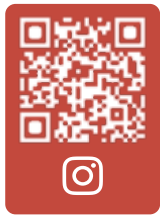


Surgical tips & cases from the experts.



discover more
cases online






Prof. Dr. Anton Sculean

TIP 1

Make the stent before the surgery.

Why?

- There's no blood getting in the way.
- There's no rush.
- There's no Elemental PerioPlast® pressing into the wound.
- You maintain space & volume to hold and stabilize the blood clot.
- You have the stent available to place immediately after harvesting the graft.

 see clinical cases, page 15




Prof. Dr. Gil Alcoforado

TIP 2

Don't suture the donor site.

Why?

- The stent is available the moment you harvest the graft to immediately protect the site and stabilize the blood clot.
- Suturing the donor site causes additional pain.
- Suturing the donor site is quite challenging and increases surgical time.
- A stent with a space-maintained gap stabilizes and holds the blood clot excellently.

 see clinical cases, page 15



Dr. Fabio Manuel Filannino

TIP 3

Make sure your assistant knows how to prepare.

Why?

- Assures water is at the right temperature when needed for heating.
- Prevents having the wrong amount of PerioPlast®.
- Assures PerioPlast® is prepared and within reach during surgeries involving palatal or connective tissue grafts.




Dr. Lorenz Seyssens

TIP 4

Get experience covering unilaterally.

Why?

- In some cases a unilateral stent is necessary to reach the recipient site.
- Some patients prefer it in terms of comfort.
- A unilateral stent requires less Elemental PerioPlast®.

 see clinical cases at pages 16-17



Egle Ramanauskaite

TIP 5

Give clear post-operative instructions.

Why?

- Patient adherence: make sure patients don't remove the stent too early.
- Make sure they realize the stent is beneficial for their comfort.

Postoperative timeline

- First day: wear the stent non-stop to stabilize the bleeding.
- Day 2-5: you may take the stent out to clean and eat.
- From day 5: no pain? You can remove the stent.




Prof. Dr. Andy Temmerman

TIP 6

Get creative: double donor site.

Why?

- Since postoperative pain is minimal, harvesting a double or larger graft poses no issues in terms of discomfort.
- Not having to suture the donor site(s) saves surgical time.
- A bilateral stent easily covers both donor sites.

 see clinical cases at page 24



Prof. Dr. Andy Temmerman

TIP 7

**Get creative:
improvised decisions.**

Why?

- An Elemental stent can be created chairside and instantly.
- This allows for impromptu surgical scenarios using palatal or connective tissue grafts.



Guillaume De Moyer

TIP 8

**Only cover the hard palate
and attached gingiva.**

Why?

- To prevent the stent from moving and causing irritation or ulcers, the stent should only cover the hard palate. If the stent reaches the soft palate, trim the excess material with scissors.
- The buccal extension should be limited to the attached gingiva and not reach the alveolar mucosa.

Practical handling tips

Prevent sticking

To prevent sticking, apply Vaseline® on nitrile gloves or use latex gloves.



scan to watch

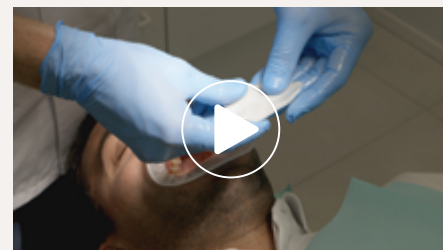


Push, don't pull

Gradually palpate the PerioPlast® to achieve an even thickness across the stent. Don't pull: stretching the material will cause uneven thickness.



scan to watch

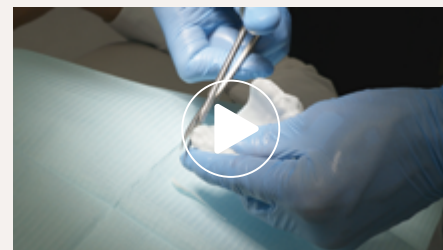


Trimming the stent

When the stent is solid, excess material can be trimmed using scissors or a scalpel.



scan to watch



Reheating the stent

Being thermoplastic, Elemental PerioPlast® can be reheated to reshape or optimize the stent.



scan to watch

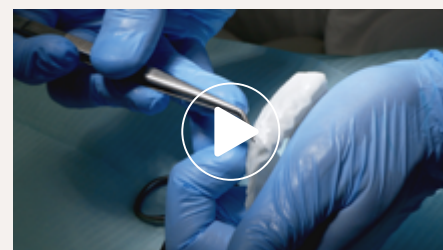


Softening sharp edges

Sharp edges can be softened by dipping in the hot water bath or by going over them with a heated metal tool.

