth after severe periodontal disease has been present for some time. Keeping your own natural teeth is generally better than having dentures.

If have any questions about periodontal osseous surgery, please feel free to ask us.