

PRACTICAL CLINICAL COURSES

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Career Development Program

V4353

Esthetic Gingival Covering of Exposed Crown Margins, 2nd Edition

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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PRACTICAL CLINICAL COURSES

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Sources of Products Discussed in

**V4353 Esthetic Gingival Covering of Exposed Crown Margins,
2nd Edition**

Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **Accufilm II**
Parkell, Inc.
300 Executive Drive
Edgewood, NY 11717
(800)243-7446
(631)249-1134
www.parkell.com
2. **Amaris Gingiva**
VOCO America, Inc.
555 Pleasantville Road
Suite 120 – North Bldg.
Briarcliff Manor, NY 10510
(888)658-2584
www.vocoamerica.com
3. **Articulator**
Whip Mix Corporation
361 Farmington Avenue
P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
4. **Bard-Parker Disposable Surgical Blades (#15, #11, #12, #12D)**
Various Manufacturers
5. **7901 Bur (Trimming & Finishing)**
Dentsply Professional
1301 Smile Way
P.O. Box 7807
York, PA 17404-1785
(800)989-8826
(717)767-8500
www.professional.dentsply.com
6. **Curette**
Various Manufacturers
7. **Expasyl**
Kerr Corporation
1717 West Collins Avenue
Orange, CA 92867
(800)537-7123
(714)516-7400
www.kerrdental.com
8. **Madame Butterfly Silk**
Almore International, Inc.
P.O. Box 25214
Portland, OR 97298
(800)547-1511
(503)643-6633
www.almore.com
9. **Molt 2/4**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
10. **Occlusal Indicator Wax**
Kerr Corporation
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(800)537-7123
(714)516-7400
www.kerrdental.com
11. **Odyssey Navigator Diode Laser**
Ivoclar Vivadent, Inc.
175 Pineview Drive
Amherst, NY 14228
(800)533-6825
(716)691-0010
www.ivoclarvivadent.us.com
12. **Orban Knife**
Hu-Friedy Mfg. Co., Inc.
3232 North Rockwell Street
Chicago, IL 60618
(800)729-3743
(773)975-6100
www.hu-friedy.com
13. **Periacryl (GluStitch)**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
14. **Periosteal Elevator**
Various Manufacturers
15. **Preppies**
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P.O. Box 17183
Louisville, KY 40217
(800)626-5651
(502)637-1451
www.whipmix.com
16. **Protemp 4**
3M ESPE Dental Products
3M Center
Bldg. 275-2SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
www.3mespe.com
17. **Roeko Stay-put Cord**
Coltene/Whaledent Inc.
235 Ascot Parkway
Cuyahoga Falls, OH 44223
(800)221-3046
(330)916-8800
www.coltene.com

18. **Sensimatic 700SE**
Electrosurge
Parkell, Inc.
300 Executive Drive
Edgewood, NY 11717
(800)243-7446
(631)249-1134
www.parkell.com

19. **Triad TruTray**
Dentsply Prosthetics
Ceramco-Trubyte-Austenal
570 West College Avenue
York, PA 17405
(800)243-1942
(717)845-7511
www.prosthetics.dentsply.com

20. **TrollFoil**
TrollDental
661 Hayward Avenue North
Oakdale, MN 55128
(800)537-8765
(203)775-4342
www.trolldental.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

**Gordon J. Christensen Practical Clinical Courses, 3707 North Canyon Road, Suite 3D, Provo, UT 84604
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Post-Surgery Instructions

Healing following surgery in your mouth is usually fast and uncomplicated, if you follow the directions below:

1. Gently bite on gauze sponges for 30 minutes after the surgery to encourage the bleeding to clot. Replace the sponges with new water-moistened gauze sponges for another 30 minutes if fresh, red blood is present. If bleeding continues after this time, bite on a teabag for 30 minutes. If you are still bleeding, please contact our office.
2. Do not drink or eat hot foods today, as you may dissolve or loosen the blood clot. Eat cool, soft, nutritious foods.
3. Do not "suck" on the wound site for the next few days. You may disturb the blood clot, causing bleeding, slow healing, and/or bone pain often called a "dry socket."
4. Do not eat hard foods for a few days in the part of your mouth where the surgery was accomplished. You could disturb the healing.
5. Do not overexert yourself during the next 24 hours.
6. If pain persists after several days, please contact us for instructions.