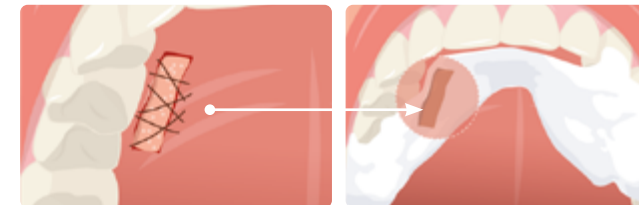


scan to watch



Switching to Elemental PerioPlast® from a different technique

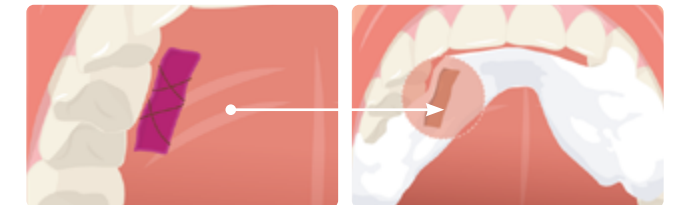
Switching from Collagen & suturing



Advantages

- Minimal pain for patients
- No need to suture
- Excellent healing

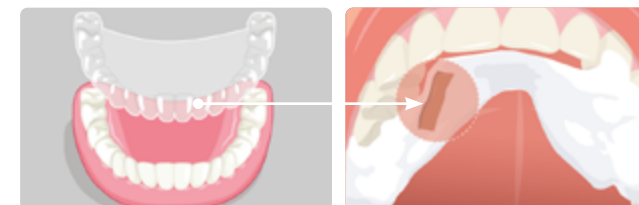
Switching from Cyanoacrylate dressing



Advantages

- Better blood clot stability
- Removable
- More predictable
- No need to suture

Switching from Lab made stents



Advantages

- No extra chair time
- Cost-effective
- Impromptu decisions
- No coordinating with lab
- No impressions

Keep this in mind when you switch from a different technique.

- Don't forget to make the stent before the surgery.
- Don't suture, although it might be a habit.
- Teach your patient to remove the stent and place it back.

