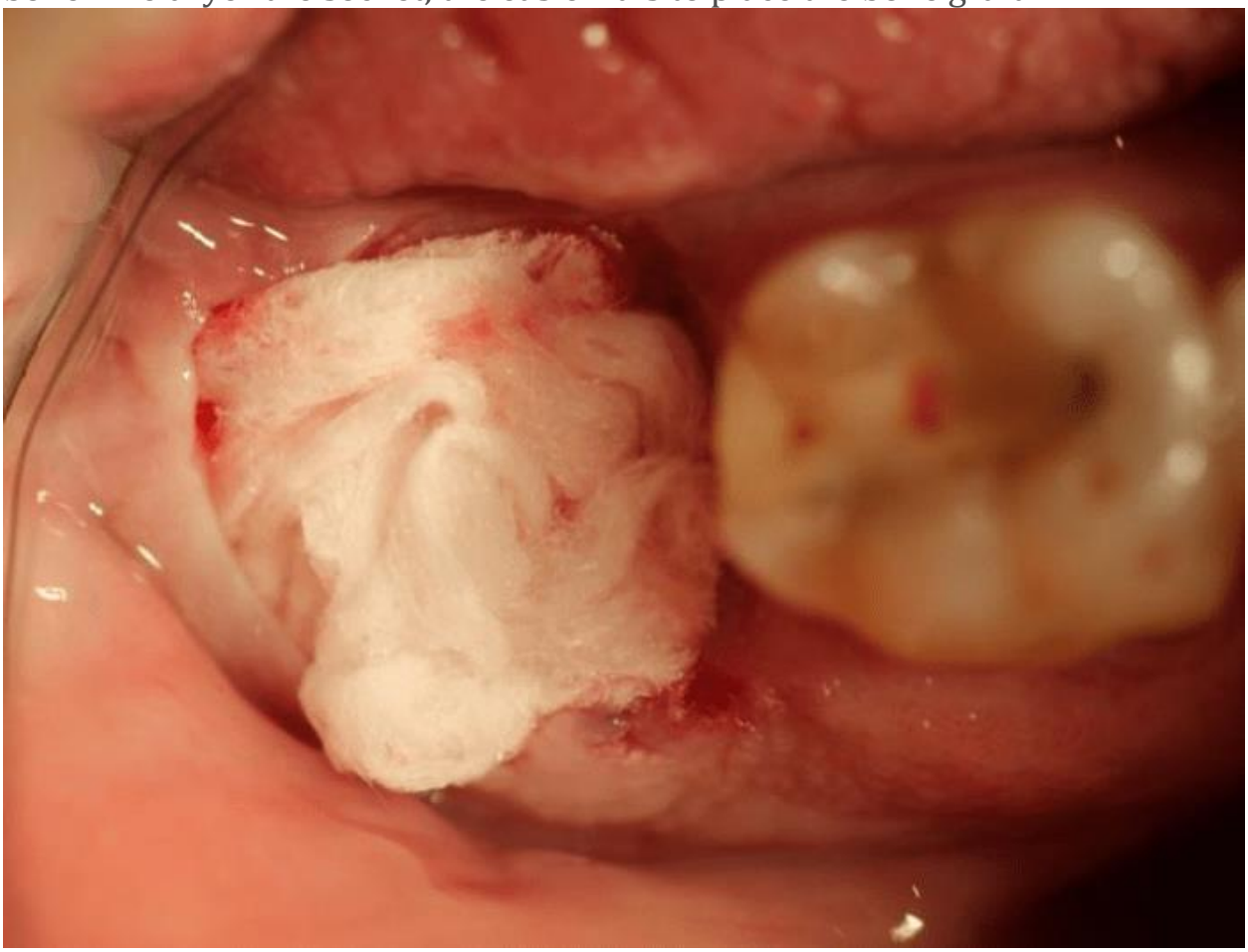
Treating a Profusely Bleeding and Infected Socket

