

KRISHNA VISHWA VIDYAPEETH  
SCHOOL OF DENTAL SCIENCES

**PERIODONTOLOGY**  
(Department Name in capital bold letters)

May2026  
(Month / Year)


Total no. of OPD patient for the month - 2250

Details of major clinical procedure being performed –

S/n	OPD No.	Age / Gender	Major clinical procedure	Details
1	657077	25/M	Root coverage procedure with 31	Subepithelial connective tissue graft placement for gingival recession with 31 tooth region
2	651620	33/F	fractured dental implant removal	Full thickness mucoperiosteal flap raised for fractured dental implant removal
3	669462	56/F	Kirkland flap surgery done	Kirkland flap surgery done with 3 <sup>rd</sup> quadrant
4	648613	58/F	Guided tissue regeneration done with 11 and 12 region using sticky bone and GTR membrane.	Full thickness mucoperiosteal flap raised, followed by sticky bone placement by mixing xenograft with i-prf and A-prf over which guided tissue regeneration membrane was placed, flap was approximated and sutured periodontal dressing was given.
5	693599	20/F	Surgical crown lengthening with osseous surgery in relation to 12	Full thickness mucoperiosteal flap raised, followed by osseous resection using carbide bur under continuous irrigation done with 12

6	638652	27/F	Free gingival Graft with 11 under LA followed by PBM and periodontal dressing placed	Free gingival graft (FGG) procedure in relation to tooth 11 was performed under local anaesthesia. The recipient site was prepared by partial-thickness dissection. A free gingival graft of appropriate dimensions was harvested from the palatal donor site and adapted to the recipient area. The graft was stabilized with interrupted and sling sutures to ensure intimate adaptation to the underlying recipient bed. Hemostasis was achieved at both donor and recipient sites. Photobiomodulation (PBM) therapy was subsequently administered to the surgical site in accordance with the prescribed protocol to promote wound healing and reduce postoperative discomfort. Periodontal dressing was placed
7	674059	19/F	Extraction with alveolar ridge preservation using bone graft and PRF membrane	Atraumatic extraction performed under local anaesthesia. A full-thickness mucoperiosteal flap was reflected to gain adequate access. The extraction socket was thoroughly debrided and irrigated with sterile saline. Alveolar ridge preservation was carried out using bone graft material placed within the socket, followed by adaptation of a PRF membrane over the grafted site. The flap was repositioned and stabilized with sutures to achieve primary closure.
8	666520	28/F	Hemisection done with 36 under LA	Hemisection of tooth 36 was performed under local anaesthesia. A full-thickness mucoperiosteal flap was reflected to gain adequate access to the furcation area. The affected root and corresponding crown portion were sectioned and removed. The extraction socket and furcation area were thoroughly debrided to remove granulation tissue and irrigated with normal saline. The remaining root segment was evaluated for stability and occlusal adjustment was performed as required. The flap was

				repositioned and secured with sutures.
9	667559	52/ F	Root resection done with 36 under LA using bone graft and membrane	Root resection of tooth 36 was performed under local anaesthesia. A full-thickness mucoperiosteal flap was reflected to expose the surgical site. The indicated root was resected using a surgical bur under copious saline irrigation. Thorough debridement and root planing were carried out, and all granulation tissue was removed. The osseous defect was evaluated and filled with bone graft material. A guided tissue regeneration (GTR) membrane was adapted and placed over the grafted site. The surgical area was irrigated with sterile saline, the flap was repositioned, and primary closure was achieved with interrupted sutures.

  
**HEAD OF THE DEPARTMENT**  
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