3 techniques for retention

Bilateral stent, retention on the occlusal surfaces with buccal excess



Unilateral stent, retention on the occlusal surfaces with buccal excess

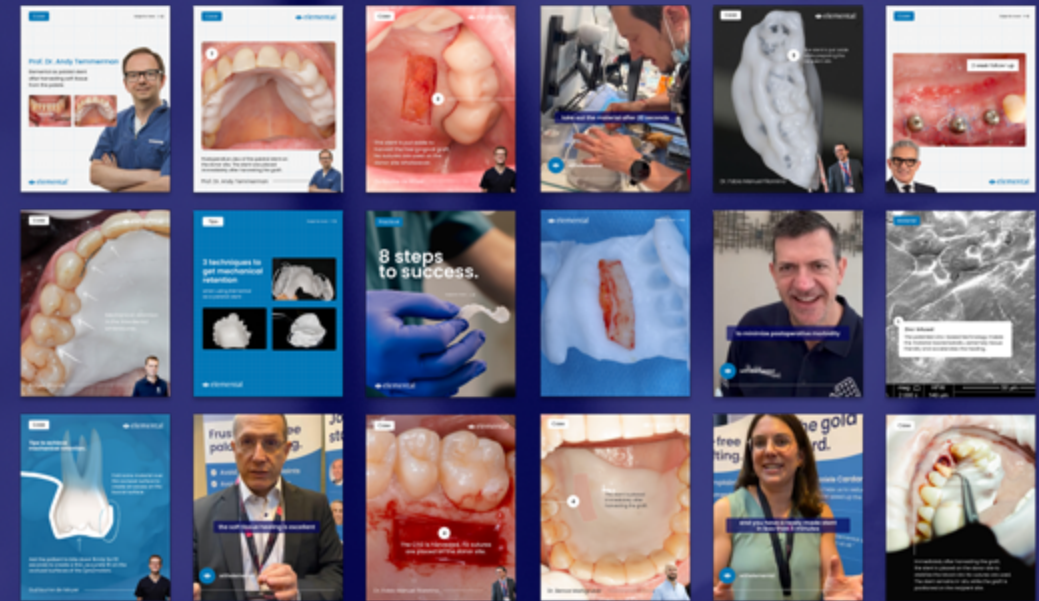


Bilateral stent, interproximal retention



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Cases from the community



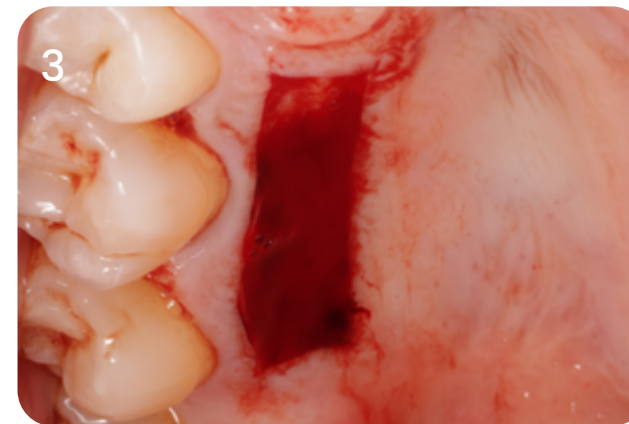
Prof. Dr. Andy Temmerman



1 Right before the surgery, the stent is created and put aside.



2 Initial situation and preparation of the recipient site.



3 The free gingival graft is harvested without suturing the donor site.



4 Immediately after harvesting the graft, the palatal stent is placed.



5 The graft is positioned and stabilized.



6 Excellent re-epithelialization at 2 weeks, the patient experienced no postoperative pain.



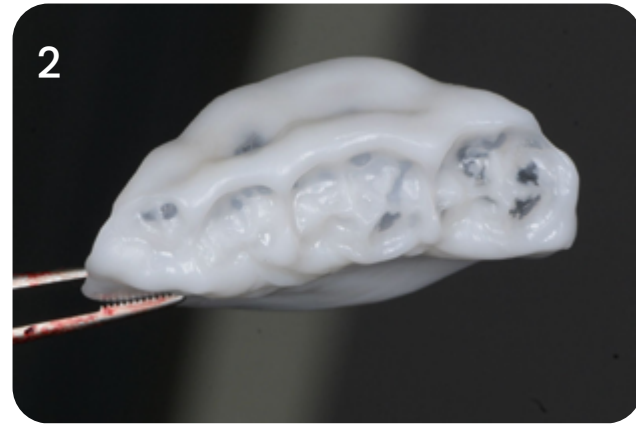
Dr. Fabio Manuel Filannino



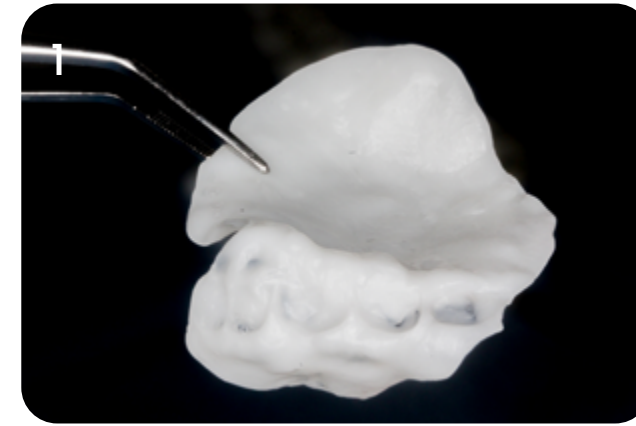
Dr. Guillaume De Moyer



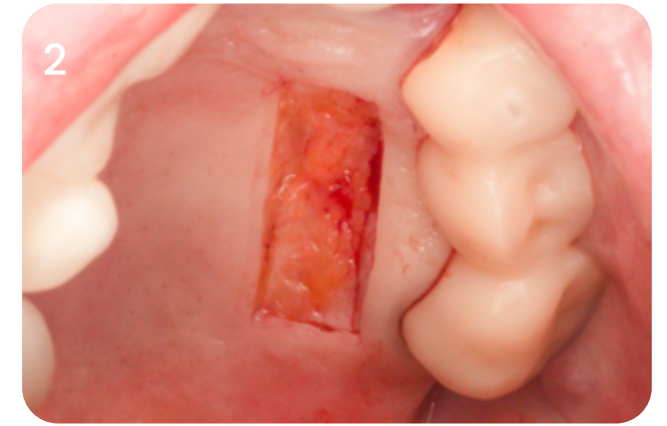
Initial situation at the central incisor.



The PerioPlast® is modelled around the area that will need protection to create the palatal stent, and put aside after regaining solid form.



In advance of the surgery, a unilateral palatal stent is created.



The free gingival graft is harvested without suturing the donor site.



