



CROWN LENGTHENING SURGERY

Crown Lengthening Surgery Information

During this procedure, the gum tissue is opened or reflected away from the tooth, and some supporting bone is removed. The gum tissue is positioned at a more apical level (higher level if upper jaw tooth and lower if lower jaw tooth) on the tooth and secured with sutures (stitches). A periodontal dressing may be placed if required and retained for up to one to two weeks after surgery.

Local anaesthetic, pain-control medication and often antibiotics are required. The purpose of this procedure is to increase the amount of tooth structure required to expose more of the natural crown and/or root of the tooth, which is currently covered by the gums.

No guarantee is given that the crown lengthening procedure will be successful. In most cases, the treatment should provide improvement that will contribute to keeping the tooth and providing a solution to meet treatment aims as close as possible. There are differences in individual patients healing responses after a surgical procedure; therefore, certainty of success cannot be predicted.

Possible complications associated with Crown Lengthening Surgery

Some patients do not respond successfully to periodontal surgery and crown lengthening surgery and the gum tissue may heal in such a manner as to require a second procedure at the

time of restoration. This usually involves removal of more gum and/or bone tissue – this is not predictable and treatment is tailored to a patient's individual need as a result.

There may be complications arising from a surgical procedure. There may be some swelling of the area, facial bruising, transient or permanent numbness of the jaw, chin or tongue. There may be transient or permanent episodes of thermal sensitivity to touch, pressure, tooth brushing, sweets, heat and/or cold. Recession of the gum tissue is common as a result of the surgery. This may result in elongated teeth, with larger space(s) between the teeth. This may result in aesthetic concerns in those areas of the mouth that are visible and elsewhere in the mouth could lead to food packing in the area, a larger area for plaque/tartar to build up or air-escape during speaking.

Important Information for smokers

It is essential that you do not smoke for at least three days, or ideally the first week after your surgery. It increases the risk of infections and complications following surgery. If you continue to smoke your treatment results could be poor and the expected outcomes may not be achieved. Smoking or failure to keep the mouth clean can result in severe infections, which in some cases may lead to admissions to hospital and further surgery.

Contact Gunning Dental

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General pre-operative information and advice

Surgery inside the mouth should be treated as seriously as any other surgical procedure.

After surgery, you may encounter some of the following side effects:

- Difficulty in opening your mouth fully may occur for up to one week.
- You may require some time off work (2/3 days is usually sufficient).
- You may have difficulty in eating normal foods for up to one week. Soft foods are advisable for the first few days.
- You may require antibiotics, current best practice guidelines suggest this is not routine.
- In very rare cases, infection or swelling may occur – This may lead to admission to hospital for further surgical treatment. If this is required it will be arranged through the Emergency Dental Service or through the practice.

You may want to bring another responsible adult with you. Bringing children with you may be difficult.

It may also be useful to have Ibuprofen and Paracetamol (500mg) tablets. It is useful to take some form of pain relief (preferably Ibuprofen) 30 minutes before your appointment. Ibuprofen cannot be taken if you suffer from asthma or a stomach ulcer.

Remember to eat normally before your

appointment to avoid fainting. foods for up to one week.

Crown Lengthening Surgery Treatment Guarantee Information

No warranty, guarantee or assurance that the crown lengthening procedure will be successful is given. In most cases, the treatment should provide improvement that will contribute to keeping the tooth and providing a solution to meet treatment aims as close as possible. There are differences in individual patients healing responses after a surgical procedure; therefore certainty of success cannot be predicted.

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