

## 2) New Suturing Method for Stabilizing Connective Tissue Grafts at Recipient Sites for Root Coverage and Gingival Augmentation

Innovation made by- Dr Om Nemichand Baghele (2019)

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### Original Research

#### A Detailed Description and 16-Year Validation of a New Suturing Method for Stabilizing Connective Tissue Grafts at Recipient Sites for Root Coverage and Gingival Augmentation

##### Abstract

**Background:** Which are the different ways of stabilizing connective tissue grafts (CTGs) for root coverage and gingival augmentation by means of placement of sutures? There are various defined and undefined ways of stabilizing CTGs depending on experience and personal preferences. Most of the techniques profess use of absorbable sutures in separate interrupted fashion (sutures at the corners of the graft wherever possible). **Aim:** This paper describes a new suturing method, "the lingually-tied horizontal mattress contouring suture," for stabilization of CTGs with or without epithelialized collar at the recipient site, for use with papilla retention and sparing techniques to treat marginal tissue recessions. **Methods and Material:** The suturing technique is described in detail. It can be indicated for good number of root coverage cases, with additional objectives of gingival augmentation, specifically developed for papilla sparing and papillary buccal de-epithelialization recipient site preparations. **Results:** Over a period of last 16 years this suturing technique showed promising results in terms of graft stabilization and survival. The main advantage of this technique lies in the use of cost-effective nonabsorbable sutures that usually retain some amount of tension on the soft tissues longer. **Conclusion:** The primary objective of the suturing technique, *per se*, is to stabilize the CTG firmly along the contours of the root surface and to expedite a very close adaptation to the interdental soft tissues as well. The secondary objective of the article or publication is to disseminate the knowledge acquired through long periods of performance and observation for the benefit of the periodontal community as whole. Further validation is advocated.

**Keywords:** Connective tissue grafting, gingival augmentation, graft stabilization, root coverage, periodontal plastic surgery, new suturing technique, non-absorbable sutures

##### Introduction

As of today, a vast variety of root coverage techniques are available at a clinician's disposal, along with many specified and unspecified suturing techniques. Most of the suturing techniques employed for free or pedicled connective tissue grafts (CTGs) use absorbable sutures, at least for securing and stabilizing the graft. The overlying gingival/mucosal tissue is then approximated with either absorbable or nonabsorbable sutures. Close adaptation to underlying vascular recipient bed and under-surface of overlying flap can be achieved most of the times with enough number and appropriate location of sutures; a snugly fitting close contoured adaptation of free CTG with or without epithelialized collar (CTG-consider this abbreviation for brevity of description throughout this manuscript) over the convex root surface may be at times lacking.

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Even though the decision to place sutures at surgically wounded periodontal tissues may be influenced by the type of procedure, extent of procedure, tissues involved and arrangement of tissue fibers, patient and operator factors and intended results; one of the best ways of stabilizing the tissues is to anchor them with the adjacent tooth/teeth. Suture placements, although may not be mandatory always, are generally intended to maximize the opportunity for uneventful healing, minimize the likelihood of infection, approximation of wound with as little trauma as possible, and providing appropriate tension for requisite periods of time.

With the increasing use of 4-0 and small diameter sutures, may or may not be aided by loupes and microscopes, the suturing techniques have become more complex and tedious, although more dependable too in terms of wound healing. Rather than the increasing complexities and

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**4. Classification for increasing clinical crown height of natural teeth based on repositioning of appropriate tissues of periodontium with surgical or orthodontic or combined approaches (By- Dr Omkumar Baghele)**



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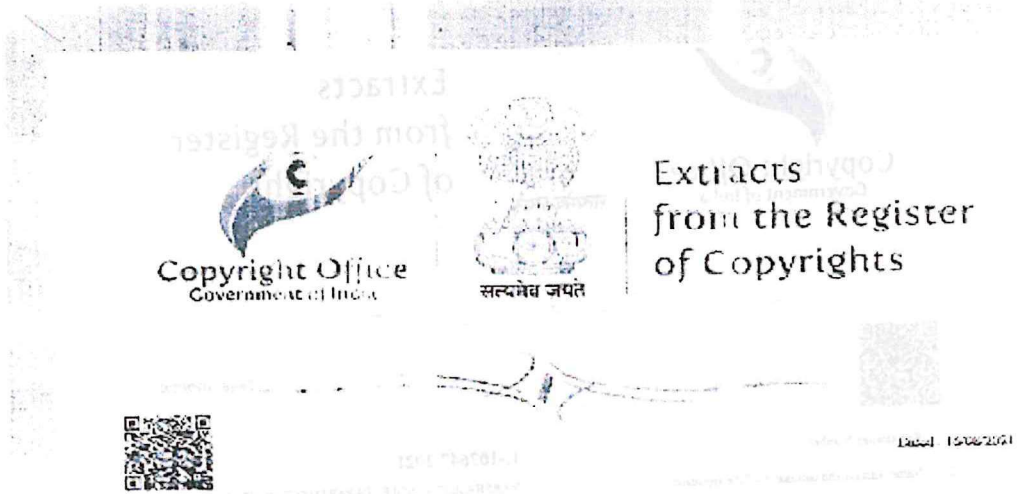








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**15. Demystifying Stage wise Essential Orthodontic Treatment Records Checklist (Dr Pravin Marure)**




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