

Flaps and Suturing for Routine Exodontia

Dr. Karl Koerner

Flaps Useful for General Dentists

Cervical (sever gingival fibers but no reflection)

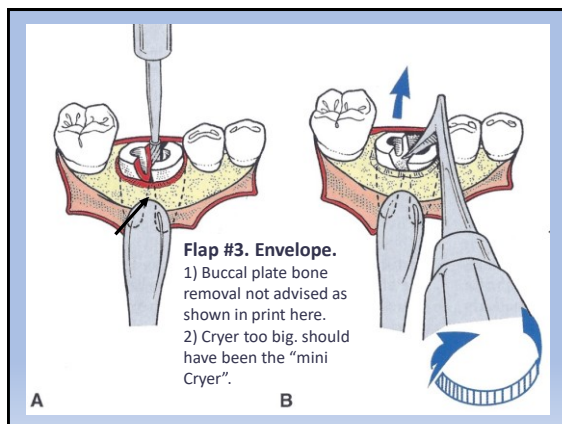
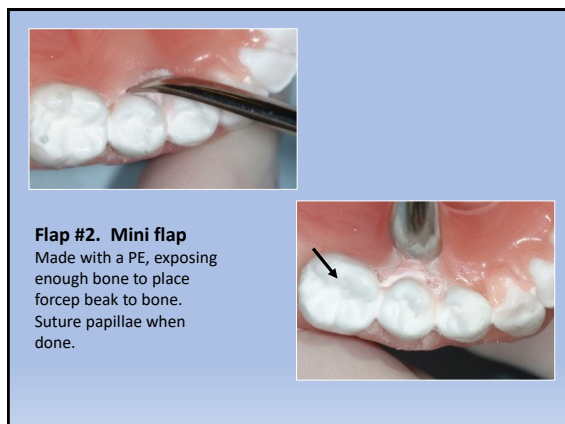
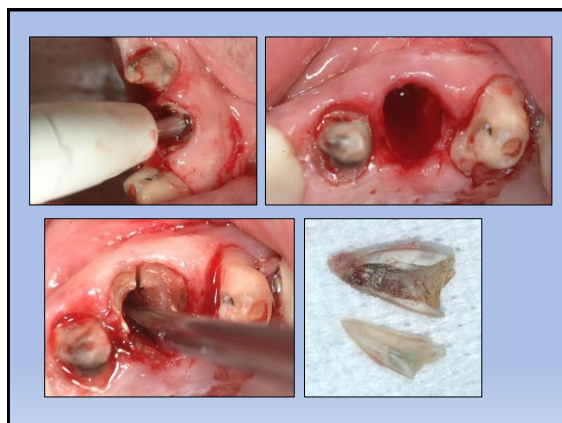
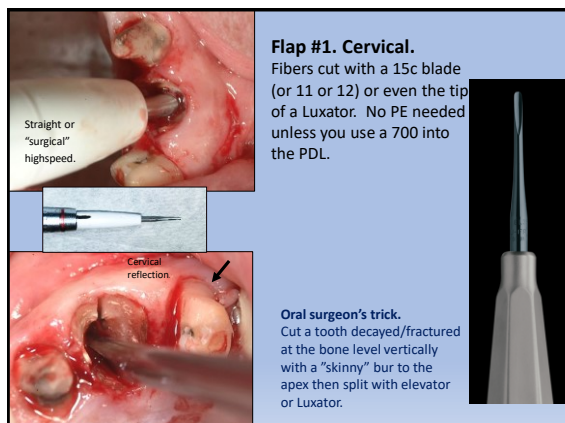
Mini (for most single extractions)

Envelope (for multiple extractions)

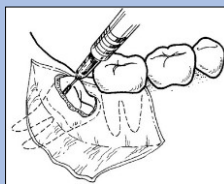
Triangular

Trapezoidal

Semilunar

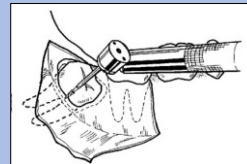


Envelope Flap Video

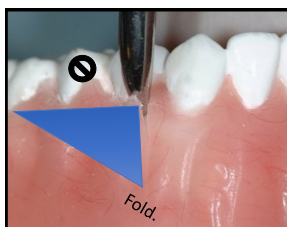


Flap #4. Triangular.
Angled release - one
tooth away from the one
worked on.

Triangular flap, as often
used to remove deeper
impacted third molars.



