The Brown

PerioDontaLetter

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From Our Office to Yours...

An adequate width of keratinized gingiva is important for maintaining gingival health.

Studies show that areas with less than 2mm of keratinized gingiva, which means less than 1mm of attached gingiva, are more likely to become inflamed.

Adequate keratinized gingiva is important around dental restorations, but especially around dental implants which in the absence of a periodontal ligament do not enjoy the ample blood supply natural teeth do.

In this current issue of ***The PerioDontaLetter****, we discuss mucogingival grafting to create adequate keratinized, plaque-resistant attached gingiva around teeth and implants.*

As always, we welcome your comments and suggestions.

Mucogingival Grafting Around Teeth and Implants

Keratinized gingiva protects the tissue around teeth and implants from inflammation and trauma, stabilizes the position of the gingival margin, aids in dissipating the physiological forces exerted by muscle fibers, and is esthetically pleasing.

Without attached gingiva, the more fragile, freely-movable alveolar mucosa would be subject to trauma during eating and consequent cleaning and more prone to recession.

This makes the width of the attached keratinized tissue critical: the more attached gingiva

Figure 1. Significant recession was affecting the gingival health and esthetic appearance of this patient's maxillary anterior arch.

Figure 2. Connective tissue grafting and root coverage improved the health of the gingiva and created a very pleasing esthetic appearance.

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Figure 3. As a result of gingival recession and inflammation, the long-term prognosis for this patient's lower anterior arch was questionable.

Figure 4. Gingival reconstruction stabilized the periodontal health of the patient and increased the patient's ability to control plaque.

available, the greater the mucosal protection.

Furthermore, the tight connection of the keratinized attached gingiva which extends from the gingival margin to the mucogingival junction is essential for the health and maintenance of teeth and dental implants.

Hemidesmosomal fibers attach the junctional epithelium to the teeth and implants and is normally about 1mm long.

Subjacent to the junctional epithelium is a dense connective tissue layer about 1mm long.

Around teeth, these fibers are perpendicular to the root surfaces and insert into the cementum.

Around implants, these connective tissue fibers are circular or oblique and do not insert into the implant's surface.

Mucogingival Grafting Around Teeth

Keratinized tissue around natural teeth can be lost due to dehiscence caused by:

- Orthodontic movement
- Thin biotype
- Trauma
- Inflammatory periodontal disease
- Occlusal forces
- Toothbrush trauma and flossing
- Facial tooth positioning
- Aberrant frenums
- Restorative dentistry trauma

Soft tissue augmentation should be considered in the following situations:

- Progressive recession
- Less than 2mm of keratinized gingiva
- Sensitivity of exposed root surfaces
- Esthetic dissatisfaction: to reestablish a pleasing esthetic gingival architecture.
- Preventively, prior to initiation of orthodontic therapy in areas with a thin labial osseous plate.
- Preventively, in conjunction with fixed or removable prosthetic dentistry, especially when intrasulcular margins are planned.

Surgical procedures to increase the width and thickness of attached gingiva around teeth are among the most highly predictable, minimally invasive and most satisfying periodontal procedures.

They include:

- Gingival augmentation apical to the area of recession. A free graft is placed on a recipient bed apical to the recessed gingival margin. The denuded root surface is

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Figure 5. Gingival recession caused sensitivity and esthetic concerns for this patient.

Figure 6. Connective tissue grafting eliminated the root sensitivity and created an extremely pleasing esthetic appearance.

generally not covered. The free gingival graft effectively widens the attached gingiva.

- Gingival augmentation coronal to the recession (root coverage).

A connective tissue graft is placed covering the denuded root surface creating a dense connective tissue.

Both the apical and the coronal widening of attached gingiva enhance oral hygiene procedures, but only coronal widening can correct esthetic problems.

Connective tissue grafts are used to achieve enhanced esthetics because a better color match of the tissues can be attained.

The connective tissue graft produces a most desirable gingival contour.

The new tissue covers the crest of the bone and is attached to the cemental root surface producing a firm, well-formed, tapered gingival margin.

As in all grafting procedures, a well-vascularized donor and recipient site is of critical importance.

Mucogingival Grafting Around Dental Implants

Reconstruction of keratinized mucosa around implants is an important adjunct in ensuring successful outcomes of dental implant treatment.

