DOCS
DENTISTRY ON CATHERINE STREET

Pocket Reduction Surgery

Open Flap Curettage

Studies have shown that when the pockets are too deep (over 5 mm), scaling and root planning offers limited benefits. This is because the instruments cannot adequately reach down deep enough to get access to the tartar. As well, when the pockets are deep, the person doing the scaling and root planning cannot see where they are cleaning. It's like trying to clean your elbows with long sleeves: unless the sleeves are rolled up, it is very hard to get access. In these situations, it is preferable to gently detach the patient's gums slightly from the teeth. This allows the operator to gain access and vision to all areas of the tooth surface so that they can be cleaned well. It also allows some of the infected gum tissue to be easily removed. The gums are then sutured back against the teeth.
After curettage, the pockets are shallower and so the patient has an easier time cleaning the root surface afterwards. The possible side effects are spaces between the teeth that may also be more sensitive to hot, cold or sweet.

Osseous Pocket Reduction Surgery

At times, the primary goal of the surgery is to reduce the pocket as well as to clean the root surface. This is called pocket reduction surgery. Like curettage, the gums are detached from the teeth. During pocket reduction surgery, however, more of the bone around the teeth has to be reduced so that the gums will fit more closely. This allows the root surfaces to be cleaned by the patient after the procedure. The side effects (spaces between the teeth and sensitivity) are a little more pronounced after pocket reductions, and sometimes bone must be removed from adjacent teeth that don't have gum disease.

Regeneration

In certain situations, we can attempt to grow back bone that has been lost. This procedure is referred to as regeneration. Regeneration involves placing a material (either bone, an artificial substitute of bone or a protein) into the area of bone loss (the bone defect). RRegeneration cannot even be considered in many areas, and even when it is attempted in ideal conditions the results are not predictable. The most common technique used for regeneration now involves the placement of a protein into the bone defect; this protein is one that humans develop in the uterus to form the tissues around the teeth. After it is placed, the gums around the teeth that have been regenerated cannot be cleaned for at least 6 months to a year, and it may take at least that long for any evidence of bone growth to occur.

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