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Keratinized Gingival Graft

Most implants are planned while the tooth is still present. The decision then becomes, do I take the tooth out and let it heal or do I have the tooth extracted and place a bone graft? I have become increasingly convinced through experience, and the literature supports, the immediate insertion of a bone grafting material whenever possible. Removal of the tooth should have as its primary goal of saving as much bone architecture as possible. This must include meticulous surgical technique. Specific instrumentation that I have found to be invaluable include piezo-surgical instruments that minimize loss of delicate bone structures such as the thin facial plates on maxillary anterior teeth.

Sectioning of teeth is used more often than not so as not to damage supporting bone architecture. Meticulous debridement of the extraction socket is also a prerequisite to success. Surgical planning should also incorporate a plan as to whether primary closure is feasible. Material selection should be based on sound research and on repeated surgical evaluation. My office can help your patients maximize their potential for socket preservation and subsequent implant placement.



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