

# Bone Grafting Explained Technique

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## While

there are several membranes on the market and controversy exists as to which are best, they all seem to work pretty much the same. The first membranes that were used were not resorbable by the body so they had to be removed prior to completing the implant restoration. Today, several companies have developed resorbable membranes that the body will completely remove in anywhere from four to eight weeks. There is still not enough study on the resorbable membranes to say that they are equal to the non-resorbable ones, but the preliminary work looks very good. One of the most important factors in grafting using membranes is the stability of the graft and the membrane. If either of these components is allowed to move around during healing, there might be a lack of complete healing and maturation and instead of bone, we might end up with an immature osteoid-like tissue that never really mineralizes. Current wisdom dictates that the grafts are tightly packed and that the membranes are stabilized. Sometimes a cover screw may be used for stabilization, but in most instances, special "tacks" are utilized. The tacks are made from titanium and they are pushed or banged into the bone. They are removed when the membrane is removed.

## The

patient shown here had a cuspid with severe internal and external resorption. The tooth had been extracted about 6 weeks prior to implant placement. The entire labial plate was missing, but I was able to stabilize a 15mm IMTEC implant. I packed the area with freeze dried bone (mineralized) and Bio-Oss (Osteohealth Company, One Luitpold Drive, Shirley, NY 11967, 800-874-2334) . The membrane poked through at the occlusal surface so I decided to go back in at five weeks. The bone fill looked superb. It was hard and resistant to any type of probing. The implant remains completely buried. Approximately three months later, the restoration is completed.