



# Firm Foundations, New Beginnings

## CAPE FEAR PERIODONTICS AND DENTAL IMPLANTS

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### The Dentist's Dispatch & The Team Times

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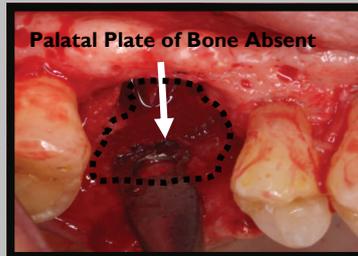
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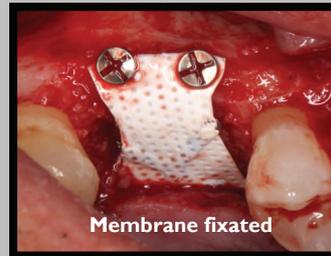
#### Headline: Bone Augmentation for Implant Placement - The Bar Has Been Raised

In this newsletter we would like to highlight the use of **Titanium Reinforced Gore-Tex Membranes** in preparation for implant placement in cases with severely deficient ridges. Recently, the introduction of new grafting materials and flap techniques have changed what's possible in ridge augmentation. Have you ever looked at a potential implant site and told a patient "you don't have enough bone for an implant"? **Well, times have changed and we welcome your challenging cases.**

Until recently, regeneration of bone in the vertical and palatal dimensions was considered unpredictable and risky at best. For many years, periodontists and oral surgeons alike have been comfortable regenerating bone on the buccal aspect of an implant site. But, when it came to palatal or vertical regeneration, predictability and confidence have been absent.



Palatal Plate of Bone Absent



Membrane fixated

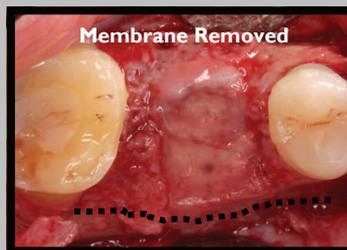


Note outline of titanium reinforced membrane and mini-screws

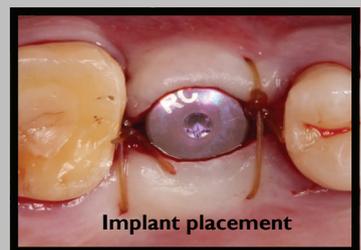
**So, what makes palatal and vertical regeneration so difficult?** The palatal gingiva is dense and firmly fixed to the underlying bone which makes space creation challenging. With vertical defects, the difficulty lies in achieving adequate flap relaxation to make space for the newly grafted bone. New palatal pedicle flap strategies divide the palatal tissue helping to create needed space. For vertical augmentation the buccal flap is released using a 'remote flap' which allows the flap to passively cover the membrane. Most importantly, the titanium reinforced membrane maintains the space during the healing phase.



Implant surgery - prior to membrane removal



Membrane Removed



Implant placement

The photos above demonstrate a classic example in which a peri-apical abscess about the palatal root results in near complete loss of the palatal plate of bone. The defect was regenerated with the use of a **Titanium Reinforced Gore-Tex Membrane** employing the flap strategies discussed above. After six months of healing, the ridge was more than adequate for implant placement.

Probably the most exciting aspect of this augmentation protocol, is that it requires only minimal harvesting of autogenous bone. Historical strategies called for harvesting blocks of bone from either the ramus, or chin, resulting in significant patient discomfort.

As implant dentistry evolves, new strategies become available that can help us achieve better outcomes for our patients. The ability to grow bone, whether it be horizontal, vertical, or palatal is critical to our success and the future of implant dentistry. **If you have a patient with a deficient ridge, or a patient whom has been told they have inadequate bone for implant placement** – we would appreciate the opportunity to evaluate if they may be a candidate for this procedure. Stay tuned for the next newsletter which will highlight recent advances in Sinus Elevation Surgery.



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