

PHASE II

# INTRODUCTION

- IDEAL GOAL
- IMMEDIATE GOAL
- PRAGMATIC GOAL
- ULTIMATE GOAL

# OBJECTIVES OF SURGICAL PHASE

- Improve prognosis
- Improve esthetics
- Correct anatomic and morphologic defects
- Prepare tissues to receive implants
- Placement of dental implants

# Procedures Group

- Surgical pocket therapy
- Plastic and esthetic
- Pre-prosthetic
- Implants

# Surgical Pocket Therapy

- Access Surgery
  - When and why
- Elimination or Reduction of pocket
  - When and why

# Results of Pocket Therapy

- Active Pocket
- Inactive Pocket
- Long Junctional Epithelium
- Healthy Sulcus
  - Recession
  - Regeneration

# Pocket Elimination v/s Pocket Maintenance

# Re-Evaluation after Phase I

- 3 months to 9 months

# Critical Zones

- Soft – tissue Pocket Wall
- Tooth Surface
- Underlying Bone
- Attached Gingiva

# Indications for Surgery

- Persistent Inflammation
- Complete removal not possible
- Irregular bony contours
- In case of Furcation
- Intrabony Pockets
- Gingival Overgrowths

# Methods of Pocket Therapy

- New Attachment / Regenerative
- Resective
- Removal of tooth

# Criteria for Method Selection

- Characteristics of pocket depth
- Accessibility to instrumentation
- Existence of mucogingival problems
- Response to Phase I
- Patient co-operation
- Overall Diagnosis of the case

# Specific Pockets

- Therapy for Gingival Pockets:
  - Character of Pocket wall
  - Accessibility of Pocket

- Therapy for Slight Periodontitis:

- Scaling root planning
- Evaluation

- Therapy for Moderate to severe Periodontitis for Anterior :
  - Esthetic Zone
  - Single rooted – SRP
  - Surgical Technique - Papilla Preservation Flap
    - Conventional
    - Modified Widman

- Therapy for Moderate to severe Periodontitis for Posterior :
  - Esthetics not primary concern
  - But instrumentation difficult
  - Osseous surgery - Papilla preservation flap
    - Sulcular
    - Modified Widman