

Socket Graft Plus™

Ideal Bone Graft for All Socket Grafting Situations

Case Presentation

Case #1



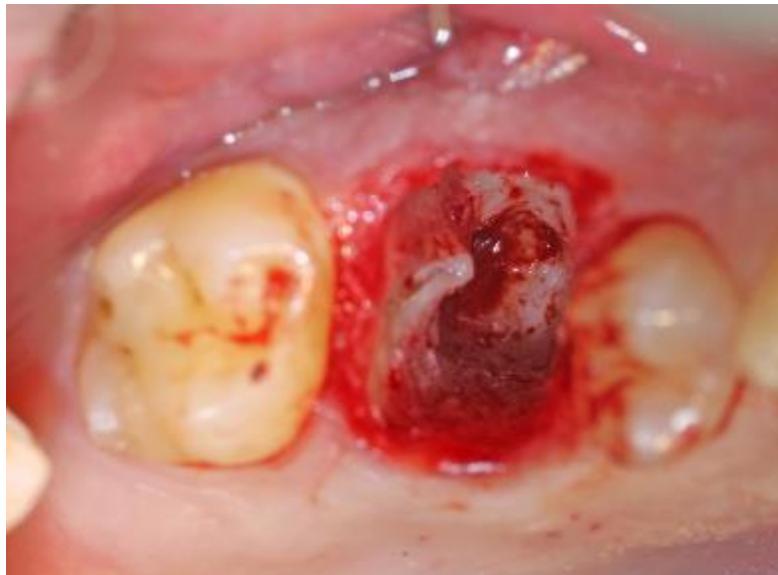
Tooth #3 presents with a buccal parulis, ensuring a buccal alveolar fenestration.



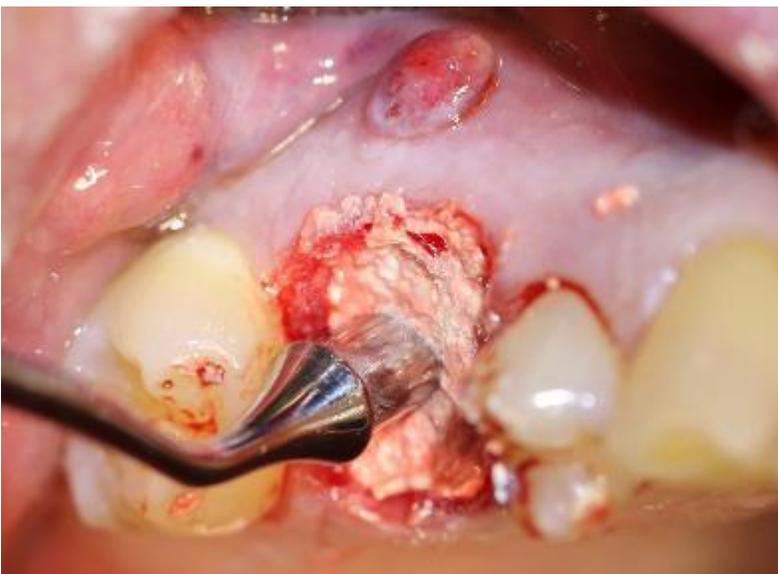
The tooth will be removed atraumatically while the crown is removed.



The roots are separated using a 557 surgical bur. This will allow removal of each root individually.



With the tooth and granulation tissue removed, there is an opening into the sinus associated with the palatal root and a buccal fenestration.



Socket Graft Plus™ is carried to the socket with a spatula and condensed with a bone graft packer.



Socket Seal™ is cut to shape and fitted to be at the level of the gingival margin.



After fitting the Socket Seal™ Oral Bond™ adhesive is applied around the boarder to secure Socket Seal™ for suturing.

