

SOCKET PRESERVATION BONE GRAFT



DEFINITION

Socket Preservation refers to a bone grafting technique used to prevent the loss of the width of the jaw bone after a tooth is removed. It is a minor dental surgery that is performed under local anaesthesia at the same time as the dental extraction.

PROCEDURE

There are various methods and materials that can be utilized to complete a socket preservation. It is possible to use human donor bone, animal bone, or synthetic bone. These graft materials can hold space and provide nutrients for native cells to create new bone (osteoconductive), can induce the formation of new bone cells (osteoinductive), or can contain bone creating cells within them (osteogenic). The body converts these materials into your own bone over time; products differ in their rate of conversion.

The graft material is often held in place with a membrane. This can be synthetic such as PTFE ("teflon"), animal collagen (bovine, equine), or can be derived from blood products from the patient.

To perform the socket preservation, the tooth is removed and the "socket" filled with bone graft material which is held in place with a membrane and sutures. The sutures stay in place for a month and require removal.

At our office we are currently using:

Human Donor Bone:

<https://www.citagenix.com/en/regen-products/by-brand/raptos-allografts/>

Resorbable Collage Membrane (Bovine):

<https://www.citagenix.com/regen-products/by-brand/neomem/neomem-neomem-membrane>

SOCKET PRESERVATION

WHAT ARE THE RISKS OF THIS PROCEDURE?

The socket preservation procedure is a minor dental surgery and carries with it the common risks of localized pain, swelling and bruising which may last up to a week. Post operative bleeding is not expected, but may occur for a day or two; **please let us know if you are taking any blood thinners or have taken bisphosphonates.** Recession of the gums may occur with any dental surgery. Risk of acquiring a pathogen from the graft material is negligible.

It is possible for the sutures to come loose or for the gum tissue to tear; please be very gentle with the area as healing progresses. Maintaining the membrane in place imperative for the success of the graft as the gums may not be fully closed over the socket and need to heal over this membrane. It is normal for granules of graft material to escape from under the membrane and to work their way out of the gums; this is not a concern.

The body may resorb the bone graft material, leaving inadequate width for a dental implant. If the procedure is not successful, a "lateral ridge augmentation" bone graft may be required.

Strong gum tissue is required for the success of the graft and the implants; a referral to a periodontist for a gum graft may be recommended in cases where the gum tissue is thin or has scarring or recession.

HOW DO I TAKE CARE OF THINGS?

Be very gentle! Do not brush the area of the graft or swish with mouthwash; pool and drool your mouthwash. Be gentle spitting out toothpaste. Avoid an electric tooth brush until cleared to do so.

If you are wearing a denture, be careful taking it in and out and let us know if there is pressure on the graft site. Do not pull at sutures or press on the gums!

Please take the prescribed medications and avoid vigorous exercise for a couple of days.

If you have any questions please contact me at drdave@nelsonavedental.com.