

SOCKET GRAFTING TECHNIQUES

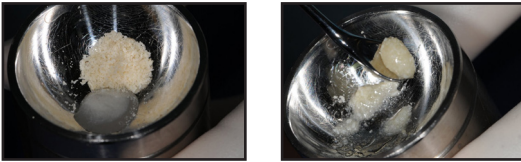
1. Extract tooth as atraumatically as possible



2. Be sure the tooth has been extracted completely



3. Reconstitute the graft FDDB (125-850 micron particle size) with sterile saline or lidocaine



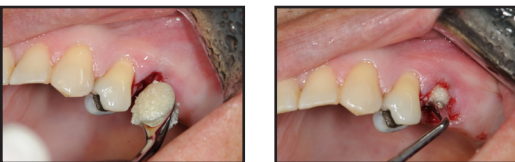
4. Clean out the socket with rotary instruments (large round bur in a hand piece or a piezo unit)



5. Decorticate the lamina dura wall of the socket (with a small round bur in a hand piece or a piezo unit)



6. Take the reconstituted graft material on a periosteal elevator and carry a small amount (enough for 1/3 of the socket) near the socket and push this material off the periosteal elevator and into the socket with a sterile amalgam/bone condenser



7. Condense the material into the apical 1/3 of the socket (Refer to Images on #6)

8. Place a piece of 2 x 2 gauze into the socket and condense and then remove. This serves to further condense the graft material and remove saliva/excess blood from the socket



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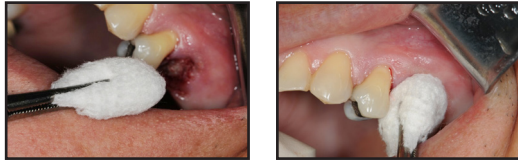
9. Take another bit of the reconstituted graft material on a periosteal elevator and carry a small amount (enough for 1/3 of the socket) near the socket and push this material off the periosteal elevator and into the socket with a sterile amalgam/bone condenser



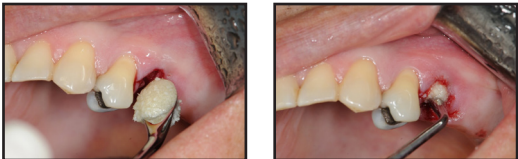
10. Condense the material into the middle 1/3 of the socket



11. Place a piece of 2 x 2 gauze into the socket and condense and then remove



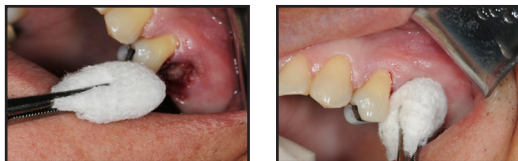
12. Take a final bit of the reconstituted graft material on a periosteal elevator and carry a small amount (enough for 1/3 of the socket) near the socket and push this material off the periosteal elevator and into the socket with a sterile amalgam/bone condenser



13. Condense the material into the coronal 1/3 of the socket

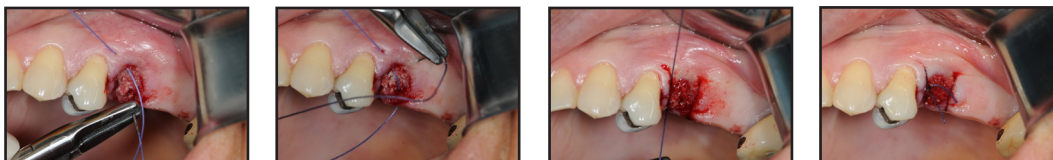


14. Place a piece of 2 x 2 gauze into the socket and condense and then remove



15. Place membrane of choice over the socket and graft material

16. Suture into place



17. Place transitional prosthesis