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V4385

New Soft-Tissue Grafting Alternatives – Time to Change!

Lee H. Silverstein, DDS, MS, MBA &
Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

C.E. Instruction Sheet
Products List
Clinician Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

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V4385 New Soft-Tissue Grafting Alternatives – Time to Change!

Presented by: Lee H. Silverstein, DDS, MS, MBA & Gordon J. Christensen, DDS, MSD, PhD

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PROGRAM

V4385 New Soft-Tissue Grafting Alternatives – Time to Change!

CLINICIANS RESPONSIBLE:

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Consultant/Advisor/Lecturer, Multiple Organizations*

GOALS & OBJECTIVES

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

1. Discuss the need for gingival grafting.
2. Discuss the autogenous connective graft.
3. Compare autogenous connective grafting for one tooth vs. multiple teeth.
4. Draw the procedure for covering an exposed crown margin.
5. Discuss the sequence of doing an autogenous connective tissue graft and a frenectomy at the same time.
6. State the possibility for covering a class V restoration with a soft-tissue graft.
7. Discuss covering an unsightly gingival discoloration with a soft-tissue graft.
8. List the types of soft-tissue grafts.
9. Define an autogenous connective tissue graft.
10. State reasons for a soft-tissue ridge augmentation.
11. List the steps in doing a connective tissue ridge augmentation.
12. Compare ridge augmentation with dermal matrix material vs. connective tissue.
13. Define a lateral repositioned transpositional graft.
14. Draw the technique for a lateral repositioned transpositional graft on maxillary canines.
15. State the difference between the “pinhole” technique and conventional techniques.
16. Define an allograft.
17. Define an acellular dermal matrix.
18. List three types of alternative allograft materials.
19. List the two suggested suture types for non-resorbable and resorbable materials.
20. Discuss the techniques you want to incorporate into your practice.

OVERVIEW

V4385 New Soft-Tissue Grafting Alternatives – Time to Change!

This presentation is directed toward providing information for interested dentists on the major soft-tissue grafting techniques. This information should allow them to determine which of the techniques they wish to incorporate into their practices. The following and other topics are included:

- Why gingival grafting?
- Root coverage with soft-tissue grafts
- Autogenous connective tissue grafting
- Connective tissue grafting for multiple teeth
- Covering exposed crown margins in the esthetic zone
- Semilunar transpositional flap – the “Tarnow” procedure
- Biocorrosive abfractions or class V restorations present
- Covering unsightly gingival colorations
- Types of soft-tissue grafts
- Autogenous free gingival grafting
- Autogenous connective tissue grafting
- Soft-tissue ridge augmentation
- Connective tissue ridge augmentation
- Transpositional soft-tissue grafting
- Laterally repositioned transpositional grafts
- The “pinhole” technique
- Allografts
- Acellular dermal matrix
- Alternative allograft materials
- EpiFix
- Frozen tissues
- Freeze-dried skin of fascia
- Suturing

SUPPLEMENTAL MATERIALS

V4385 New Soft-Tissue Grafting Alternatives – Time to Change!

