



Approaches to ridge preservation are changing

Current thoughts on bone grafting at the time of extraction

A socket bone grafting procedure is a treatment designed to maintain or restore bone volume for implant insertion after tooth extraction. Traditionally, we have grafted all sockets at the time of extraction to preserve ridge height and width.

Why are our Thoughts on this Approach Changing?

- 1) Many times extraction sockets can heal adequately without a bone graft. If we plan to use a delayed approach to implant placement anyway, we prefer to place the implant into native healed bone as opposed to grafted bone.
- 2) There are many cases where a ridge preservation procedure was done and the extraction site undergoes delayed or incomplete healing and a second graft is then required. This is especially true in lower molar cases where dry sockets or difficult healing is most common.
- 3) In cases where sinus proximity is a problem and some resorption of the graft takes place, a second sinus bump or sinus lift is then required.

We have therefore modified our approach to ridge preservation as follows.

Our Philosophy on the need for socket bone grafting:

1. **No grafting** in 5 wall extraction sites in thick biotype patients. We also do not graft maxillary molars at the time of extraction if the sinus is low and we are not able to complete immediate implant placement. We will typically let these sites heal for 8-12 weeks then complete socket sinus grafting at the time of implant placement.
2. **Grafting is considered:** Following extraction of teeth in the maxillary anterior area, or in areas with a missing labial plate of bone. If the bone is extremely thin, then following tooth loss, the bone will almost always shrink and diminish in dimension. Immediate implant placement with simultaneous bone grafting is our preferred method to most predictably preserve the hard and soft tissue support in these areas.
3. **Delayed immediate implant placement:** This technique is used in cases where it has been determined that an absent labial plate already exists. The tooth is extracted and socket debrided, no graft material is placed at this time. Healing is allowed for 6-8 weeks, then re-entry of the site with simultaneous implant placement and bone and any necessary soft tissue grafting are completed. This technique allows for more soft tissue development at the time of implant placement.

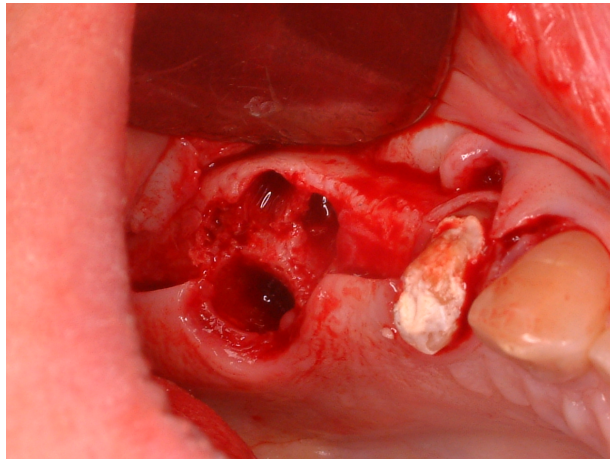




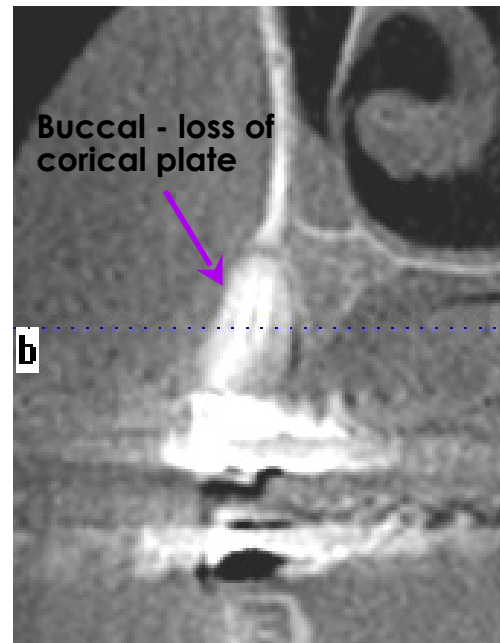
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We feel that by eliminating or delaying bone grafting we are getting more predictable results while also reducing the patient's procedure expense for treatment.



No bone grafting needed



Socket bone preservation will be necessary prior to implant placement



Should you have a patient that requires tooth extraction, but is unsure of whether they are going to pursue implant placement, please don't hesitate to send that patient to our office. We would be happy to complete a consultation, any necessary extraction and to discuss their treatment options with them.

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