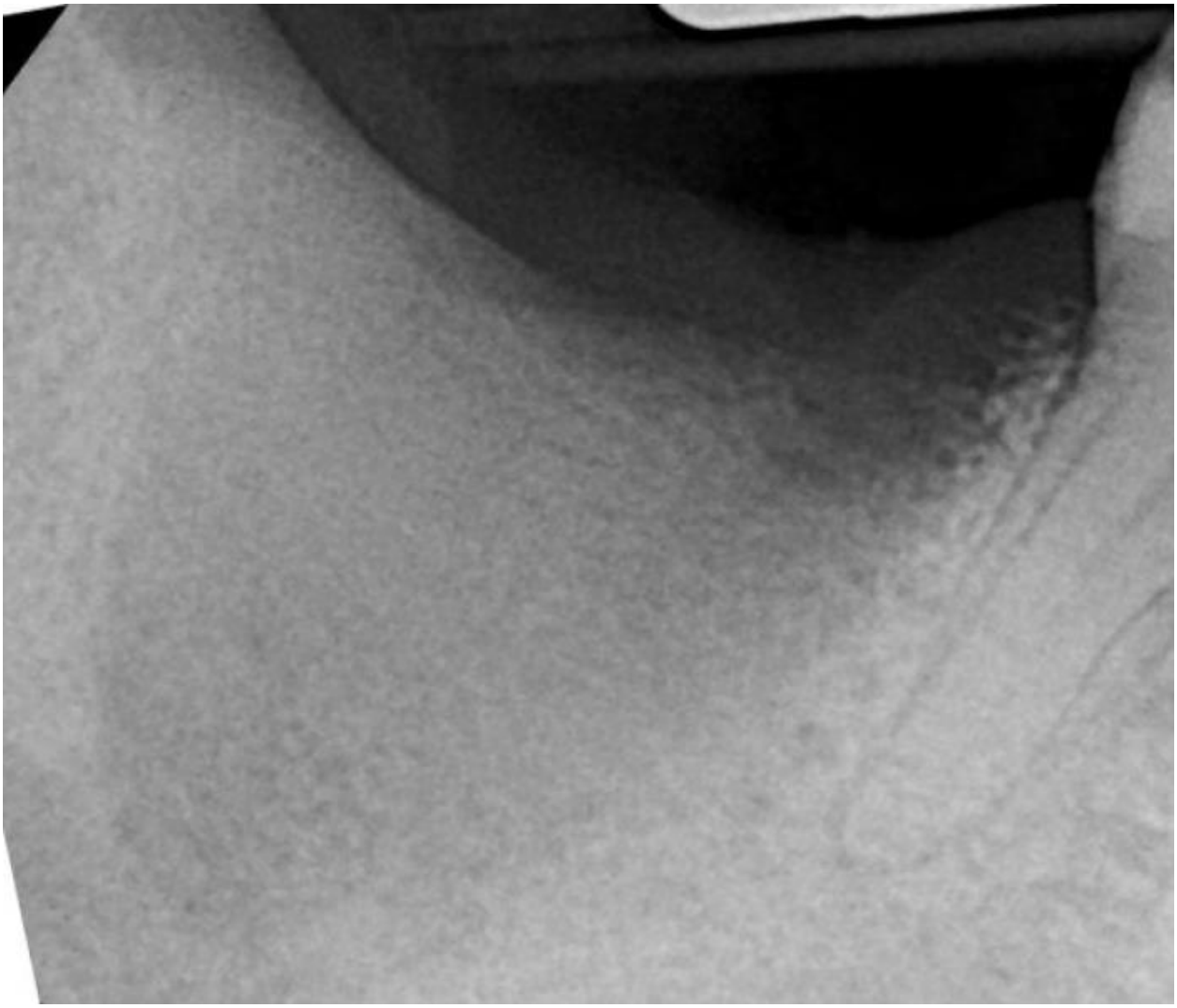
With a lesion like this, you know you are going to experience profuse bleeding after extraction. Our training tells us to have the patient bite on gauze until the bleeding stops or subsides. Grafting the site and dealing with profuse bleeding as it pushes your graft out is very challenging.

SteinerBio bone graft products do not require blood to be present in the socket for grafting purposes. Our technology targets the osteoblast that live in bone. The dryer the socket, the easier it is to place the bone graft.

