Flap detachment and retraction in periapical surgery

In many cases, periapical surgery is required instead of tooth extraction and implant placement. In this regard, flap detachment and retraction, affording adequate access to the periapical lesion with good visualization of the surgical field, is crucial in order to ensure meticulous, rapid and correct periapical surgery and treatment success. This in turn avoids damage to the surrounding soft tissue and neurovascular elements, allowing adequate ostectomy, with the sutures resting on hard tissue.

The raising of the flap and traction must be carried out firmly but gently in order to minimize trauma. The sulcus technique, described in apicoectomy of the mandibular premolars, allows safe stabilization of the retractor supported on the bone without harming the surrounding tissue. Adequate soft-tissue management not only results in a better postoperative course, with less pain and inflammation, but also guarantees optimum wound healing. Furthermore, an adequate flap design will increase the efficiency of surgery, resulting in a shorter operating time.

Flap detachment and retraction is fundamental in periapical surgery, but in the past has not been well addressed from the teaching perspective in the books and articles published on this subject. It is important for dental surgeons to learn, use and trust these techniques in order to adequately decide when and when not to indicate dental implant placement.

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