



Did you **know**?

40–60%

of your bone is lost in the first two years after an extraction if nothing is done to preserve it.



The bone in our jaws is only present to hold our teeth.

The good news is you can STOP bone loss through a process called socket preservation.

How does it work?

We put a material in the socket after the extraction and then your OWN bone cells grow into that space and have “baby” and “grandbaby” bone cells and then the material we placed dissolves away over time.

When is socket preservation recommended?

- ✔ To prepare and allow for dental implants in the future
- ✔ To have ample ridge space to support a partial or full denture
- ✔ To support the pontic (or “floating tooth”) of a bridge
- ✔ To improve your periodontal (gum and bone) health



Does it hurt?

No! After the tooth is extracted a series of steps are taken to create an optimal environment for socket preservation and then the material we use is condensed into the space. Resorbable sutures are placed to hold the gum tissue together over the material to keep it from getting displaced. These sutures dissolve on their own. The whole process shouldn't take longer than 15 minutes.

My doctor is recommending a membrane on top of the socket preservation... why?

If the doctor feels like the gum tissue is not elastic enough to hold the socket preservation material in place, a membrane is recommended. This membrane will dissolve on its own.

Please note: if you have a pus-filled infection or swelling, the extraction will take place, antibiotics will be prescribed and we will reappoint you for 1-3 weeks after this procedure for the socket preservation. If you do not have an aggressive infection, the socket preservation will take place immediately after the extraction.

After socket preservation procedures, antibiotics may be prescribed and recommended.

