

Periodontal Dentistry Techniques

Treating surgical wounds utilizing Reso-Pac hydrophylic periodontal dressing

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Advantages of periodontal dressings

A dressing is generally seen as a therapeutic medium that promotes fast and efficient healing of diseased or damaged tissue. An essential characteristic of a dressing is not only the mechanical stabilization and protective function but also the covering of a wound to avoid loss of necessary substrates produced naturally in the body and to prevent the invasion of undesired substances, particles, and organisms.

The oral cavity and its milieu constitute problems for an uncomplicated process of wound healing. Constant saliva flow, food ingestion, the inability to completely immobilize anatomical structures, and the activities of specific germ colonization strongly warrant a wound dressing.

Keep the basics of guided tissue regeneration in mind. The blood coagulum caused by periodontal surgery is fixated by membranes, preventing the deep growth of gingival epithelia.

The inserted membranes serve as subgingival or submucoperiosteal dressing with precisely the same advantages previously described for a dressing. Materials suitable for coating and covering the oral mucosa and gingiva are termed as periodontal, parodontal or curative wound dressings.

Classifications of periodontal dressings

Materials recommended as periodontal dressings are classified according to their mechanical strength after application to the wound area and their durability in the oral cavity.

Three categories of the most common periodontal dressings on the German dental market are classified as follows: solid and non-soluble, soft and non soluble, and soft and soluble.

The indication determines which material is preferred. A soft dissolving dressing that does not stick together with sutures, does not cause damage because of its firmness, and does not require removal is usually preferable. Reso-pac dressing is exceptionally well suited for such purposes.

Also appropriate for use as medication, hemostyptic, and fluoride excipient, Reso-Pac hydrophylic periodontal dressing consists mainly of cellulose and reportedly adheres exceptionally well to damp or bleeding wounds. The dressing is also suitable for the covering of post-extraction wounds (Figures 1 and 2) to protect against mechanical influences and potential immobilization of the adjacent tissue.

After operative procedures with subsequent sutures, the dressing is recommended for use as an additional surface wound cover (Figures 3 and 4). The desired amount of material is easily squeezed from the tube, formed into a thin roll, and pressed to the wound area with a wet gloved finger.

The dressing becomes

gelatinous within three minutes and adheres securely to the wound area. It is appropriate after all surgical periodontal procedures (Figures 5, 6, and 7).

The gel is neutral in taste and odor. Without manipulation or mastication, the dressing adheres for up to 30 hours, then dissolves slowly without leaving residues (Figures 5, 6 and 7).

It also can be employed as medication excipient, so that it can be used to treat patients requiring anticoagulants (Figures 8 and 9).

The healing process after one day is visible in Figure 10. The wound 10 days post-operative is shown in Fig. 11.



Figure 1. Fresh extraction wound region tooth 38.



Figure 2. Good applicability of Reso-Pac in hard-to-reach areas.



Figure 3. Sutured operational area of tooth 13 after root resection.



Figure 4. Wound area covered with Reso-Pac for additional protection.



Figure 5. Residue-free disolvance of Reso-Pac within the oral cavity.

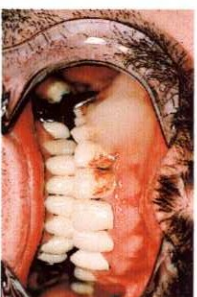


Figure 6. The dressing after 24 hours.

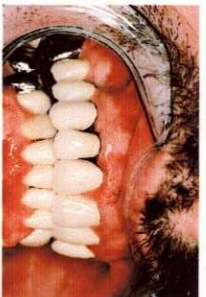


Figure 7. The dressing after 36 hours.

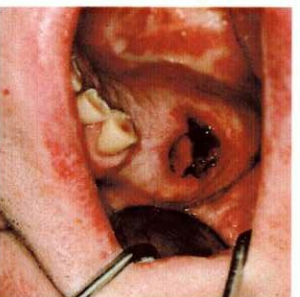


Figure 8. Reso-Pac used as medication excipient during the treatment of a patient with anticoagulant therapy (Quick's value 40%)

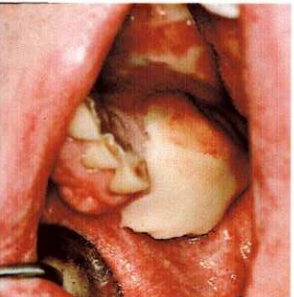


Figure 9. The freshly applied Reso-Pac dressing.

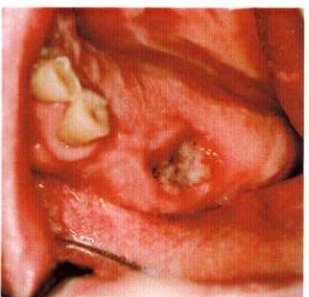


Figure 10. The healing process 1 day after tooth extraction.



Figure 11. Shows the wound 10 days post operative.



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