GUM CARE • RECESSION TREATMENT

Gum Grafting: How We Cover Exposed Roots and Stop Recession

When gums recede, the roots underneath are unprotected. Modern grafting restores tissue, stops the recession, and — done well — looks better than what was there before.

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"My gums look like they're melting away" is one of the most common things we hear from new patients at Bedrock Periodontics. Gum recession is gradual, often painless, and surprisingly common — and once exposed roots are visible, the recession is already moderate.

The good news: we can fix it. Gum grafting is one of the most refined procedures in modern periodontology, and the results, in experienced hands, are nearly invisible.

Why gums recede

- Aggressive brushing — hard-bristle brushes and horizontal scrubbing strip thin tissue.
- Periodontitis — the bone underneath recedes, and the gum follows.
- Thin biotype — some people are simply born with thinner, less robust gum tissue.
- Tooth position and crowding — teeth that sit forward in the bone have less tissue support.
- Bruxism (grinding) — chronic loading bends teeth and damages attachment.
- Smoking and vaping — vasoconstriction reduces blood flow and accelerates recession.

Why exposed roots matter

Recession isn't just cosmetic. Exposed roots are softer than enamel, more sensitive to cold, more prone to decay, and harder to clean. Untreated, they progress — sometimes to tooth loss.

How we graft

We tailor the technique to the patient. The most common approaches we use:

- Connective tissue graft (CTG) — the gold standard. Tissue is harvested from the palate and tunneled under the recessed area. Excellent root coverage, very natural look.
- Free gingival graft (FGG) — thicker tissue from the palate placed at the gum line. Best when you need to build attached gum tissue, less ideal for root coverage.

- Allograft / acellular dermal matrix — donor-tissue grafts. No second surgical site, faster recovery, and outcomes are now comparable to autografts in many cases.
- Pinhole and tunnel techniques — minimally invasive approaches that avoid traditional flaps. We use them where the recession pattern fits.

Comfort, sutures, and recovery

Modern grafting is far less invasive than it was a decade ago. We use microsurgical instruments, fine sutures, and — critically — ComfortLase photobiomodulation after the procedure to speed healing. Most patients are back to normal activities the next day. Eating is restricted to soft foods on the surgical side for 1-2 weeks.

What this means for you

1. **Don't wait.** Recession progresses. Earlier intervention means less tissue needed and better results.
2. **Switch to a soft brush.** Electric brushes with pressure sensors are the safest choice.
3. **Address bruxism.** A night guard protects both your teeth and your graft.
4. **Ask which graft fits.** CTG, allograft, and tunnel techniques all have different trade-offs.
5. **Quit nicotine.** Smoking and vaping reduce graft success significantly.

The bottom line

Recession is treatable, and modern grafting techniques are remarkably refined. The earlier we see you, the more options we have — and the more invisible the result.

Worried about receding gums?

Schedule a periodontal exam. We'll assess your recession pattern, gum biotype, and bone level, and walk you through the grafting approach that fits.

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Call **(512) 660-5008** or visit bedrockperio.com to book a consultation.

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