

The science of unlocking the healing power in your blood is moving forward at a very high rate of speed. The main reasons we are not benefiting as fast as we could are government bureaucracies slow down progress and what I call flat earth thinking. I.E. we can not sail beyond the horizon because the earth is flat and we will all fall off and die!



TODAY'S NEWS

So why do you want to grow new bone when a tooth is removed and how can this be done?

Socket preservation procedure prevents immediate bone resorption after extraction thus keeping the contour and integrity of the socket with a successful and natural looking appearance for tooth restorative procedures. All dental prosthesis require good jaw bone support for it to be successful in the long run. Without socket preservation, residual bones could lose volume resulting in loss of facial vertical and horizontal dimension and changes in facial soft tissues aesthetics. Translation, you look older when you lose jaw bone because it supports your facial skin.

What's new in growing new bone when a tooth has to be removed? Funny you should ask, As most of you know, I have been teaching at the Georgia College of Dental Medicine for some time and this will be my eleventh year. This gives me the opportunity to learn about the latest techniques and materials and then integrate them into our practice. Over the last four years, we (The Dental College) have been working with a French medical/dental group that developed a new grafting material that comes from your own blood.

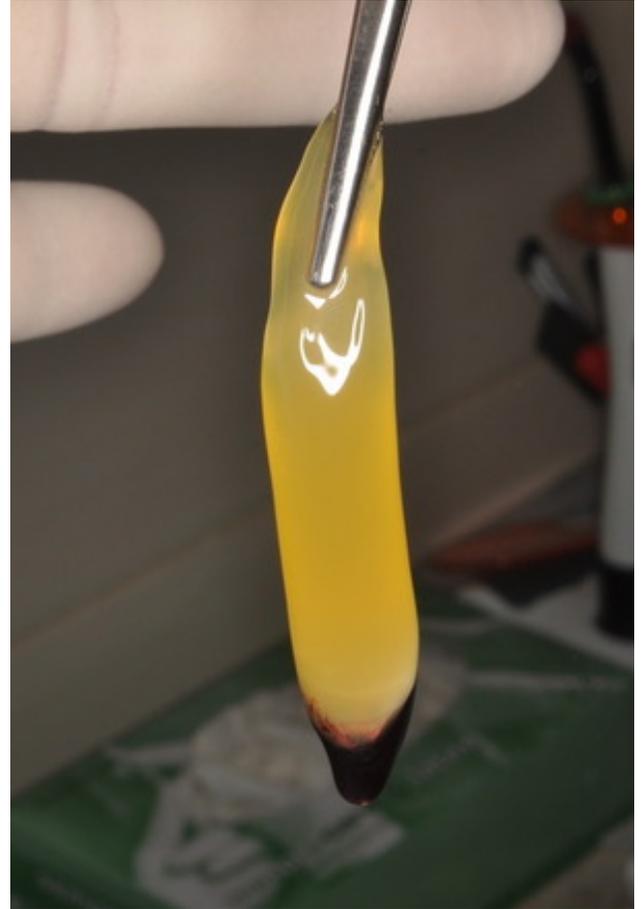
After four years of surgical use the results are these:

- A. Less post-operative pain.
- B. Less post-operative swelling.
- C. Fewer dry sockets. None recorded as long as the graft stayed intact.
- D. Less post-operative bleeding.
- E. The BIGGIE! Drum role, please.... new bone forms where the tooth once was faster than with any other grafting technique. The other grafting techniques take from 4 to 12 months to get strong bone. PRF grafts take from 2 to 6 months to get strong bone. (I.E. half the time) 🙌🙌🙌

I think it's worth noting that the material used is all you and no, zero, zip, nada, donor material is used.

All in all, this is pretty spiffy.

Down side, we have to poke you for the blood draw. I'm aware that that's not for everyone so we still have the other options available. (I.E. The no poke ones)



This is what the graft material looks like after the first step.

The technical side of what goes on.

A platelet rich fibrin membrane is a membrane to prevent epithelial cell migration into the grafted area, it prevents bacterial colonization, contains growth factors (PDGF, IGF-I, VEGF, and TGFb) and living cells and allows a perfusion of gases and recruitment of stem cells from periosteum. PRF is a second generation autologous platelet derivative of platelet-rich plasma.

PS. Our new stem cell isolation room will be completed by the end of the week.

Dr. Madson has two doctorates a DMD in Medical Dentistry and an NMD in Naturopathic Medicine and he is adjunctive faculty at The Dental College of Georgia in the General Practice Residency where he teaches and lectures and has done so for over a decade. He is also certified in the ND YAG Laser, stem cells, biologic dentistry, and is also Board Certified in Botox and Facial Fillers. He is also Board Certified in Biologic Dentistry.