ri Aurobindo College of Dentistry Indore, Madhya Pradesh



Module plan

- Topic : FLAP TECHNIQUE FOR POCKET THERAPY
- Subject: Periodontics
- Target Group: Undergraduate Dentistry
 - Mode: Powerpoint Webinar
- Platform: Institutional LMS
- Presenter: Dr.Gag
- Dr.Gagan Jaiswal

OBJECTIVES

increase accessibility to root deposits
 eliminate or reduce pocket depth by resection
 expose the area to perform regenerative methods

INCISIONS

internal bevel
 crevicular
 interdental

MODIFIED WIDMAN FLAP

By – Ramfjord and Nissle in 1974

ADVANTAGES

 offers possibility of establishing an intimate post operative adaptation of healthy collagenous c.t to the tooth surface
 provides access for instrumentation of the root surface and immediate closure of the area.

Technique

STEP 1- internal bevel incision, from 0.5mm to 1mm away from gingival margin to alveolar crest.
STEP 2- gingiva is reflected with periosteal elevator
STEP 3- crevicular incision is made from the bottom of the pocket to the bone, circumscribing the triangular wedge of tissue containing the pocket lining STEP 4- after flap is reflected ,a third incision is made in the interdental space coronal to the bone by orbans knife, and the gingival collar is removed.
STEP 5- debridement is done
STEP 6- if required bone architecture is corrected. Flaps are thinned to allow close adaptation

STEP 7- interrupted direct sutures are placed in each interdental area. Periodontal surgical pack is applied.

SUTURING TECHNIQUES

OBJECTIVE

To maintain the flaps in the desired position until healing has progressed to the point where sutures are no longer needed

TYPES

• **RESORBABLE**

NON-RESORBABLE

BRAIDED

MONOFILAMENT

TECHNIQUE

1] INTERDENTAL LIGATION:

Two types-

Direct loopFigure of eight



 Figure of eight suture is used when the flaps are not in close position

 Direct suture permits a better closure of the interdental papilla and should be performed when bone grafts are used.

2] SLING LIGATION:

Used for flaps on one surface of the tooth

3] HORIZONTAL MATTRESS SUTURE:

In cases of diastema or wide interdental space





4] CONTINOUS INDEPENDENT SLING SUTURE: When both facial and lingual flaps involving many teeth

For maxillary because palatal gingiva is fibrous ,whereas the facial tissue is thinner and mobile.

5] ANCHOR SUTURE:

Used to close flaps that are mesial or distal to a lone standing tooth.



6] CLOSED ANCHOR SUTURE:

Used to close flaps that are mesial or distal to a lone standing tooth.



7] PERIOSTEAL SUTURE:

used to hold in place apically displaced partial thickness flap

> holding suture> closing suture



UNDISPALCED FLAP

Surgically removes the pocket wall

Presence of enough attached gingiva.

- STEP-1 pockets are measured with pocket marker, and bleeding point is produced on the outer surface of gingiva to mark pocket bottom.
- STEP-2 internal bevel incision is made after the scalloping of the bleeding marks on the gingiva.





STEP-3 crevicular incision is given

 STEP-4 flap is reflected with periosteal elevator

STEP-5 interdental incision is made
STEP-6 debridement is done



STEP-7 flap edge should rest on the root bone junction

STEP-8 suturing is done

STEP-9 periodontal pack placed.

