BEDROCK PERIODONTICS

When Deep Cleaning Isn't Enough

Osseous surgery for advanced periodontitis

Did you know? For advanced periodontitis with deep pockets and bone loss, osseous surgery reshapes the bone and reduces pockets so you can actually clean what's left.

WHAT IT DOES

- **Debrides roots** that can't be reached non-surgically
- **Reshapes bone** to eliminate crater-like defects from periodontitis
- **Reduces pockets** so a toothbrush and floss can keep them clean

WHEN WE RECOMMEND IT

- **Pockets 7 mm+** with bone defects on X-ray
- **Residual disease** after SRP or laser therapy
- **Regenerable defects** — 2-3 wall intrabony craters where we can grow bone back with GTR

WHAT MAKES YOU A CANDIDATE

- A previous diagnosis of stage III/IV periodontitis
- Pockets that haven't responded to deep cleaning
- Loose teeth or shifting bite
- Significant bone loss on X-rays
- Recurrent infection in specific sites

THE GOOD NEWS

Modern osseous surgery is smaller, gentler, and supported by laser debridement and ComfortLase photobiomodulation. Most patients describe recovery as easier than expected — closer to a wisdom-tooth extraction than the surgery they were warned about.

WHAT TO EXPECT

1. **Full exam** with pocket depths and X-rays to map defects.
2. **Surgery** under local anesthesia; reshape bone or regenerate with GTR (bone graft + membrane) based on defect shape.
3. **Sutures** removed at 1-2 weeks; soft diet 2 weeks.
4. **Healing** 4-6 months for full bone fill in regenerated sites.
5. **3-month maintenance** long-term — essential for stability.

Have advanced periodontitis?

Dr. Ashwin Nambisan & Dr. Yogalakshmi Rajendran

4505 Spicewood Springs Rd, Suite 100 • Austin, TX 78759

Call **(512) 660-5008** • **bedrockperio.com**

Sources: EFP S3 Guideline for Stage III-IV periodontitis; AAP regeneration consensus. Educational use only.