Either handpiece can be used for
oral surgery -- as long as the
highspeed is a "surgical" one.



Triangular flap

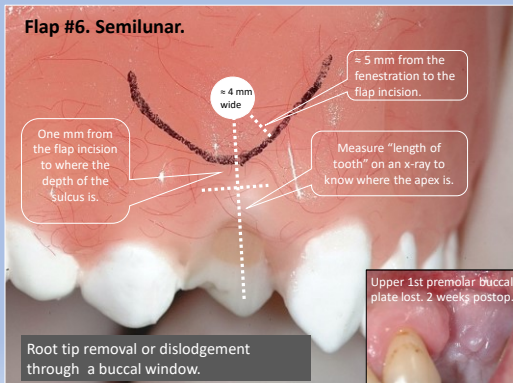


Flap # 5. Trapezoidal.

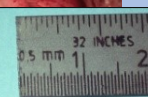
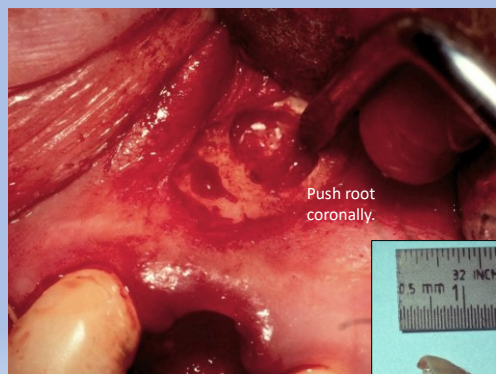
A trapezoidal flap would involve
a 2nd release on the other side.
(Not commonly done. One example
could be with sinus lateral window
flaps.)



Flap #6. Semilunar.



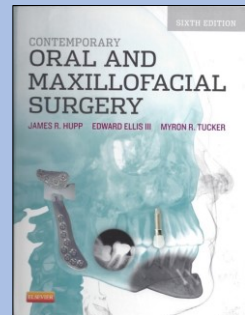
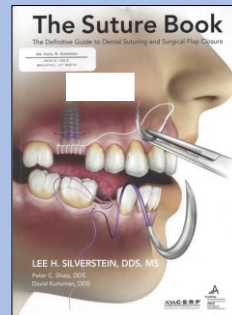
Upper 1st premolar buccal
plate lost. 2 weeks postop.



Suturing Ideas Useful in Genenal Practice

Regular Interrupted
 Figure Eight Interrupted (when lingual space is tight)
 Reverse Interrupted (for some socket grafts)
 "X" Suture (sometimes called figure-of-eight)
 Horizontal Mattress
 Deeper Horizontal Mattress (for some socket grafts)
 Cross Horizontal Mattress
 Criss-cross (4 times across the socket, one knot)
 Continuous-lock

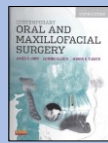
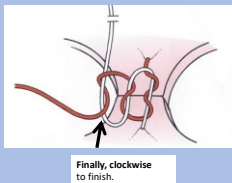
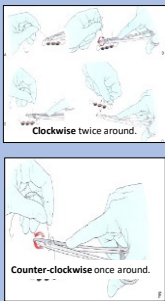
"Most common sutures listed above in white."



References.

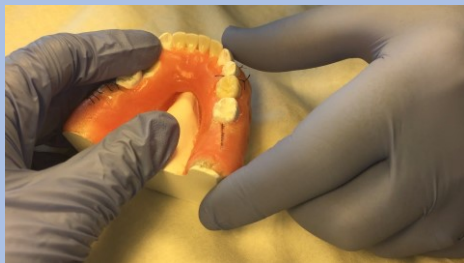
Surgeon's knot summary.

- 2 throws one way
- 1 throw the opposite way
- 1 throw the same way as how you started



From Hupp, et al.
 Contemp. Oral and Maxillofac
 Surgery, 5th ed. Mosby.

