

THE CHECKLIST

Hello enthusiastic doctor,

Congrats on your interest and involvement with crown lengthening surgery. I have **no doubt** that you will gain great benefit from this training.

Crown lengthening is one of the most predictable procedures in periodontics. As long as you understand the steps and why they are performed, **you** can predictably position the tissue at a desired height.

This procedure will enhance your restorative results and solve several of your challenges to give your patient an excellent outcome.

No more compromise when a tooth fractures subgingival.

When caries extends beyond an existing restoration, caries control is challenging and that trickles down to the process of taking impressions and delivering a restoration. These problems happen daily in private practice. **No need to compromise.**

Functional crown lengthening is going to be your best friend.

The goal of this checklist is to organize your thinking when you have a potential crown lengthening candidate. In the first training video, you learned about the main indications for functional crown lengthening (there are more that I'll review in the course).

Now, you need to follow a system that will help you tackle the surgery. You'll need to follow the proper steps and use the right instruments (all can be found in this document).

Although this is a relatively simple procedure, **some doctors fail** because of **3 things**:

1. **Not reaching a diagnosis first.**
2. **Not understanding the steps.**
3. **Not understanding the biology behind the procedure (the “why”).**

This checklist and the 3-part crown lengthening video training series will help help you **HOW NOT TO FAIL** by tackling all 3.

So here's the first step:

DETERMINE THE NEED

That will come organically. You will face a restorative challenge in your practice with your patient(s).

Here's the **first awesome thing** about crown lengthening surgery:

These patients are in your practice already. They already like and trust you.



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It's only natural that they will follow your recommendations for crown lengthening.

The **second awesome thing**:

You encountered a restorative challenge (subgingival fracture and caries) and you will be really convincing when you offer this procedure.

Why?

Because the problem is just in front of you and you can't do your best without it. It's almost obvious and a logical decision is to perform crown lengthening surgery.

PUT YOUR HANDPIECE DOWN

You're in the process of tooth preparation.

You are preparing in the subgingival environment.

It's bleeding and you know you **CAN'T get a good margin.**

It's time to put the handpiece down.

Put the patient up and discuss the problem.

Explain that the process of preparation and impression cannot be continued

- Caries because: extended too deep subgingivally
- Fracture is deep interproximally
- Too much bleeding
- Lack of visibility
- Finish line will be compromised

Discuss whatever pertains to the particular clinical situation.

Whatever the problem is, **your patient needs to know** about that

No worry. With time you'll be able to predict this ahead of time.

No more surprises and **we will discuss this in the online training in crown lengthening surgery.**

Have a discussion with your patient.

Explain the challenge. Snap a photo. Take a radiograph.



Your patients will be certainly convinced about the necessity of crown lengthening surgery

Show them to your patient.

Don't be negative or appear concerned.

Explain the challenge in a calm and professional way.

Explain the solution: Crown lengthening surgery.

Discuss the benefits: Better and more accurate finish line, better impression quality, better future cementation and excess cement removal, better long-term maintenance and....better future periodontal and bone stability.

Say no more.

There are 2 things you need to do next

1. DISCUSS THE PROCEDURE

2. INFORMED CONSENT

Explain the benefits, risks and possible minor side effects (**part 3 video** in the video-series will discuss **COMPLICATIONS** and their management).

Go through the informed consent process and have the form signed.

FINANCIAL ARRANGEMENT

Explain what this procedure will cost and don't forget to always talk about the value and long-term benefits your patients will be getting.

Crown lengthening will definitely improve your bottom line.

You will be adding a surgical procedure that is indicated and deserve to be compensated for it. Your patients will be more invested financially to be getting a higher quality treatment.

Be really good about explaining this and talking about value.

Now, you have **two options**:

1. Make a provisional and schedule the patient for functional crown lengthening on a separate date
2. Make a provisional. Take a break and set up immediately for crown lengthening surgery

There is no right or wrong. It depends on your schedule and the circumstances. Generally, it's a good idea not to rush surgery and make sure all is prepared. The choice is yours.

