Flaps and Suturing for Routine Exodontia

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Flaps Useful for General Dentists

Cervical (sever gingival fibers but no reflection)
Mini (for most single extractions)
Envelope (for multiple extractions)
Triangular
Semilunar

Flap #1. Cervical.
Fibers cut with a 15c blade (or 11 or 12) or even the tip of a Luxator. No PE needed unless you use a 700 into the PDL.

Flap #2. Mini flap
Made with a PE, exposing enough bone to place forcep beak to bone. Suture papillae when done.

Flap #3. Envelope.
1) Buccal plate bone removal not advised as shown in print here.
2) Cryer too big. should have been the “mini Cryer”.
Triangular flap, as often used to remove deeper impacted third molars.

Either handpiece can be used for oral surgery -- as long as the highspeed is a "surgical" one.

Prevents slipping.

Facial artery

Slipped Into MBF

What happens when you "slip" with a Luxator or elevator?

Flap #5. Trapezoidal.
A trapezoidal flap would involve a 2nd release on the other side. (Not commonly done. One example could be with sinus lateral window flaps.)

Suturing Ideas Useful in General Practice

Regular Interrupted
“X” Suture (sometimes called figure-of-eight)
Horizontal Mattress
Cross Horizontal Mattress
Continuous-lock
Dr. Silverstein’s Rule of 3s.

- Needle penetrates 3 mm from the edge of the wound or at the base of a papilla.
- Sutures along an incision are 3 mm from each other.
- When the assistant cuts the thread, it is cut 3 mm from the knot.
- Surgeon’s knot is 3 times around the needle holder (first one is double). Each time, the direction changes.

Regular interrupted Suture (1st type).

Suturing a releasing incision.

Needle enters from the "loose" side.

- If the fixed side tears (less likely with a ½ circle needle even though a 3/8 circle is generally better for exodontia) then you can help by lifting up the fixed side slightly.
- Knot on the "fixed" side.

Only if the fixed side is tearing, do this.

Neck in flap to fixed side.

Knot on the fixed side.

Buccal

Lingual

Reverse Interrupted Suture (3rd type).

- Doesn’t snag the membrane with a graft.
- Knot on the top.
- Advantages:
- Better for bone grafts with membranes.
Some notes:

- 3/8 circle needle is better for exodontia.
  - Longer stretch to the lingual.

- Reverse cutting is less traumatic to tissue than a “cutting” needle.
- Hemostats should never be used to tie sutures, only needle holders (drivers).
- Chromic gut is common for exodontia. Tensile strength for 5 days and resorbable.
  - Plain gut keeps strength for only 1-2 days.
  - 3.0 or 4.0 are commonly used.

“X” Suture:
The X is on top of the soft tissue allowing for better hemostasis.
Advantages:
Fast and easy.

Examples of using a horizontal mattress for exodontia.


Horizontal Mattress.
Easy to place.
Advantages:
Can sometimes act in place of two interrupted sutures, especially for a smaller socket.

Cross Horizontal Mattress.
Can rest on a hemostatic agent OR on a membrane.
Advantages:
Helps keep a product added to the socket in place. May need interrupted on mesial and distal.
Many dental suture videos.

The End