COURSE OBJECTIVES

1. Understand when a crown lengthening procedure is needed.
2. Recognize the importance of a periodontal probe related to overall health.
3. Decide when a broken tooth should be removed and a dental implant placed.
4. Understand treatment options for recession: class V restoration or connective tissue graft.
5. Examine the rational for pocket reduction surgery.
6. Explore the treatment options for cosmetic periodontal surgery.
7. Understand the reason for placing a bone graft into an extraction socket.
8. Treatment options for a failing root canal: apicoectomy or dental implant.
9. Examine the one and two stage osteotome sinus lift technique.
10. Learn what Guided Bone Regeneration can do to rebuild bone.

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Dr. Marty Nager is a Board Certified Periodontist in private practice in Rhode Island. He has lectured on periodontics and dental implants for the past twenty years. He has lectured at the ADA national meeting, Chicago Midwest, Greater NY, California Dental Association, Yankee Dental Meetings and given a number of continuing education courses to dentists at Tufts University Dental School. Dr. Nager is a past president of the Rhode Island Dental Association.
1. The biologic width is an area from the gingival margin to the:
   a) Crest of bone
   b) Apical portion of tooth
   c) CEJ
   d) None of the above

2. The area of the biologic width is generally:
   a) 2mm
   b) 3mm
   c) 4mm
   d) 5mm

3. According to the presentation, Class V restorations:
   a) Are difficult to finish smoothly in the subgingival area
   b) Sometimes cause additional recession inadvertently
   c) Do not always have to be done if there is no decay
   d) All of the above

4. Bone grafting a socket at the time of tooth extraction may
   a) Preserve the bone height
   b) Preserve the bone width
   c) Preserve the soft tissue width
   d) All of the above

5. Treatment options to replace a single missing tooth are:
   a) Dental implant
   b) Three unit bridge
   c) Removable partial denture
   d) All of the above
6. There is a relationship between chronic inflammatory periodontal disease and
a) Stroke
b) Heart disease
c) Low birth weight pre-term babies
d) Pancreatic cancer in men
e) All of the above

7. After provisionalization, a red ring around a prepared tooth indicates:
a) The need for crown lengthening surgery
b) Electro surgery
c) Pack two large cords
d) None of the above

8. Pocket reduction surgery may be necessary in order to:
a) Gain access to tooth for better cleaning
b) Allow for bone recontouring
c) Thin excess tissue allowing for less pocketing
d) All of the above

9. A dental implant may
a) Be placed immediately into an extraction socket
b) May have a provisional crown if it is not loaded at all
c) May be used as a single tooth replacement or a bridge replacement
d) All of the above.

10. The single most important instrument maintaining teeth and health:
a) A periodontal probe
b) A multi-fluted carbine finishing bur
c) An extra sharp explorer
d) Periapical radiograph

Answers
AlloDerm Connective Tissue Graft
Teeth #'s 10-13; 19-24
One Visit

And a Night Guard

Before

After

MartyNager.com
Alloderm Gingival Graft
Teeth #’s 19-24. One Visit

Before

After

Drs. Ross, Nager and Pierce
35 years in practice
RLperio.com
Connective Tissue Graft
Five Cases
Crown Lengthening Procedure

Tooth # 20 had root canal treatment and a temporary post and crown.

Violation of biologic width on distal and lingual.

5 weeks after crown lengthening surgery.

After permanent crown

Drs. Ross, Nager and Pierce
Rlperio.com
Connective Tissue Grafting
Teeth Numbers 6, 9, 11
Extraction / Bone Graft

Fractured Tooth

Just After Tooth Removal

Immediately After Bone Graft Placed

A Better Way To Leave The Office
In Preparation For A Dental Implant

www.martynager.com
Extraction / Bone Graft for Ridge Preservation

Broken and decayed lower molar.

A better way to leave the office in preparation for a dental implant.
Extraction / Bone Graft
Ridge Preservation

Patient presents with recurrent decay tooth # 30

Immediately after extraction.

Immediately after bone graft for socket preservation.

A better way to leave the office in preparation for a dental implant
Extraction / Bone Grafting for Ridge Preservation

Failing molar

Immediately after tooth removal

Immediately after placing bone graft into socket

A better way to leave the office
In preparation for a dental implant.