A connective tissue graft was harvested without suturing the donor site.



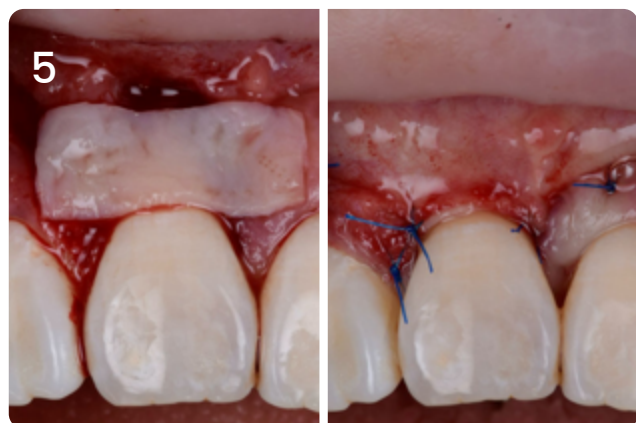
The stent was placed on the donor site immediately after harvesting the graft.



Immediately after harvesting the graft, the palatal stent was placed to protect the donor site and stabilize the blood clot.



While the stent remains in-situ, the graft is positioned and stabilized on the recipient site.



Placement & stabilization of the graft on the recipient site using a coronally advanced flap and tunnel technique.



Excellent re-epithelialization at 2 weeks, the patient experienced no postoperative pain.

Keys to success

- The stent is created chairside in advance of the surgery.
- Retention for the unilateral stent was achieved on the occlusal surfaces of the posterior teeth and by creating a buccal extension.
- The stent can remain in-situ while the recipient site surgery continues.
- No sutures are placed on the donor site. The stent is placed immediately after harvesting the graft, stabilizing the blood clot.



Prof. Dr. Daniele Cardaropoli



1 Right before the surgery, the stent is created using retention in the interproximal spaces.



2 The graft is harvested without using any sutures whatsoever on the donor site.



3 Immediately after harvesting the graft, the stent is placed to protect the donor site and stabilize the blood clot.



4 Excellent re-epithelialization at 2 weeks, the patient experienced no postoperative pain.

Keys to success

- The stent is created chairside in advance of the surgery.
- No sutures are placed on the donor site, saving surgical time and decreasing patient pain & discomfort.
- Retention for the bilateral stent was achieved by pressing the material in the interproximal spaces.
- The stent is placed immediately after harvesting the graft, stabilizing the blood clot.
- The patient has worn the stent non-stop in the first 24h after surgery.



Dr. Lorenz Seyssens



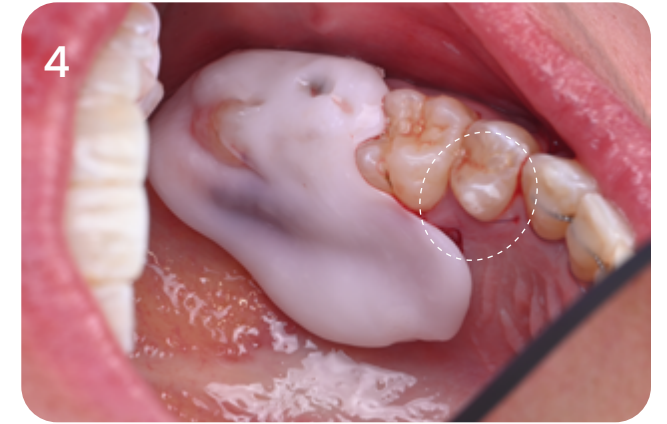
1 In advance of the surgery, a unilateral stent was modelled in-situ. The stent was optimized in size to limit the patient's gag reflex.



2 A coronally repositioned flap with false recession modification on the lateral incisor was performed while the stent remained in-situ.



3 Given the interproximal tissue loss and thin tissues, a connective tissue graft from the lateral palatum was harvested to support the flap.



4 The stent was positioned on the donor site. Given the limited dimension, there was no interference with any of the sutures of the recipient site.



