

Bone Grafting Part 2...

Growing up, I always learned best by doing. I truly believe the hardest part of parenting is letting your kids fail. Teaching them to make choices and then allowing them to make what you know is going to be the wrong choice. That is how true knowledge is acquired.

It is my hope that my avid readers have healthy mouths and keep all of their teeth all of their lives. This is purely optimism, as we are all highly likely to lose a tooth or two sometime in our lives. No matter how educated we are we all face dental disease. Dentists lose teeth too.

Last week, we discussed bone grafting for ridge preservation. For those of you who missed the scintillating article, I'll summarize. When a tooth is lost, there is a hole. This hole can fill in two different ways. The "old school" way was to let your body heal and fill the hole for about six months. This is cost effective and works well, but about thirty percent of the bone is lost where the tooth used to be. Technology now allows us to fill the hole the same day the tooth is removed. This is advantageous because putting bone back into a tooth socket helps to keep the bone around for later use. Bone grafting for ridge preservation gives patients more options and a better chance at long term success in replacing teeth.

In an attempt to learn from experience, let's use a mythical case to illustrate the bone grafting process. Mr. Humperdinck is not a real patient, but we've had many in similar situations.

John Humperdinck made an appointment in our office for a broken tooth. After an exam and dental radiographs, it was determined that the tooth was damaged beyond repair and needed to be removed. It was our luck that Mr. Humperdinck was not in pain and no infection was present. An appointment was made three days later for extraction and bone graft for ridge preservation.

Mr. Humperdinck showed up Thursday morning in a fine mood. He had reported some bad previous dental experiences, so the sedative we had prescribed him seemed to be working well. His wife, who was responsible for driving him to and from the appointment, said he slept like a baby the night before. In a short time, John was back in the chair, numb as could be, and ready to go.

After gently removing the broken tooth, we cleaned the extraction site with an antibiotic rinse. Sterile, irradiated, human bone graft particles were placed into the hole where the tooth used to be. A resorbable membrane and dissolving stitches were used to cover the extraction site. Mr. Humperdinck left pleasantly surprised at how well the appointment went.

Two weeks later, John came in for a post operative visit. He was extremely impressed at the lack of pain he experienced. When a graft is placed, the body seems to be fooled by the filled in hole and pain is usually minimal. His only concern was how the stitches annoyed his tongue.

May we all be like Mr. Humperdinck. Until next week, keep smiling.

-Please comment to Drs. Parrish through www.ParrishDental.com.