

# Minimally Invasive Implantology: Flapless Surgery

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## Short Communication

In conventional implant surgery, the elevation of a mucoperiosteal flap can facilitate implant placement by allowing the surgeon to visually assess bone quantity and morphology at the site. In cases with limited amount of bone, a flap elevation can help implant placement to reduce the risk of bone fenestrations or perforations over the past three decades there have been several alterations to this flap design in favor of flapless implant surgery which has gained popularity among surgeons. Recently, the Concept of flapless implant, where the implant is placed without reflecting a flap, has gained popularity among surgeons. It has been introduced for the patients with sufficient keratinized gingival tissue and bone volume in the implant recipient site and the size of the surgical field corresponds therefore to the implant diameter. As peri implant tissues management is a challenge, this procedure minimizes the possibility of postoperative peri-implant tissue loss [1-3]. It has numerous advantages, including preservation of circulation, soft tissue architecture, and hard tissue volume at the site; decreased surgical time; improved patient comfort; and accelerated healing. It allows also the patient to resume normal oral hygiene procedures immediately after the surgery. A disadvantage of this technique is that the true topography of the underlying available bone cannot be observed, which may increase the risk for unwanted perforations. In addition, it can lead to esthetical problems or implant losses [4]. Moreover, there is the potential for thermal damage secondary to reduced access for external irrigation during osteotomy preparation. The successful use of this approach often requires advanced clinical experience and surgical judgment [4-6].

## References

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