The next steps describe the steps and the exact instruments and burs

(Naturally you'll provide good local anesthesia that is profound and long lasting. I thought I'd just throw this in).

INCISION OUTLINE

That will depend on the amount of attached and keratinized gingiva. It also depends on where the problem is, how many teeth are involved and how close it is to the esthetic zone.

Is it buccal? Is it palatal/lingual? Interproximal? Or a combination?

These points are SUPER important and we'll get deeper into that in our crown lengthening online training.

Generally, you'll be using **an internal bevel incision**. A common incision outline extends from line angle to line angle while skipping a tooth. That creates an incision outline with surgical papillae. This will allow for your flap to adapt perfectly around the teeth upon suturing

You can see the outline in the first video. If it's not 100%, **don't stress out about it**. I will make it clear in **our future training videos and webinars**.

Tools:

- **#15 blade** on straight blade holder: creates the initial incision outline
- **Orban knife**: repeat the incision line and remove the interproximal tissue

FLAP REFLECTION

Generally, the most common, flap type is a **full thickness flap** with horizontal extensions (envelope flap)

TOOLS:

- **Periosteal elevator**

OSTECTOMY

This is the part of **vertical bone reduction**. You'll need to account for the biologic width and ferrule effect. You'll also have to understand the concept of **POSITIVE ARCHITECTURE**. These 2 concepts will guide in the vertical bone reduction component of this procedure.

Make sure you UNDERSTAND THEM PERFECTLY.

TOOLS:

- **Crown lengthening bur (end cutting):** There are 2 types a large (with a 4mm marking) and a small (for interproximal).
- **Round diamond bur:** thin-out the bone buccally to a very thin layer of bone and then remove it with a straight chisel

OSTEOPLASTY

Super important step and also underutilized (and in my opinion not well understood and definitely not taught enough).

In this step you are removing non-supporting bone which is **changing the shape of bone**.

This will allow your flap to lay passively and heal faster.

Why?

Because you're creating the natural bone architecture.

How does bone look like in the horizontal dimension?

It's **concave** in between the roots and **convex** around the roots.
The transition between convex and concave creates a pattern called: **FESTOONING**

We'll go over these concepts in much more detail later.

TOOLS:

- o **Large round diamond bur:** Creates the channels (the concave areas)
- o **Large football bur:** Connect the channels and create the convex part

SUTURING

Once the ostectomy and osteoplasty are completed, the last step is to approximate the tissues for optimal healing. If you followed all the previous steps, your flap will lay passively.

Most common suture techniques (99% of all cases)

Simple interrupted and figure 8.

Really?

Yes.

Your flap are well adapted over biologically re-shaped bone. No need to go fancy.

TOOLS:

- **Castro Viejo needle holder**
- **Scissors**
- **Cotton pliers:** to hold tissue
- **Sutures:** Gut 4/0 (99% of cases of functional crown lengthening)

So here you have it

Follow the checklist to perform functional crown lengthening in your practice.

It includes the necessary steps including the tools and burs you'll need.

There is not much involved in terms of technology or investment in many tools.

The overhead is relatively low (another great benefit of performing crown lengthening).

There is definitely more to learn.

If you like this way of learning and would like to incorporate crown lengthening surgery in your practice you will LOVE participating in the online training.

There is much more to come.

TRAINING IN CROWN LENGTHENING SURGERY

In the next video I'll show you esthetic crown lengthening, we'll talk about complications and at the end you'll have to opportunity to train with me.

To your surgical success!



Ziv Simon, DMD,MSc

Creator of SurgicalMaster, The Surgical Training for Dentists



PS

Feel free to share this checklist with other dentist and you have my blessing to email it as well as the link to join the training at www.crownlengtheningsurgery.com

PS2

You are awesome for taking the time to learn and improve your surgical skills Give yourself tons of credit. Most dentists don't.