



# Periodontal SURGERY

## Periodontal Surgery – Pocket Reduction / Open Flap Debridement

During this procedure, the gum tissue is opened or reflected away from the tooth, the calculus (tartar) on the teeth and root surfaces will be carefully deep cleaned away and some of the surrounding bone may need to be removed to allow better and closer adaptation of the gum to the underlying bone. This is to encourage healing with reduced pocket depths and where possible, healing with the gum level at a lower position (on lower teeth) and higher position (on upper teeth) on the tooth so the areas including the tooth surface and gap between the teeth/roots is more cleansable for you and the dentist or hygienist to clean for long-term maintenance. Certain situations may require smoothing and adjustment of the tooth/root surface to reduce the risk of plaque/tartar build-up and facilitate maintenance and reduce. The gum will be secured into position with dissolvable sutures (stitches), which usually dissolve in two to six weeks. Sutures may be removed one to two weeks after surgery.

Non-dissolvable sutures may also be used and these will require removal at a suitable interval after surgery decided at a postoperative review. A periodontal dressing may be placed, if required, and retained for up to one week after surgery. Local anaesthetic, pain-control medication and occasionally antibiotics are required.

The purpose of this procedure is to reduce, or if possible eliminate the deep pockets and inflamed gum of concern around the affected tooth/teeth. It also aims to produce a gum to tooth shape and

position that is more cleansable by the patient and a dentist or hygienist for long-term maintenance. To achieve this, the gum may be positioned at a level further down the tooth and the underlying infected tissue will need to be removed as best possible and surrounding bone may need to be reshaped to facilitate this.

No guarantee is given that the periodontal surgery procedure will be successful. In most cases, the treatment should provide improvement of your condition and should create an environment, which will aid in trying to retain the tooth/teeth 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 periodontal Surgery

Periodontitis is a challenging condition to treat and therefore some patients do not respond successfully to periodontal surgery. The gum tissue may heal in such a manner as to require a second surgical procedure to enable further pocket reduction/elimination and reshaping of the gum in the area. Further non-surgical treatment in the form of deep cleaning may also be required at a later stage.

The following complications may arise from the surgical procedure:

- There may be some swelling of the area, facial bruising, transient or permanent numbness (caused by injury to nerves) of the gums, jaw, chin or tongue on the affected side.
- If there are natural teeth involved in the area of surgery, there may be transient or permanent episodes of thermal sensitivity to touch, pressure, tooth brushing, sweets, heat and/or cold.



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- Recession of the gum tissue is common as a result of the surgery. In the case of natural teeth, this may result in elongated teeth, with larger spaces between the teeth. In the case of dental implants, this may also result in exposed dark metal of the implant showing beneath the implant crown/bridge and increased space between adjacent teeth, dental/implant restorations. This may result in aesthetic concerns in those areas of the mouth that are visible. More attention to detail would be required to keep newly exposed tooth/implant surfaces clean.
- A diet high in sugar/acid and with frequent sugar/acid consumption can increase the risk of developing tooth sensitivity and/or tooth decay; especially on newly exposed root surfaces.

## 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.

## 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 as it increases the risk of infections and complications following surgery. Smoking leads to a slower and more painful recovery. If you continue to smoke your treatment results could be poor and persistence and/or recurrence of the inflammatory periodontal disease could occur even on previously treated and stabilised sites around teeth/implants.

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.

## Periodontal Surgery Guarantee Information

No warranty, guarantee or assurance is given that the periodontal surgery procedure will be successful. In most cases, the treatment should provide improvement of your condition and should create an environment, which will aid in trying to retain the tooth/teeth 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.