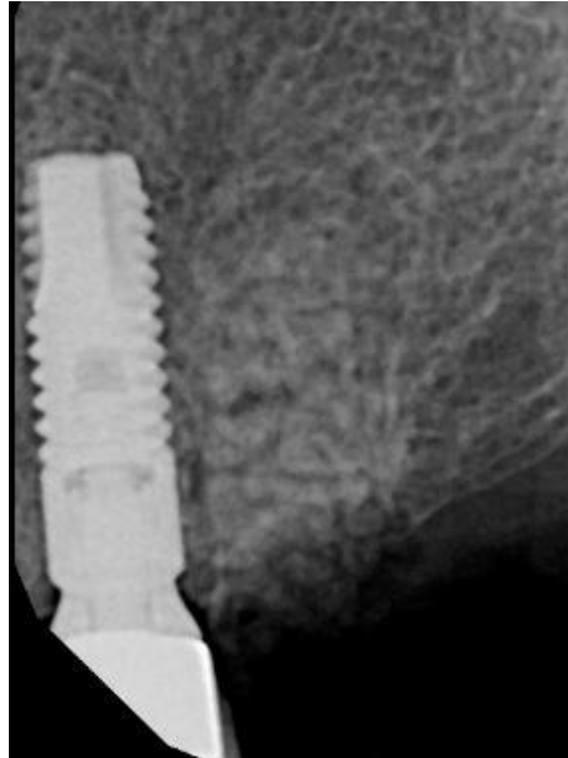
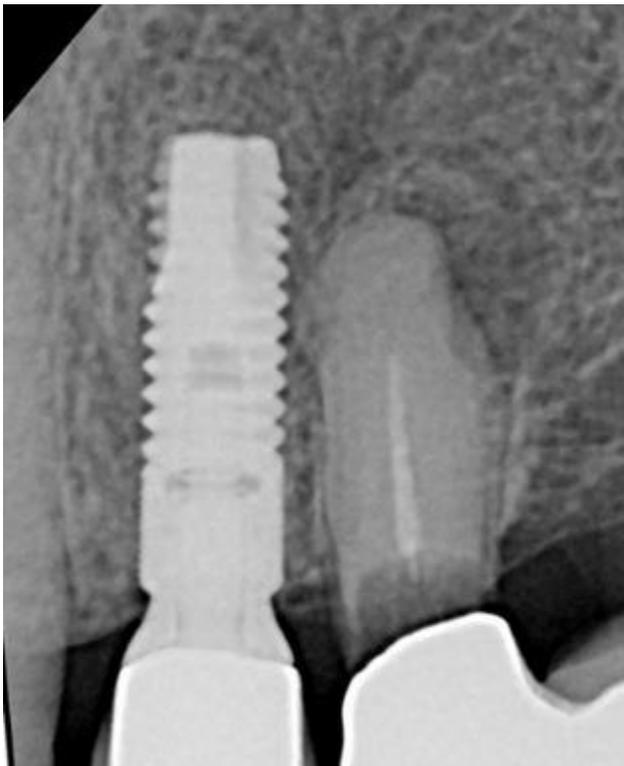


Socket Seal™ is sutured with a crisscross suture and a second layer of Oral Bond is applied. This will secure Socket Seal™ making the covering impervious to the oral environment.



The surgery is complete and Socket Seal™ will be removed in 7 to 10 days.

Case #2

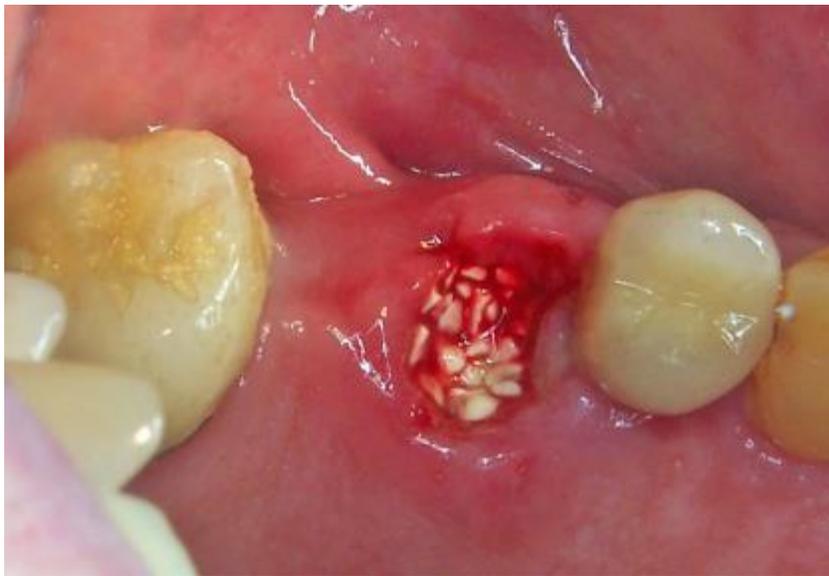


The following patient is 80 years old. Tooth #12 was extracted and grafted with Socket Graft Putty™ in 2008 with implant placement 9 weeks later. This radiograph was taken February 2016 showing the excellent mineralization and maintenance of marginal bone typical of Socket Graft Putty™ over time. Caries and a large endodontic lesion required the removal of #13.

