



## **Connective Tissue Graft (gum graft) Surgery**

**Diagnosis:** Healthy teeth are surrounded by two types of tissue: gingiva and mucosa. Mucosa is like cheek tissue, and does not adhere to the roots of the teeth or underlying jawbone very well, as compared to gingiva, which is more fibrous tissue. Mucosa at the gum line of teeth or as the only gum tissue that is adhering to the roots of the teeth is much more likely to recede, causing more root of the tooth to show and loss of the underlying jawbone around the tooth. Having a good amount of jawbone around the teeth is essential, as it is the jawbone that holds the teeth in. The gum just covers it over.

After an examination and study of your dental condition, you have been advised that there is an insufficient amount of attached gingiva (firm gum tissue) around some of your teeth. With this condition, more recession of the gum may occur. In addition, for fillings or crowns with edges under the gum line, it is important to have sufficient width of firm, adhered gingival to the roots of the teeth to withstand the irritation they may cause. Gingiva (firm gum tissue) also improves the appearance and protects the roots of the teeth.

**Recommended Treatment:** It is recommended that gingival grafting (gum grafting) be performed in some areas of the mouth. Local anesthetic will be administered as part of the gum graft surgery. Gum grafting involves the transplanting of a thin strip of gingiva from either palate (roof of the mouth) or allograft donor tissue processed from a US accredited tissue bank. The existing gum tissue around the teeth to be grafted will be loosened, and the transplanted graft tissue will be sutured in place, and the existing gum sutured over the graft tissue. Any sutures (stitches) on the palate are non-dissolvable and will need removed in about 3 weeks. Any dissolvable sutures around the grafted tooth will fall off in about 3 to 4 weeks. In some cases, about 3 to 4 months after the graft is done, it is necessary to “refine” the grafted area like a scar revision, usually using a dermatology-type carbon dioxide laser. There is no extra fee for this.

**Expected Benefits:** The purpose of gingival grafting is to create an amount of attached gum tissue adequate to reduce the likelihood of gum recession. It is also hoped to cover some of the exposed root(s) of the tooth/teeth.

*\*\*Do not expect all of the exposed tooth root caused by existing gum recession to be totally recovered with this gum graft surgery. That may not happen.*

**Principal Risks and Complications:** A small number of patients (usually around 5% or so) do not have the graft “take”. The usual causes are excessive shrinking of the graft tissue while healing the first couple of weeks, smoking, or the patient knocking the graft loose during the first week. So it might be necessary to do the graft over again after approximately 3 months to allow the surgical sites to heal up first. Usually, but not always, the 2<sup>nd</sup> graft will “take”. There is no extra surgical fee charged for this if the graft did not take and is redone within 6 months.

Complications that may result from surgery could involve the surgery procedure, gum or bone regenerative materials, drugs, or anesthetics. These complications include, but are not limited to post-surgical infection, bleeding, swelling, pain, facial bruising, jaw joint pain or muscle spasm, cracking or bruising of the corners of the mouth, restricted ability to open the mouth for several days or weeks, allergic reactions, and transient or permanent increase in tooth looseness, tooth sensitivity to hot, cold, sweet or acidic foods, and transient (on rare occasions permanent) numbness of the jaw, lip, tongue, chin or gums. The exact duration of any complications cannot be determined, and they may be irreversible.

**Alternatives to suggested Treatment:** No treatment. The likelihood of gum recession and subsequent jawbone loss around the effected teeth is higher with no gum graft than with a successful gum graft. There are studies that show the incidence of tooth loss is 6 times greater in individuals with untreated gum problems as compared to early treatment of gum problems.

**Necessary Follow-up Care and Self-Care:** It is extremely important to continue to see your regular dentist for routine dental care.

Smoking may adversely affect gum healing and may limit the successful outcome of the surgery. Studies show smokers have more grafts that fail to “take” than non-smokers.

It is important to communicate to the dentist any pertinent medical conditions you have, allergies (especially to medications) or sulfites (many local anesthetics have sulfite preservatives) or medications you are taking, including over the counter medications such as aspirin.

It will be necessary for you to come back in for several post-operative check-ups so that healing may be monitored. *Smoking, excessive alcohol intake or inadequate oral hygiene may adversely affect gum healing and may limit the successful outcome of the surgery.*

It is important to:

1. Abide by the specific prescriptions and instructions given.
2. Return to the office for post-operative check-ups as needed.
3. Quit smoking.
4. Perform excellent oral hygiene once instructed to, usually starting 3 weeks after the surgery is performed.
5. Have the graft area reshaped if it is needs several months later, usually with a diode laser. There is no extra charge for this.

You should only use soft bristle toothbrushes or soft electric toothbrushes. Good oral hygiene is essential to good dental health.

**No Warranty or Guarantee:** While in most cases gum grafting is successful both in “taking” and preventing further gum recession from occurring, no guarantee, warranty or assurance can be given that the proposed gum graft will be successful. Due to individual patient differences no one can predict certainty of success. There is a remote possibility of a worsening of your present condition, including the possible loss of certain teeth, despite the best of care.