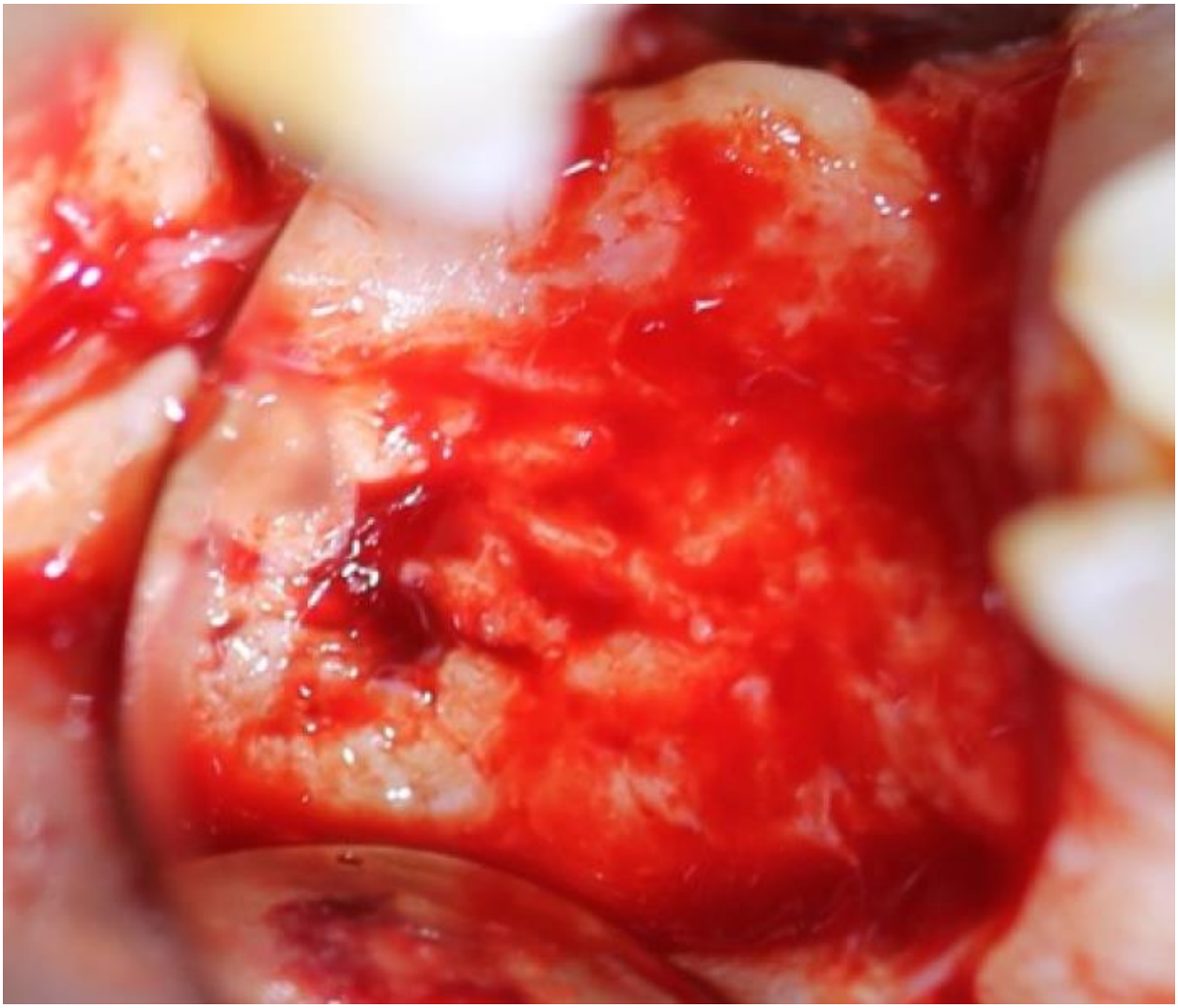


After the extraction, the socket was profusely bleeding making it difficult for grafting. In order to control the blood flow, a sterile 2×2 gauze was stuffed **INSIDE** the socket. The first gauze became saturated with blood preventing blood flow into the mouth. After removing the first gauze, the bleeding had completely stopped. A second gauze was placed to make sure the socket was nice and dry before grafting. Lidocaine 1:50 can also be placed on the gauze to help control the bleeding.

After slightly overfilling the socket, compress the graft material with a flat instrument, remove excess material ad cover the graft with a dense PTFE membrane. Remove the sutures in 2 weeks and the membrane in 1 month. The graft material is covered with a dense PTFE and **Oral Bond™** and removed one month after grafting.



Mineralization complete



Well-formed alveolar crest