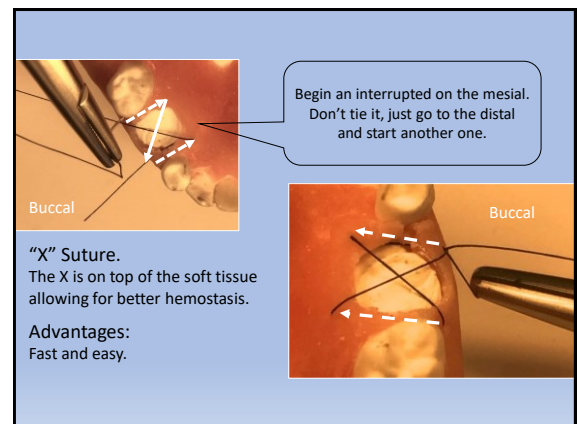
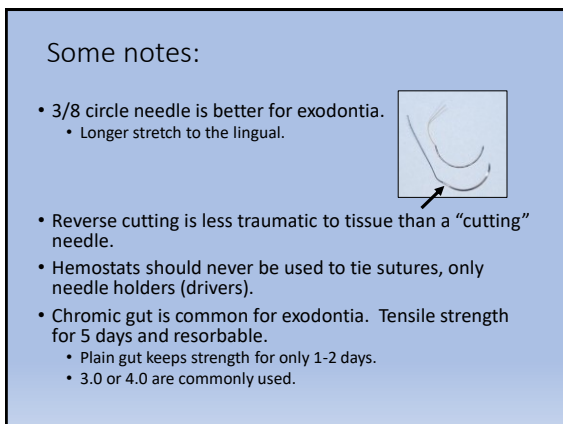
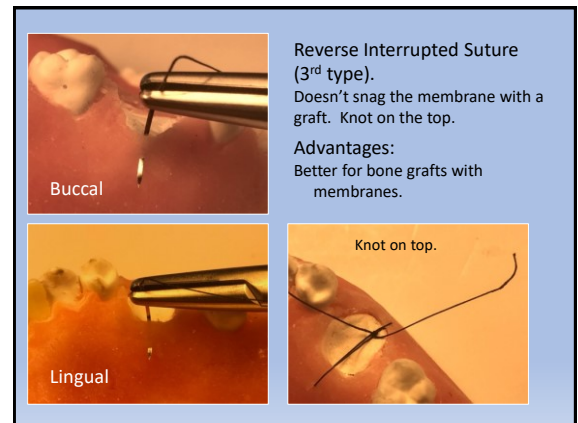
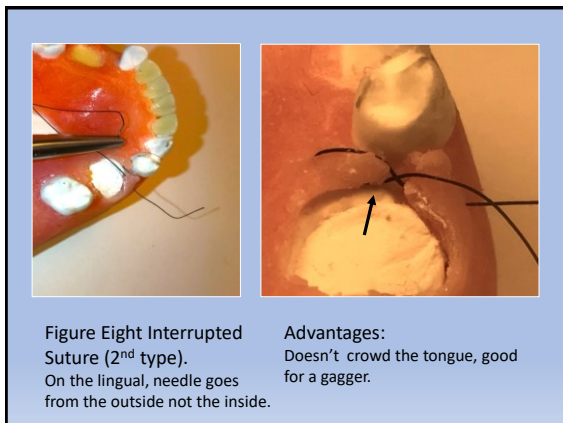
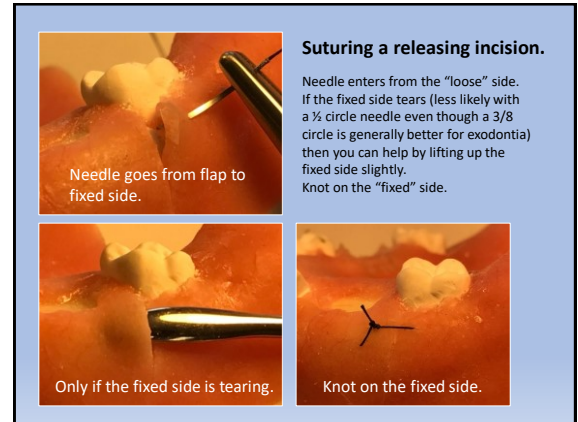
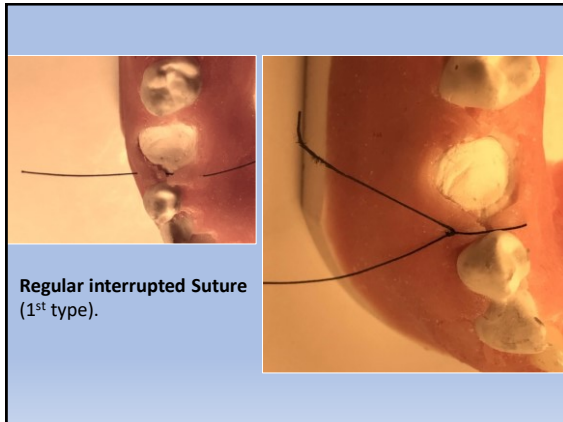
Surgeon's Knot Video



Starting with a longer tail as an option that is made shorter before the knot is tied.