5 Positioning and stabilization of the graft on the recipient site.



6 The healing after 10 days was excellent.



Dr. Martin Tomecek

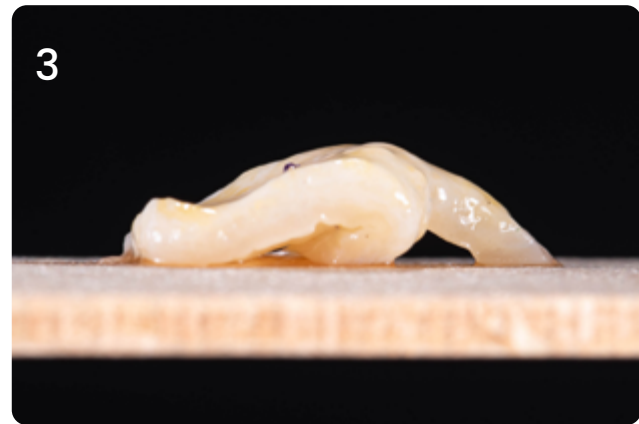
1



Before starting the surgery, a palatal stent was fabricated chairside. Retention was achieved in the interdental embrasures.



The goal was to augment the soft tissue volume with a connective tissue graft, harvested as de-epithelized superficial lateral palate graft.



The tissue was partly folded in order to increase the volume boost at the place of biggest tissue deficiency (crown 22), while only a small strip of CTG was left to cover the marginal gingiva over the distal part of tooth 21.



Positioning and stabilization of the graft on the recipient.



The palate was covered with the chairside fabricated palatal stent and placed over the wound right after the harvesting.

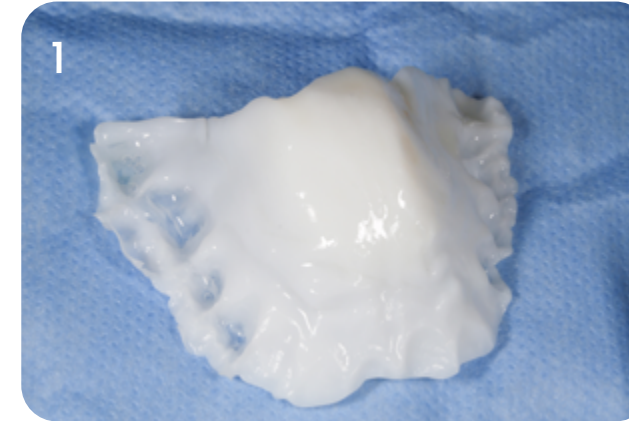


The wound shows epithelial growth over the granulation tissue that filled fully the volume of the harvested area.



Dr. Haakon Kuit

1



The stent is created chairside right before the surgery. Retention is achieved in the interdental embrasures.

2



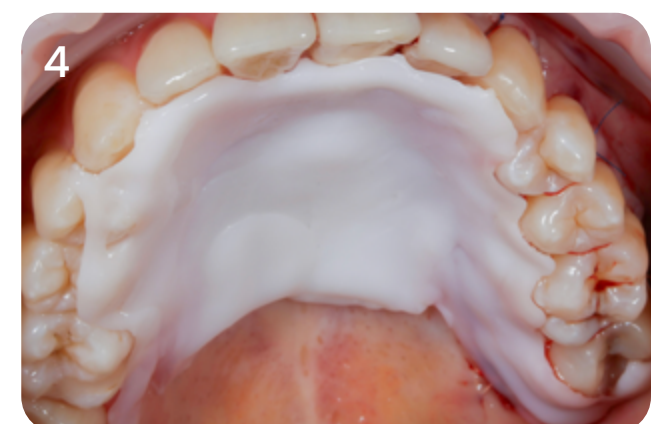
Harvesting the free gingival graft.

3



Positioning and stabilization of the graft on the recipient.

4



The bilateral stent protects the donor site wound and minimizes postoperative pain.

Keys to success

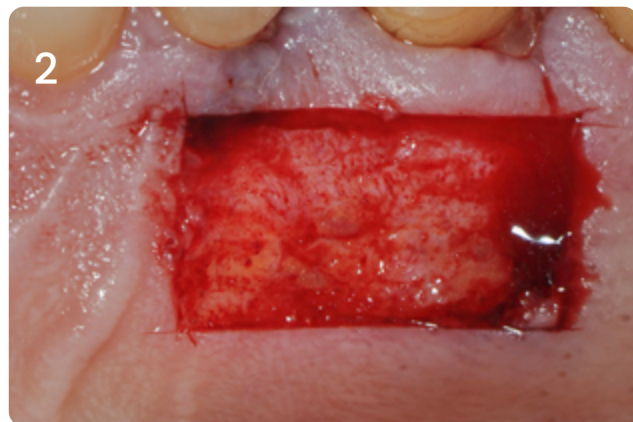
- The palatal stent was prepared in advance of the surgery.
- The stent was placed on the donor site immediately after harvesting the tissue.
- No sutures or haemostatic agent were placed on the donor site, saving a significant amount of time.
- The autologous graft successfully increased volume.
- The patient used the palatal stent non-stop in the first days after surgery and experienced no pain.



