



Bone Grafting Procedures

Bone Grafting

We have recommended that you have a bone graft placed in order to rebuild jaw bone that will house dental implants and maintain a more normal architecture of the jaw.

“Bone grafting” is not a single procedure, but describes a spectrum of different procedures chosen for you depending on your individual situation.

The simplest bone grafts are called socket preservation or ridge preservation. This where a type of particulate bone is placed into the socket of an extracted tooth at the time of extraction. The body then incorporates this bone into your own bone, eventually replacing it with your own natural bone. The goal is to preserve as much of the natural shape and size of the original jaw so that there is enough bone to place an implant, which is then used to restore the lost tooth in as strong and esthetic manner as possible.

Another common type of bone graft used to help with implant procedures are “sinus lifts” (also called sinus “bumps”). These are located where bone has atrophied or is shrinking away from the region under the maxillary sinus, bone which was previously held in place by the roots of the teeth in the area. The bone in these areas will atrophy (shrink) almost immediately after an extraction (in the following 1 to 6 months) due to disuse atrophy. This bone must sometimes be restored in order to house the root replacement (dental implant).



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Again, depending on your situation your bone graft may be different. In order to help you make an informed decision, we will present our recommendations and fully explain the rationale for the bone graft procedure recommended for you.

In our office, we also add platelet rich plasma (PRP) and/or platelet rich fibrin (PRF) to almost all of our bone grafts. This is processed at the time of surgery by drawing a small amount of your own blood and centrifuging it, capturing concentrated healing factors that enhance the healing and success of the procedure. Look on our website for more information about this scientifically proven procedure.

What can I do to help make this a success?

- No smoking of any kind. The evidence is clear that smoking will increase the chance of infection and decrease the chance of a successful procedure.
- Keep alcohol away from the treated area for at least 3 weeks. This includes any kind of alcoholic beverage, but also mouth rinses that contain alcohol.
- Gently rinse with warm salt water (a teaspoon of salt in 8 ounces of warm water). Do this 3-5 times a day for the first week, then switch to **Biotene** for weeks 2 and 3.
- If we have placed a protective covering over the site, try not to chew on it or move it if possible. Many times, these are in place for up to 3 weeks. If lost early, no worries, just call and we will determine whether to replace it or leave as is.
- We usually will see you in 3 weeks to remove sutures and evaluate the healing. Call the office or text you doctor if you have any problems prior to that appointment.

Diet and Supplements

- Eat a healthy diet.



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- Take a calcium supplement (500 to 1000mg per day)
- Most people are deficient in Vitamin D3, an important vitamin for bone growth. We recommend taking 5000IU's (international units) per day.
- If you are on a statin drug for cholesterol, take it as prescribed. Research shows that controlling cholesterol is important for bone growth.
- Research shows that Melatonin 5-10 mg one to three times per week, will help improve bone growth after your dental procedure.
- Supplements should be started several weeks prior to your surgery when possible and continued for at least 6 months post procedure.
- If you take numerous NSAIDS (Celebrex, Advil, Motrin) to control inflammation, please be sure to let us know. We may consider a substitute while you are healing which can enhance the final outcome.