



M.A.SAGHIRI,

A.DELVARANI,

MSAGHIRI@AOL.COM

M.LOTFI,

N.BAHRAMAIN,

S.K.SADRNEZHAAD,

New Protocol for Tissue Management in Endo and Periodontics

Objectives: *The healing capacity of oral tissues is excellent. Flap design should allow maintenance of optimal and sufficient blood supply to all mobilized and immobilized portions of the soft tissues. With prolonged duration of the surgical procedure, especially when a high degree of homeostasis has been achieved, there is a risk of drying out of tissues.*

Material and Methods: *The surgical site must be kept moist to minimize shrinkage of the reflected tissue flap. In surgical endodontics, the marginal epithelium and connective tissue are not removed, but are left intact on the tooth surface subsequent to tissue incision, elevation, and reflection. The treatment is aimed at maintaining vitality and survival of these tissues in order to facilitate and expedite the healing process. Ideally, wound healing does not result in new attachment formation, but preferably in reattachment, or healing by primary intention. The re-approximated tissue flap should rest passively in the desired place before suturing, reducing tension on the flap margins. In general, tissue trauma, such as stretching, tearing, or distortion should be avoided at all times. Gentle and careful manipulation with Microsurgical instruments are helpful.*

Results: *As every placement of a suture poses additional injury to the*