Dr. Rutger Dhondt



Shaping the palatal stent in advance of the surgery. The stent is put aside until the graft is harvested.



The graft is harvested, no suturing is needed on the donor site.



Immediately after harvesting the graft, the stent is placed to protect the wound and stabilize the blood clot.



Positioning and stabilization of the graft on the recipient site.

Keys to success

- The stent is created chairside in advance of the surgery.
- No sutures are placed on the donor site, saving surgical time and decreasing patient pain & discomfort.
- Retention for the bilateral stent was achieved by pressing the material in the interproximal spaces.
- The stent is placed immediately after harvesting the graft, stabilizing the blood clot.



Dr. Bence Markgruber



Shaping the palatal stent in advance of the surgery. The stent is put aside until the graft is harvested.



Measuring the dimensions and harvesting of the graft.



No sutures or haemostatic agent are used on the donor site.



Immediately after harvesting the graft, the stent is placed to protect the wound and stabilize the blood clot.



Positioning and stabilization of the graft on the recipient site.



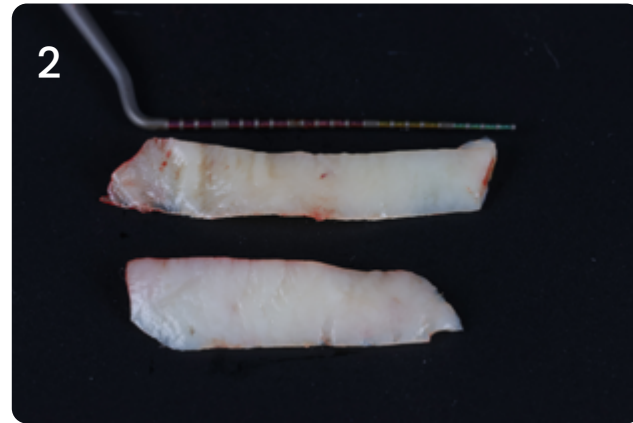
Excellent re-epithelialization at 2 weeks, the patient experienced no postoperative pain.



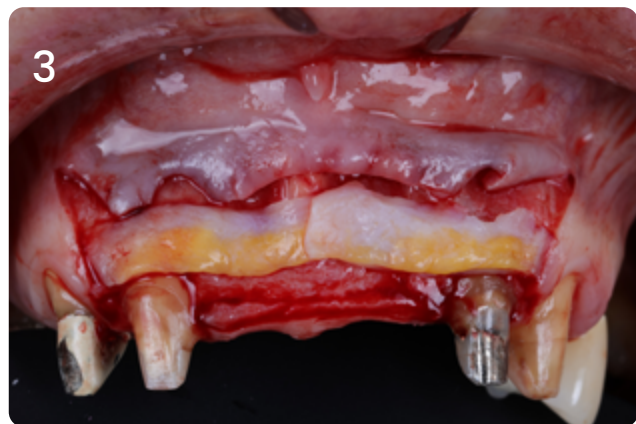
Prof. Dr. Andy Temmerman



1
Initial situation.



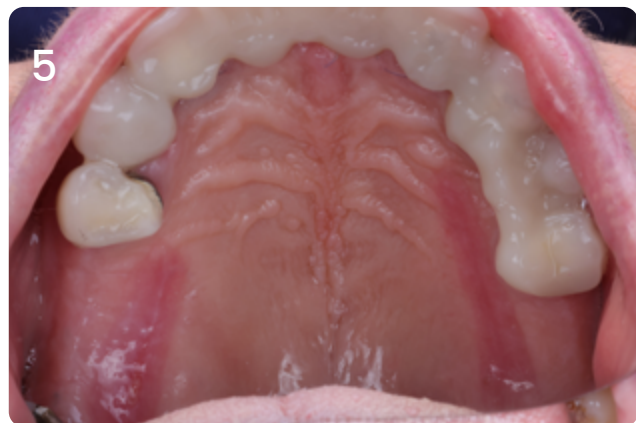
2
Two grafts were harvested from different donor sites to have sufficient tissue.