THE POINTS CHECKED OFF BELOW APPLY TO YOU:

7. Sutures (stitches):

- a. Were not placed.
- b. Were placed. You need an appointment in about 7 days to have the stitches removed.
- c. Were placed. You do not need an appointment to remove them. They will dissolve by themselves in a few weeks.

8. Pain:

- a. You have not been given a prescription for pain. You should not experience discomfort. Take aspirin or Tylenol for mild discomfort that may come in about two hours from now. If the pain is more than these drugs can control, please call us, and we will phone a prescription to your nearest pharmacy.
- b. You have been given a prescription for pain. You may elect to try to control the discomfort with aspirin or Tylenol before filling the prescription. If these drugs will not control the pain, please get the prescription filled and take the medication as directed.

9. Antibiotic:

- a. You have not been given an antibiotic. It does not appear you will need antibiotic therapy.
- b. You have been given a prescription for an antibiotic. Please take the medication as directed until all the tablets are gone.

10. Cold Application:

- a. Not necessary for your surgery.
- b. Use cold packs (ice in plastic bags) on the outside of your face near the surgery site for two hours when you arrive home. Usually alternating 10 minutes on the face and 10 minutes off for an hour is adequate.

You should be healed from this surgery very soon. Please call us if any questions arise. Thank you.

PROGRAM

V4353 Esthetic Gingival Covering of Exposed Crown Margins, 2nd Edition

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD
CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Discuss the relationship of adequate preoperative periodontal treatment to maintaining gingival coverage of crown margins postoperatively.
2. Describe optimum soft-tissue management at the tooth preparation appointment to postoperative gingival coverage of crown margins.
3. Discuss the characteristics of optimum provisional restorations to maintain gingival margin coverage postoperatively.
4. Describe the relationship of optimum oral hygiene to maintaining gingival crown coverage postoperatively.
5. Discuss the effect of heavy occlusal contacts, and occlusal prematurities on gingival recession.
6. List four methods for covering exposed gingival margins of crowns or receded gingiva on natural teeth.
7. State which of the four methods you listed in #6 above is the most predictable and successful.
8. Describe the coronally repositioned flap procedure for covering exposed crown margins.
9. List four characteristics necessary for success with the coronally repositioned flap procedure.
10. Describe and draw a #11 scalpel.
11. Describe and draw a #15 scalpel.
12. Discuss the necessity for cleaning the margin of the crown before starting the gingival surgery.
13. Describe the first surgical step in this technique, the semi-lunar incision.
14. Describe the technique for separating the gingival tissues from the bone.
15. Discuss the mobility of the gingival soft tissue as it is separated from the underlying bone.
16. Describe how to move the soft tissue coronally.
17. Describe placing force to push the soft tissue to adapt to a potential surgical site.
18. Describe tacking the coronally repositioned gingival tissues to the underlying tooth.
19. Discuss the period of time necessary for healing.
20. Discuss the expected success of the coronally repositioned flap procedure.

OVERVIEW

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This presentation includes adequate information and demonstration for a typical dentist to be able to accomplish the coronally repositioned flap procedure for appropriate clinical situations. The following and other topics are included in the presentation:

1. Preventing exposed crown margins
2. Periodontal therapy to optimize gingival health before making crown preparations
3. Optimum soft-tissue management
4. Adequate provisional restorations
5. Non-aggressive oral hygiene
6. Gentle crown cementation
7. Optimum occlusal forces
8. Methods for covering exposed root surfaces
9. Criteria for surgical coverage success with the coronally repositioned flap technique
10. Instruments for the surgical coverage technique
11. Anesthetic
12. Surgical procedure
13. Initial incision
14. Undermining attached gingiva
15. Repositioning attached gingiva
16. Pressure placed on soft-tissue flap
17. Cyanoacrylate placement
18. Instructions to patient
19. Repair of margins using resin
20. Conclusions and summary