Drs. Ross, Nager and Pierce
35 years in practice
RLperio.com
Free Gingival Graft

Aberant frenal attachment causing gingival recession

After frenectomy and free gingival graft

Generalized recession progressing on lower anterior teeth

After free gingival graft teeth #’s 21-24

Drs. Ross, Nager and Pierce
35 years in practice
RIperio.com
Flapless Extraction, Immediate Implant, Non-loaded Provisional

Same Day

Four Weeks

Final Crown 7 months

Dr. Marty Nager  Dr. Donna Hagerty
Fractured molar
Socket preservation

Fractured lingual cusps
tooth # 19

Fracture at the bone level on
the distal and involving the
lingual furcation

Immediately after
surgical extraction

Immediately after placement
of bone graft to preserve socket.

Flaps are pulled together for
primary closure with resorbable
sutures that last two weeks.

Occlusal view of sutured flaps

A BETTER WAY TO LEAVE THE OFFICE
IN PREPARATION FOR A DENTAL IMPLANT

Drs. Ross, Nager and Pierce
39 years in practice
Rlperio.com
Recurrent decay under crown #18 involving furcation.

Patient returned months later, after crown broke off. The tooth is fractured and the furcation worse.

Immediately after extraction.

After immediate bone graft.

Primary closure obtained by coronal positioning of buccal and lingual flaps, retaining bone particles.
Single Tooth Dental Implant

Broken and decayed tooth #9

- Immediately after extraction
- Immediately after bone graft and membrane
- Dental implant placed 6 months later
- Final crown placed 4 months later

Drs. Ross, Nager and Pierce
Osteotome Sinus Lift
Immediate Implant Placement

Pre-op of missing molar
Note floor of maxillary sinus

Radiographic depth
gauge shows sinus
floor just above 7 mm

Radiograph of bone graft
where sinus is elevated

13 mm dental implant
placed at the same visit

Radiograph 5 year post-op

Drs. Ross, Nager and Pierce
35 years in practice
Rlperio.com
Pocket Reduction Procedure

6 weeks post-op

7 mm

8 mm

7 years post-op

Drs. Ross, Nager and Pierce
35 years in practice

RIperio.com
What is the purpose of pocket reduction surgery?

**Access to root surfaces**

5 mm pocket on distolingual # 19.

10 mm pocket on mesiolingual # 19.

Soft tissue flapped back to demonstrate calculus present on root surface. This patient had SRP previously.

**Access to bone**

Palatal view of upper first molar with 7mm pocket.

Soft tissue flapped back to demonstrate excess bone thickness in this area. The excess bone contributes to the pocket and needs to be trimmed via osteoplasty.

5 year post-op showing no pocketing due to improved bony anatomy. The patient cleans with an interproximal brush.

www.martynager.com
Patient presents with recurrent decay teeth #’s 30, 31. He does not have tooth # 2 above. Both molars were extracted. Tooth # 30 was bone grafted in preparation for a dental implant.

A better way to leave the office in preparation for a dental implant
Fractured lateral incisor prior to orthodontic treatment. 
Future implant site.

Adult male fractured upper right lateral incisor prior to beginning orthodontic treatment.

Tooth was flaplessly extracted with piezotome surgery to preserve thin buccal plate.

Insertion of Biomend membrane.

The membrane helps to rebuild the buccal plate and cover the socket in order to retain the bone graft.

Immediately after Biomend membrane and bone graft placed.

Immediately after membrane is sutured.

Two week post-op with braces and provisional denture tooth in place.

Drs. Ross, Nager and Pierce
39 years in practice
RLperio.com
47 year old man with internal resorption of a lower canine from childhood trauma.

Endodontic treatment was done years ago but resorption continued.

Tooth was extracted and immediate dental implant placed.

A flipper was used for 4 months.

Final implant and crown.
This patient had a temporary bridge placed 7 years ago but did not return to complete treatment. The provisional broke off. It was placed back with wire and composite while a flipper was being fabricated.

The bridge was sectioned at # 6 and removed.

The remaining tooth structure was not restorable.

Teeth were gently removed.

Immediate dental implants were placed into socket #’s 7 and 10. Bone grafts were placed into socket #’s 8 and 9 in order to maintain ridge.

Collagen plugs are placed to retain bone graft and prevent bone from growing over the implants.

The area sutured primarily.

Flipper inserted.

Non-restorable upper incisors