3
Positioning of the double grafts on the recipient site.



4
Finding retention on the new temporary bridge, the bilateral palatal stent protects both the donor sites.



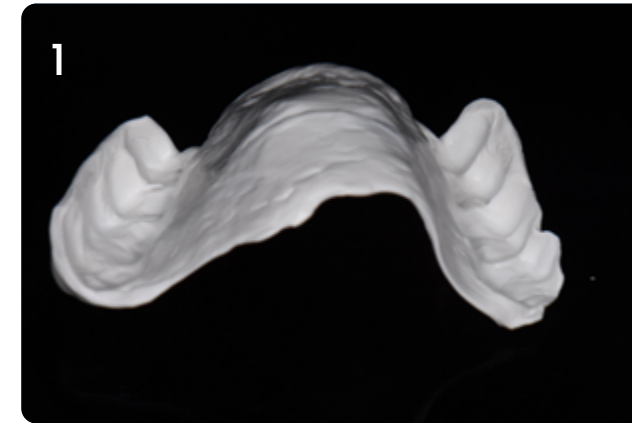
5
3 week follow-up revealed excellent healing at both donor sites. The patient experienced no postoperative pain.



6
Healing at 4 month follow-up.



Dr. Alexander De Greef



1
The stent is created chairside right before the surgery. Retention is achieved on the occlusal surfaces of the posterior teeth.



2
The graft is harvested, no sutures are placed on the donor site whatsoever.



3
Positioning and stabilization of the graft on the recipient site.



4
Follow-up at 10 days revealed excellent re-epithelialization. The patient experienced no postoperative pain.

Keys to success

- The stent is created chairside in advance of the surgery.
- Since postoperative pain is minimal, harvesting a double or larger graft poses no issues in terms of discomfort.
- Not having to suture the donor site(s) saves surgical time.
- The stent is placed immediately after harvesting the graft, stabilizing the blood clot.



Dr. Martin Lindstrom



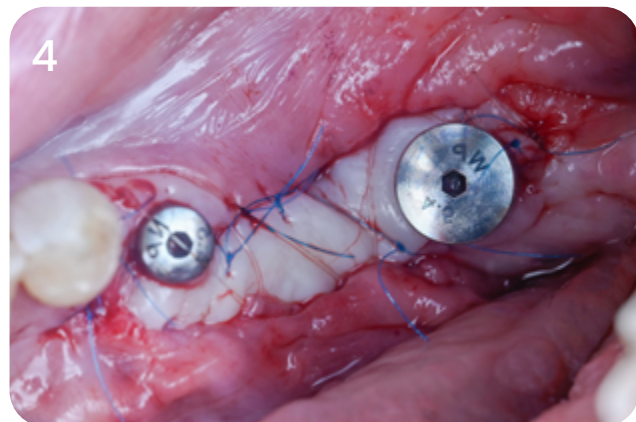
1 Initial situation, requiring soft tissue augmentation.



2 The free gingival graft is harvested.



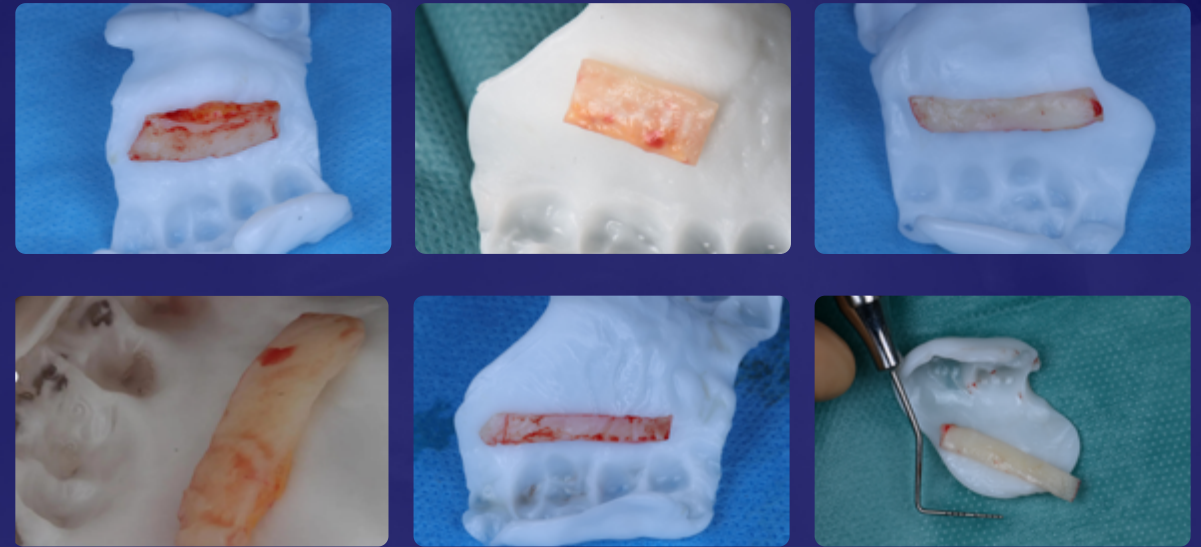
3 Immediately after harvesting the graft, the stent is placed to stabilize the blood clot and minimize postoperative pain.



