

# **PRACTICAL CLINICAL COURSES**

A Service of the Gordon J. Christensen  
Career Development Program

**V4353**

## **Esthetic Gingival Covering of Exposed Crown Margins, 2<sup>nd</sup> Edition**

Gordon J. Christensen, DDS, MSD, PhD

### **Materials Included**

C.E. Instruction Sheet  
Products List  
Post-Surgery Instructions  
Clinician Responsible  
Goals & Objectives  
Overview  
References  
AGD Post-Test

**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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Gordon J. Christensen  
**PRACTICAL CLINICAL COURSES**

*Sources of Products Discussed in*

**V4353 Esthetic Gingival Covering of Exposed Crown Margins,  
2<sup>nd</sup> 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](http://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](http://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](http://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](http://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](http://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](http://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](http://www.salvin.com)
10. **Occlusal Indicator Wax**  
Kerr Corporation  
1717 West Collins Avenue  
Orange, CA 92867  
(800)537-7123  
(714)516-7400  
[www.kerrdental.com](http://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](http://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](http://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](http://www.salvin.com)
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Various Manufacturers
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P.O. Box 17183  
Louisville, KY 40217  
(800)626-5651  
(502)637-1451  
[www.whipmix.com](http://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](http://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](http://www.coltene.com)

18. **Sensimatic 700SE**  
**Electrosurge**  
Parkell, Inc.  
300 Executive Drive  
Edgewood, NY 11717  
(800)243-7446  
(631)249-1134  
[www.parkell.com](http://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](http://www.prosthetics.dentsply.com)
  
20. **TrollFoil**  
TrollDental  
661 Hayward Avenue North  
Oakdale, MN 55128  
(800)537-8765  
(203)775-4342  
[www.trolldental.com](http://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  
Toll Free (800) 223-6569 or Utah Residents (801) 226-6569**

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# Post-Surgery Instructions

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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 today.
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:

### Sutures (stitches):

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

### Pain:

- a. You have been given a prescription for pain. Please get the prescription filled and take the medication as directed.
- b. You have not been given a prescription for pain. If you have pain, take Ibuprofen 200mg combined with Tylenol 500mg. You may find these in any pharmacy without a prescription. If the pain is more than these drugs can control, please call us, and we will phone a prescription to your nearest pharmacy.

### 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.

### 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.

*I have read and understand the above information.*

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PATIENT'S NAME

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SIGNATURE OF PATIENT, LEGAL GUARDIAN,  
OR AUTHORIZED REPRESENTATIVE

---

DATE

## PROGRAM

### **V4353 Esthetic Gingival Covering of Exposed Crown Margins, 2<sup>nd</sup> 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

### **V4353 Esthetic Gingival Covering of Exposed Crown Margins, 2<sup>nd</sup> Edition**

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. Grgan 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. Mller 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. Hgewald 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

### V4353 Esthetic Gingival Covering of Exposed Crown Margins, 2<sup>nd</sup> Edition

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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