1. Kurtzman GM, Silverstein LH. Bipolar electrosurgery: gingival modification in passive eruption cases. *Dent Today*. 2008 Aug;27(8):112, 114-5.
2. Kurtzman GM, Silverstein LH. Diagnosis and treatment planning for predictable gingival correction of altered passive eruption. *Pract Proced Aesthet Dent*. 2008 Mar;20(2):103-8; quiz 110, 121.
3. Silverstein LH, Kurtzman GM, Shatz PC. Surgical soft tissue management. *Alpha Omegan*. 2007;100(3):148-55.
4. Silverstein LH, Kurtzman GM, Kurtzman D, Shatz PC, Szikman R. Placing dental implants and/or natural tooth restorations in the aesthetic zone: achieving proper gingival contours. *Dent Today*. 2007 Jul;26(7):129-30, 132-5; quiz 135, 128.
5. Silverstein LH, Kurtzman GM, Shatz PC. Suturing for optimal soft-tissue management. *J Oral Implantol*. 2009;35(2):82-90. doi: 10.1563/1548-1336-35.2.82.
6. Mailoa J, Miron RJ, Wang HL. Risk Indicators and Prevention of Implant Soft-Tissue Complications: Interproximal Papillae Loss and Midfacial Implant Mucosal Recessions. *Compend Contin Educ Dent*. 2017 Jul;38(7):436-443; quiz 444.
7. Alssum L, Eubank TD, Roy S, Erdal BS, Yildiz VO, Tatakis DN, Leblebicioglu B. Gingival Perfusion and Tissue Biomarkers During Early Healing of Post-Extraction Regenerative Procedures: A Prospective Case Series. *J Periodontol*. 2017 Jun 23:1-18. doi: 10.1902/jop.2017.170117. [Epub ahead of print]
8. Zafiropoulos GG, Deli G, Hoffmann O, John G. Changes of the peri-implant soft tissue thickness after grafting with a collagen matrix. *J Indian Soc Periodontol*. 2016 Jul-Aug;20(4):441-445. doi: 10.4103/0972-124X.181245.
9. Chen TL, Zhang XH. The role of soft tissue transplantation in the reconstruction of gingival papilla. *Zhonghua Kou Qiang Yi Xue Za Zhi*. 2017 Feb 9;52(2):86-90. doi: 10.3760/cma.j.issn.1002-0098.2017.02.007.
10. Garcia-Baeza D, Garcia-Adamez R, Saavedra C. Soft and hard tissue management in the treatment of a discolored single tooth in the esthetic zone. *Int J Esthet Dent*. 2017;12(1):28-40.
11. Zhao LP, Zhan YL, Hu WJ, Wang HJ, Wei YP, Zhen M, Xu T, Liu YS. Dental implantation and soft tissue augmentation after ridge preservation in a molar site: a case report. *Beijing Da Xue Xue Bao*. 2016 Dec 18;48(6):1090-1094.
12. MacBeth N, Trullenque-Eriksson A, Donos N, Mardas N. Hard and soft tissue changes following alveolar ridge preservation: a systematic review. *Clin Oral Implants Res*. 2017 Aug;28(8):982-1004. doi: 10.1111/clr.12911. Epub 2016 Jul 26.

POST-TEST

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1. An autogenous connective tissue graft:
 - a. requires use of dermal matrix.
 - b. allows coverage of exposed root surfaces on one or more teeth.
 - c. does not use palatal donor tissue.
 - d. requires a periodontal pack on conclusion of the surgery.

2. Acellular dermal matrix material:
 - a. is bovine.
 - b. has live cells in it.
 - c. is human donor skin.
 - d. cannot be left exposed.

3. Covering exposed crown margins in the esthetic zone:
 - a. can be done with the semilunar transpositional flap procedure.
 - b. is commonly known as the Tarnow procedure.
 - c. requires 5mm or more of attached gingiva.
 - d. all of the above.

4. Acellular dermal matrix material:
 - a. cannot be left exposed.
 - b. becomes a part of the patient's mouth.
 - c. is AlloDerm.
 - d. requires a more painful technique than using the patient's palatal donor tissue.

5. Surgically repositioned soft tissue:
 - a. can be moved coronally.
 - b. can be moved laterally.
 - c. can be used to cover exposed root surfaces.
 - d. all of the above.

6. What was the type of resorbable suture material suggested in this video?
 - a. Black silk
 - b. Chromic gut
 - c. Polyglycolic acid (PGA)
 - d. Polyester

7. What was the type of non-resorbable suture material suggested in this video?
 - a. Chromic gut
 - b. Black silk
 - c. Polypropylene
 - d. Nylon

POST-TEST (CONT'D)

V4385 New Soft-Tissue Grafting Alternatives – Time to Change!

- 8. Laterally repositioned transpositional grafts:
 - a. can move soft tissue from a lateral location to cover a denuded tooth root.
 - b. usually cover the root surface completely when healed.
 - c. usually do not require separate donor tissue.
 - d. all of the above.

- 9. When placing a connective tissue gingival graft around a restoration that needs to be replaced, it is preferred to:
 - a. place the restoration before grafting.
 - b. do the graft before placing the restoration.
 - c. do either first.
 - d. expect the graft to attach to the restoration.
 - e. none of the above.

- 10. When grafting around biocorrosive abfractions:
 - a. you may cover the biocorrosive abfraction with the soft-tissue graft and expect success.
 - b. you may not cover the biocorrosive abfraction with a soft-tissue graft and expect success.
 - c. extend the graft to the most coronal portion of the biocorrosive abfraction.
 - d. none of the above.

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