4 Positioning & stabilization of the graft on the recipient site.

Keys to success

- The stent is created chairside in advance of the surgery.
- No sutures are placed on the donor site whatsoever, saving surgical time and decreasing patient pain & discomfort.
- The stent is placed immediately after harvesting the graft, stabilizing the blood clot.
- An autologous graft successfully increased volume without causing postoperative pain or discomfort for the patient.



The Art of the Graft

Make a photo of your graft on the Elemental stent.



Send it to Elemental or post it on social media using **#theartofthegrant**



Get featured in our gallery.

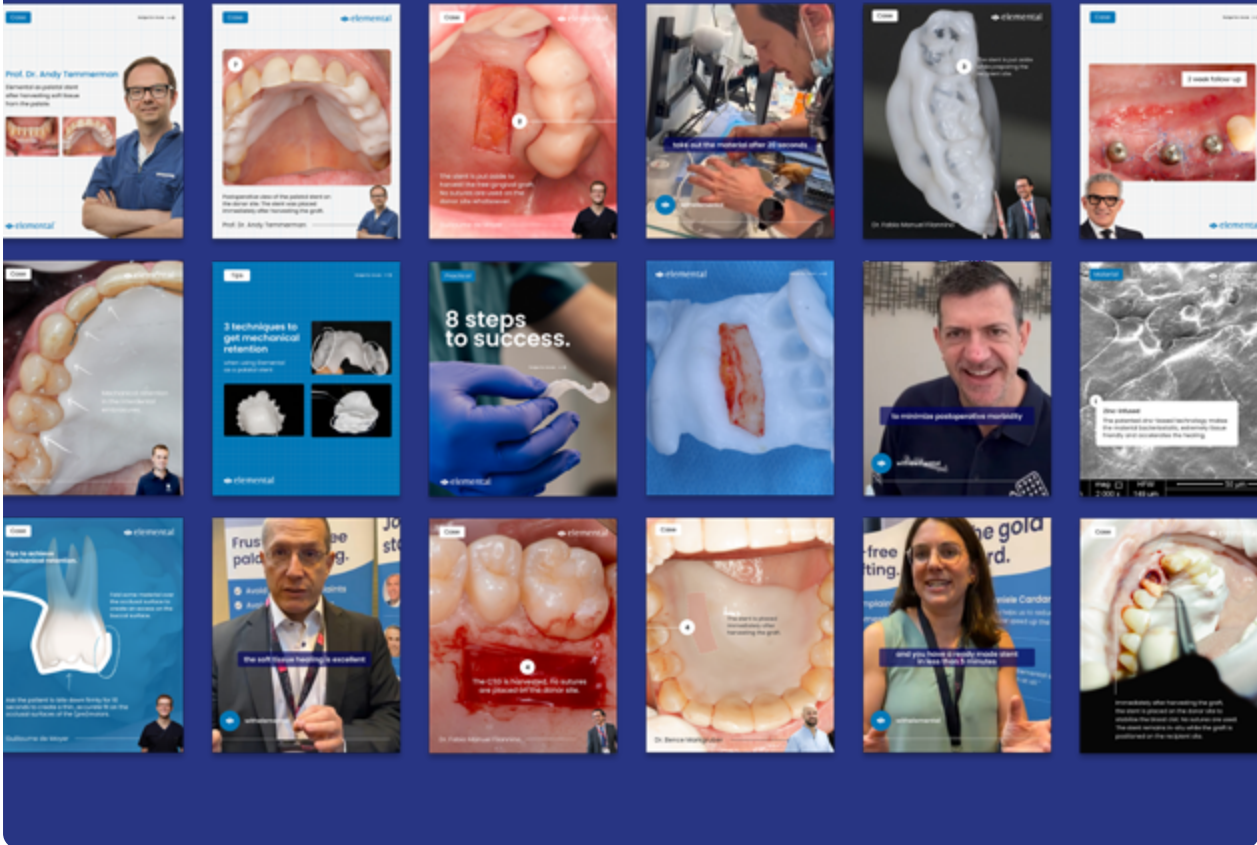


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3 key handlings to practice.



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