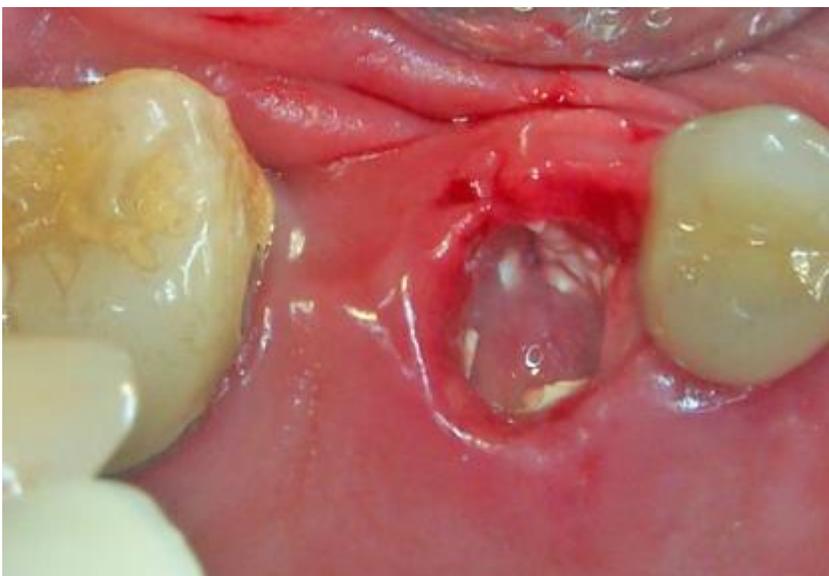
#13 was extracted and grafted with Socket Graft Plus™ and covered with Socket Seal™



One-week post op. Socket Seal™ is in place and is covered with Oral bond™ adhesive.



After Socket Seal™ is removed, it is normal for some of the granules to be left in the gingiva above the alveolar bone. Any graft material in the gingiva above the bone will not become bone. These granules can be removed with an evacuator or left to exfoliate on their own.



After evacuating the exposed granules the remaining graft material is encased in early connective tissue.

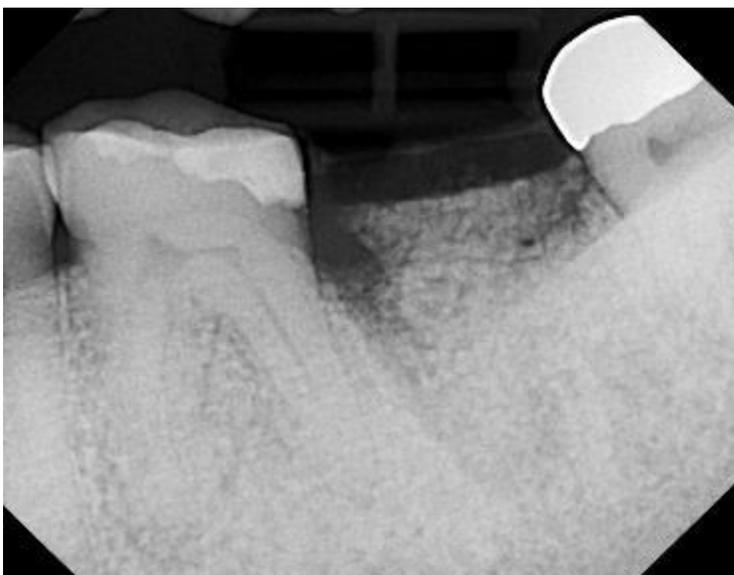


Two weeks post op. The gingiva is closing over the grafted site. Note, the fibrin clot remains until the epithelium covers over the graft site. There are no granules being pushed out of the graft site. The granules in bio-compatible bone grafts remain in the socket. However, the granules from non-biocompatible bone grafts continue to push out of the graft site for up to two months.

Case #3



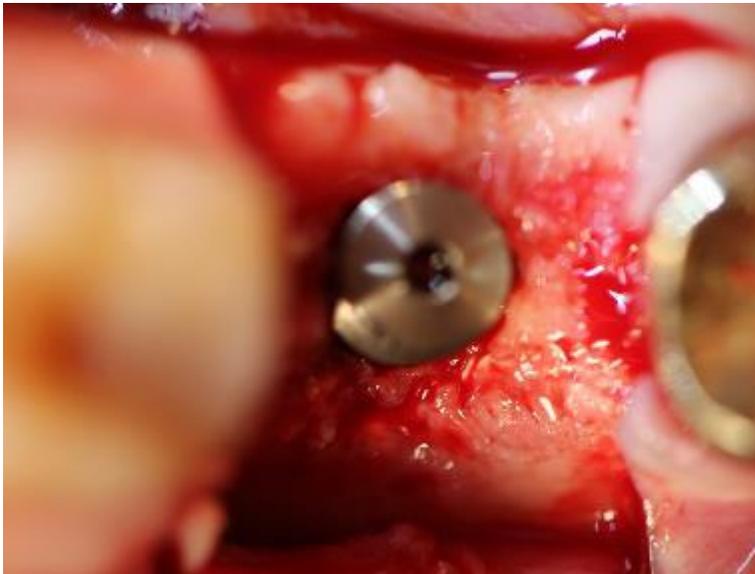
Socket Graft Plus™ greatly simplifies the complexities of socket grafting. Socket Graft Plus™ is a product ideal for all socket grafting situations. In this case the bone is missing from the mesial buccal wall.



