

OSSEOUS SURGERY WITH LASER TREATMENT

Osseous surgery, also called pocket reduction surgery, eliminates bacteria, recontours defects in the bone and makes the areas affected more cleansable for you. There are many techniques to complete this procedure and for those looking for a non-invasive approach, laser assisted regeneration is the perfect option. Using laser therapy to complete this standard procedure improves yields noticeable results and is a minimally invasive way to treat your periodontal disease. No cutting or sewing is required.

During your periodontal exam, your specialist will measure the pocket depths of your gums and review the findings with you. Ideally these measurements should not exceed 3 millimeters. When a pocket measures greater than 6 millimeters, cleaning the area becomes challenging for you and your dental hygienist. At this point, that you will be recommended to have scaling and root planing (SRP) completed. If after your 1 month SRP re-evaluation appointment you still have pockets greater than 6 millimeters, surgical intervention may be required.

When the deep pockets cannot be adequately cleaned, bacteria will start to destroy the gums and bone that surround your teeth. If left untreated, the pockets will continue getting deeper and the tooth will become loose and it increases the chance it will be lost. Eliminating or reducing pockets created by gum disease is the primary goal of osseous surgery. On the day of your surgery, your periodontist will get you properly numb by using a local anesthetic. A Periolas laser is used by your periodontist to remove the bacteria beneath your gumline. After removing the bacteria, your periodontist will clean the affected region and again, complete another pass with the laser to close the tissue and stimulate the bone to promote bone regeneration. If you have severe bone damage, a separate periodontal regeneration technique may be recommended. Your doctor will talk more about these procedures if they are required.

No sutures are required and the site will heal on its own with minimal down time. Your doctor will want to see you in for follow-up visits to ensure things are healing adequately.

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What to expect:

- Prescriptions
- Spaces between teeth
- Possible exposure of crown margins
- Possible temporary increase in mobility
- Sensitive to temperature
- Mild/moderate discomfort
- Possible gum recession on adjacent teeth
- Post-op appointments
- If you take ASPIRIN, continue to take it
- If you take blood thinning medications, please follow your periodontist and doctor's instructions on taking it prior to surgery

Pre op instructions:

- No caffeine the day of procedure
- No alcohol the day before and day of the procedure
- No smoking at least 1 week prior to and after procedure.

Post op instructions:

- Soft food diet and no carbonated beverages following surgery for 1 week
- No straws, spitting, hard swishing for 1 week
- No chewing gum for 1 week
- Avoid heavy lifting/exercise for 1 week
- Use Extra soft toothbrush provided, do not brush gums for 1 week
- Resume Waterpik, electric toothbrush, and sub gingival flossing at 1 week
- Ice pack for first 24 hours every 10 minutes on/10 minutes off, warm compress after 24 hrs
- If you have a nightguard, wear it
- Use StellaLife 3 times a day
- StellaLife as directed. Gentle swish for 1-2 minutes.
- For pain control and reduction of swelling, take 600 mg Ibuprofen (this is 3 over the counter 200mg tablets), wait 3 hours then take 500mg Tylenol (1 over the counter tablet) and continue to alternate medications every 3 hours. If this does not control your pain, take the 600 mg ibuprofen and 500 mg Tylenol at the same time, every 6 hrs.
- If medications were prescribed, please follow the instructions on the bottle for their use.