Dr. Silverstein's Rule of 3s.

- Needle penetrates 3 mm from the edge of the wound or at the base of a papilla.
- Sutures along an incision are 3 mm from each other.
- When the assistant cuts the thread, it is cut 3 mm from the knot.
- Surgeon's knot is 3 times around the needle holder (first one is double). Each time, the direction changes.





Horizontal Mattress.

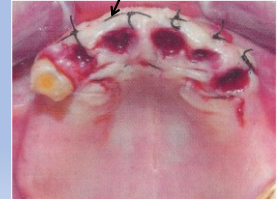
Easy to place.

Advantages:

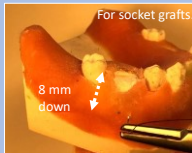
Can sometimes act in place of two interrupted sutures, especially for a smaller socket.



Examples of using a horizontal mattress for exodontia.



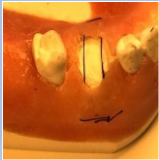
Cocero, N, et al. Bleeding rate during oral surgery. Of oral anticoagulant therapy patients with associated systemic pathologic entities: A prospective study of more than 500 extractions. J Oral Maxillofac Surg. 72:858-867, 2014.



More Apical Horizontal Mattress.

Advantages:

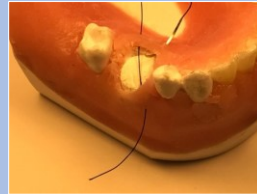
For bone grafts to better resist muscle pull and help the graft site to not open up. Need interrupted near the top.



Suture material for socket grafts: PGA, PGA-FA, PTFE, nylon, polypropylene. Not gut or silk.

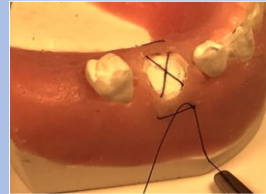


Horizontal Mattress.



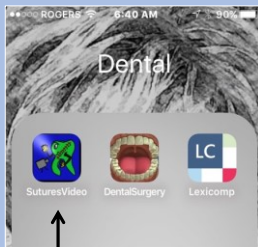
Cross Horizontal Mattress.

Can rest on a hemostatic agent OR on a membrane.

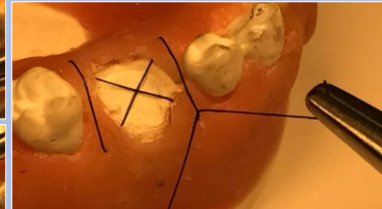


Advantages:

Helps keep a product added to the socket in place. May need interrupted on mesial and distal.



iPhormation
Suture app with many videos.



Criss-cross Suture.

Hard to learn but very effective. Usually add a few interrupted.

Advantages:

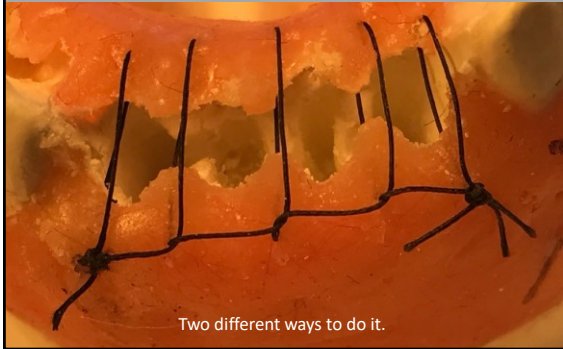
One suture, 4 threads across the socket – two on the mesial and distal, two intimately on the barrier membrane.

Continuous-lock Suture.

Easy, fast, not real durable.

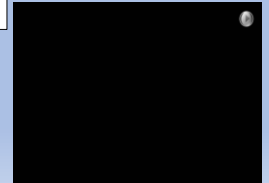
Really good, however, under an immediate denture.

If not with a denture, then may add some interrupted over the top to secure.



Two different ways to do it.

Continuous-Lock – videos
showing the two ways.



The End

<https://support.office.com/en-us/article/Change-the-size-of-your-slides-040a811c-be43-40b9-8d04-0de5ed79987e?ui=en-US&rs=en-US&ad=US&fromAR=1>