The establishment of healthy tissue around implants results in more predictable maintenance and improved esthetics.

As with natural teeth, the tissues should be enhanced if there is insufficient keratinized gingiva.

It should be noted that gingival tissue may be lost during stage I or stage II implant surgery.

As one stage implant procedures have evolved, it is incumbent upon the clinician to remain sensitive to the need to preserve the quantity, quality and volume of the peri-implant tissues.

Conclusion

Advances in our understanding of indications and contraindications for mucogingival graft therapy, and the utilization of newer materials and techniques have dramatically altered both the patient experience and predictability of favorable treatment outcomes.

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Getting to Yes: The Science of Persuasion

The science of influence can be helpful to us in getting what we ask for because of the way we present our requests.

Understanding and applying these principles can make us more effective not only in treatment presentations to patients, but also in our relationships with our teammates, friends and family.

Robert Cialdini has done much of the research in this area and recently published a book called **"Yes! 50 Scientifically Proven Ways to be Persuasive."**

In his book Dr. Cialdini describes the six basic laws that motivate people to say "yes" to a request:

1. Reciprocation and concessions. Be first to give. People feel obligated to return favors. If you make a concession first, people will often meet you halfway.

2. Liking. Noting similarities with them and with others, giving compliments and finding areas of agreement facilitates a good relationship.

3. Consistency. Once people have agreed to start their treatment, they are more likely to proceed with further recommendations. People want to be consistent with what they've agreed to do.

4. Authority. People look to experts for guidance. Our patients need to be aware of our knowledge, skill and credentials before we can influence them. Have someone give you a strong introduction before you see them.

5. Social proof and consensus. Use testimonials of people in similar situations. People want to do what others are doing.

6. Scarcity. The less available something is, the more we want it.

Cialdini uses these basic laws to help answer several important questions which often arise in our treatment presentations.

1. Is it better to present the more expensive option first or last?

Cialdini says it is better to give the more expensive option first because it sets a high standard which makes the less expensive option appear more affordable. Restaurants often price wine by the glass three ways: one high at $19, one low at $9, and one in the middle at $14. Most people will choose the most profitable one in the middle.

If there are genuinely beneficial requests or treatment plans you can offer at different levels, always start with the ideal plan to give people a chance to say "yes" to it.

Cialdini notes there is another moment of power when someone says "no" to a request. At that time, we can use the principle of concession to offer a less expensive option. Patients will see this as a favor and will often feel more obliged to accept the new offer. Offering another option allows you to win even after they say "no."

2. Is it better to tell people what they stand to lose or what they stand to gain?

The science is clear that people are more highly motivated by what they stand to lose than by what they stand to gain. However, using fear of loss to motivate only works if you can offer an immediate solution. For example, if we tell patients they are likely to lose their teeth if they don't get dental treatment, we need to immediately offer them a specific treatment to help them save their teeth.

3. Is it better to present new information early or late in the presentation?

The science shows that new information is best presented early because people are motivated by the scarcity of new information. The newer the information, such as unpublished information, the more motivating it is. It is particularly valuable, if only <u>you</u> have this exclusive information.

4. Should you present weaknesses in your message first or last in your presentation?

It is best to present weaknesses first and then overcome them by presenting the strength of the benefits. Acknowledging the weaknesses in a presentation makes the presenter a more believable authority since almost every presentation has some weaknesses. For example, you might say that while an implant may cost more, it lasts longer and doesn't get cavities.

5. What should you say after someone thanks you for a favor you've done or an excellent treatment result?

Often we will say, "Oh, it was nothing. Don't think anything of it." This is another moment of power. If we miss this moment, it is lost forever.

The best response in a personal situation according to Cialdini, is to say, "I know if the situation is ever reversed, you would do the same for me."

In our practices, this is the moment to say, "It was a pleasure working with you; please tell your friends about our office." If you miss this moment to ask for referrals, it is lost forever.

6. If you want someone to like you and you want them to cooperate with you, what is the most important thing you can do?

Look for similarities with them and with others, then give compliments and agree with them as much as possible. Mirroring words and behavior is also helpful.

While these scientifically proven principles are not magic and will not work every time, they can significantly increase our ability to persuade people to say "yes" to our requests and our treatment plans.

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