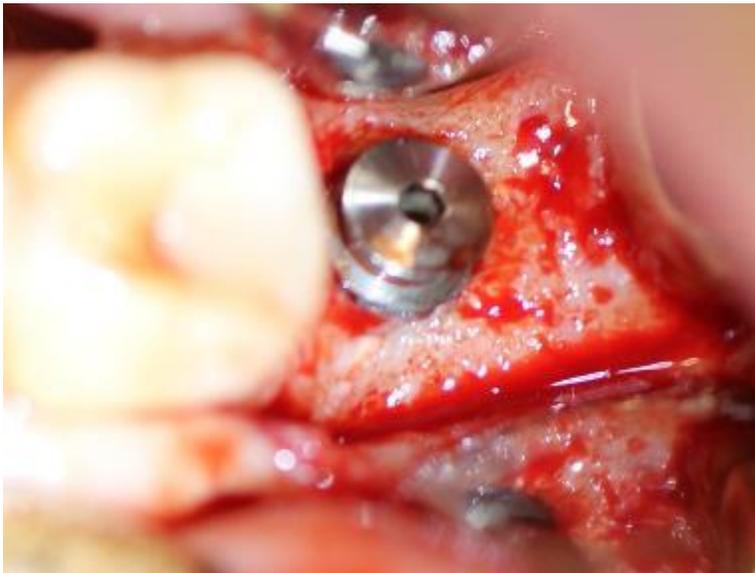
The tooth is removed, and the socket is filled with Socket Graft Plus™. Again, note that the granules are above the bone and in the gingiva under the Socket Seal™. These granules will be exposed when the Socket Seal™ is removed. Bone will only grow in the extraction socket and not in the area of the gingiva.



Alveolar ridge 11 weeks after extraction and grafting.



Implant placement 11 weeks after extraction and grafting.

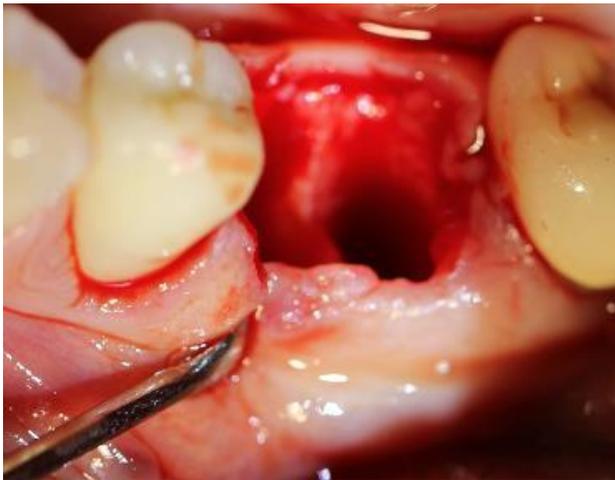


Healing abutment appointment, 11 weeks after implant placement.

Case #4



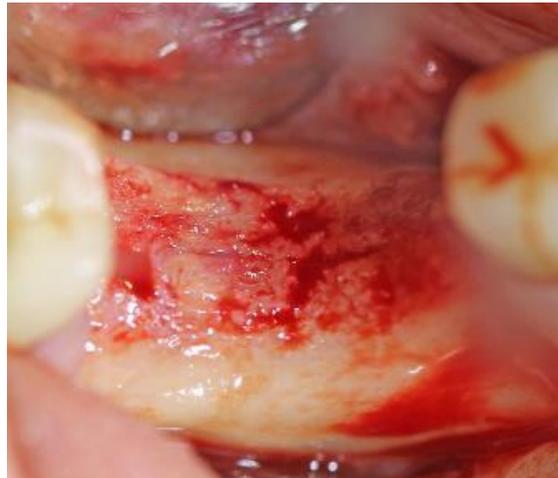
Here is another lower molar with a missing buccal wall.



The area of bone loss is associated with the missing buccal wall. The socket was grafted with Socket Graft Plus™



This is a view of the socket looking at the crest from the lingual aspect.



This is a view of the ridge from the buccal.

Socket Graft Plus™ greatly simplifies socket grafting. In situations of apical fenestrations or buccal wall dehiscence's, the protocol for treating the socket is the same. Simply extract the tooth, remove all granulation tissue and pack the socket with Socket Graft Plus™. There is no need for flaps or subgingival membranes when a dehiscence is narrow however, covering a dehiscence with a Teflon membrane is always beneficial.