REFERENCES

1. Sorrentino JM, Tarnow DP. The semilunar coronally repositioned flap combined with a frenectomy to obtain root coverage over the maxillary central incisors. *J Periodontol.* 2009 Jun; 80(6):1013-7.
2. Papageorgiou A, Vouros I, Konstantinidis A. Treatment outcomes of ligature-induced recession in the dog model using guided tissue regeneration or coronally positioned flap procedures. *J Int Acad Periodontol.* 2009 Apr; 11(2):177-87.
3. Latha TA, Sudarsan S, Arun KV, Talwar A. Root coverage in class I gingival recession defects, combining rotated papillary pedicle graft and coronally repositioned flap, using a micro surgical approach: A clinical evaluation. *J Indian Soc Periodontol.* 2009 Jan; 13(1):21-6.
4. Bittencourt S, Ribeiro Edel P, Sallum EA, Sallum AW, Nociti FH Jr, Casati MZ. Root surface biomodification with EDTA for the treatment of gingival recession with a semilunar coronally repositioned flap. *J Periodontol.* 2007 Sep; 78(9):1695-701.
5. Gürgan CA, Oruc AM, Akkaya M. Alterations in location of the mucogingival junction 5 years after coronally repositioned flap surgery. *J Periodontol.* 2004 Jun; 75(6):893-901.
6. Müller HP, Eger T, Schorb A. Alteration of gingival dimensions in a complicated case of gingival recession. *Int J Periodontics Restorative Dent.* 1998 Aug; 18(4):345-53.
7. Hägewald S, Spahr A, Rompola E, Haller B, Heijl L, Bernimoulin JP. Comparative study of Emdogain and coronally advanced flap technique in the treatment of human gingival recessions. A prospective controlled clinical study. *J Clin Periodontol.* 2002 Jan; 29(1):35-41.

POST TEST

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1. The most common occurring factor causing gingival recession is:
 - a. periodontal disease.
 - b. aggressive oral hygiene.
 - c. rough margins on restorations.
 - d. occlusal prematurities.
 - e. all of the above.

2. The first surgical procedure in the coronally repositioned flap procedure is:
 - a. undermining the attached gingiva.
 - b. a semilunar incision in the attached gingiva.
 - c. removal of the gingival papilla.
 - d. none of the above.

3. The semilunar incision is made:
 - a. in the alveolar mucosa.
 - b. 1 mm apical to the alveolar mucosa.
 - c. 1 mm coronally to the alveolar mucosa.
 - d. never in the attached gingiva.

4. The semilunar incision is made:
 - a. to bone.
 - b. one-half of the distance to bone.
 - c. it doesn't matter how deep.
 - d. all of the distance to the adjacent teeth.

5. Undermining the gingival tissue was made initially with:
 - a. a #15 scalpel.
 - b. a #11 scalpel.
 - c. a Molt instrument.
 - d. a #12 scalpel.

6. The Molt instrument looks like:
 - a. a cleoid carver.
 - b. a discoid carver.
 - c. a pocket knife.
 - d. none of the above.

7. For success of this procedure, at least ___ mm of attached gingiva must be present.
 - a. 2 mm
 - b. 3 mm
 - c. 5 mm
 - d. 6 mm

POST TEST (CONT'D)

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8. For success with this procedure, the recession should not:
 - a. extend to the mucobuccal fold.
 - b. be in the alveolar mucosa.
 - c. be deep enough apically to have no soft-tissue attachment to bone.
 - d. all of the above.

9. An alternate technique for the coronally repositioned flap procedure is:
 - a. a lateral repositioned flap.
 - b. placement of gingival colored resin-based composite at the area of the recession.
 - c. a connective tissue graft.
 - d. all of the above.

10. Anesthesia and pain control for the coronally repositioned flap procedure:
 - a. always requires sedation.
 - b. is best done with Lidocaine.
 - c. is usually done with locally injected Articaine.
 - d. none of the above.

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