

# Advances in Dentistry & Oral Health

Adv Dent & Oral Health

Copyright © All rights are reserved by Nissaf Daouahi

## Minimally Invasive Implantology: Flapless Surgery

#### Nissaf Daouahi\*, Dalenda Hadyaoui and Mounir Cherif

Department of Fixed Prosthodontics, Dentistry School, Tunisia

Submission: February 24, 2016; Published: March 03, 2016

\*Corresponding author: Dr. Nissaf Daouahi, Assistant professor, Department of Fixed Prosthodontics, Dentistry School, Tunisia, Email: nissafdaouahi@gmail.com

### **Short Communication**

In conventional implant surgery, the elevation of a muco periosteal 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 periimplant 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].

#### Refrences

- Chrcanovic BR, Albrektsson T, Wennerberg A (2014) Flapless versus Conventional Flapped Dental Implant Surgery: A Meta-Analysis. PLoS One 9(6).
- 2. Jolly R, Thukral H, Chandra MT (2013) Flapless Implant Surgery: An Overview. Journal of Dental Sciences & Oral Rehabilitation 15-18.

- Mijiritsky E, Lorean A, Barbu H, Mazor Z (2011) Full-Mouth Implantsupported Rehabilitation with a Flapless Surgical Technique: A Treatment Approach using Computer-Assisted Oral Implant Surgery. JP-Journals 2(3): 171-175.
- Nidhin R (2014) Comparative Evaluation Of Crestal Bone Levels Following ImplantPlacement With Flap And Flapless Techniques In Posterior Edentulous Areas Of The Mandible-An invivo Study. (IOSR-JDMS) 13(8): 95-99.
- 5. Danza M, Carinci F (2010) Flapless surgery and immediately loaded implants: A retrospective comparison between implantation with and without computer-assisted planned surgical stent. Stomatologija 12(2): 35-41.
- Blanco J, Alves CC, Nuñez V, Aracil L, Muñoz F, et al. (2010) Biological width following immediate implant placement in the dog: flap vs. flapless surgery. Clin Oral Implants Res 21(6): 624-631.