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## New Technique for Gum Plastic Surgery with Single-Stage Implantation

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### ABSTRACT

The doctor performing implantation must study the patient's medical history in detail, as well as carry out all the necessary tests and examinations in a timely and high-quality manner. In addition to analyzing the blood taken from the patient, high and panoramic images also need to be taken. lower jaw using special stencils with regular size radio packet pins. This is necessary to determine the characteristics of anatomical formations.

### Keywords:

Wisdom teeth, crowded teeth, impacted teeth, prevention.

As you know, dental implantation is the process of restoring teeth lost for any reason by introducing an artificial root into the jaw bone, onto which a crown or prosthesis is subsequently installed. These artificial roots are called implants and are a screw-like structure. Implants can be made of titanium or zirconium. Currently, there are several differences in the various characteristics of implants.

Thus, implantation is the best way to restore a tooth for every person. But here many people have a question: what are the indications and contraindications for installing dental implants? Now let's try to answer this question.

So, first of all, I want to introduce you to the steps and measures that you need to take before undergoing dental implant restoration surgery.

Most of you know that one of the most important stages of implantation is the planning and preparation stage, because it is already happening. At this stage, the patient is identified with contraindications to dental implants.

The doctor performing implantation must study the patient's medical history in detail, as well as carry out all the necessary tests and

examinations in a timely and high-quality manner. In addition to analyzing the blood taken from the patient, high and panoramic images also need to be taken. lower jaw using special stencils with regular size radio packet pins. This is necessary to determine the characteristics of anatomical formations.

In some cases, your doctor may also need to:

Individual images of the jaw,  
Biopotentiometry of oral tissues,  
Determination of the thickness of the oral mucosa and the width of the alveolar region of the patient's jaw.

And therefore, currently the main indications for the installation of dental implants are:

Missing one or more teeth for any reason

Complete edentia, that is, the absence of all teeth

Discomfort (pain) when applying dentures.

Termination of the process of resumption of the jawbone where there are no teeth and, accordingly, there is no load on the bone.

Contraindications for dental implants are usually based on information about the patient's pre-existing medical condition, general examination results of the patient, and information about psychological and mental

illnesses. emotional state patience. Contraindications to the use of dental implants can be absolute or relative.

Chronic diseases such as rheumatism, diabetes, tuberculosis, inflammatory diseases of the oral mucosa such as stomatitis. In such diseases, implantation is not performed, since the patient has a very low wound healing ability, which also interferes with the installation of the implant.

Diseases associated with blood and blood-forming organs. The operation is prohibited, since the patient may bleed when installing the implant.

Diseases of the nervous system.

Diseases of the musculoskeletal system, during which its recovery ability is noted.

Oncological diseases (tumors).

Relative contraindications for dental implants include:

Pregnancy and the period of feeding the baby with milk (lactation).

The patient has bruxism (unconscious, regular grinding of a person's jaws).

Individual characteristics of the jaw that exclude the possibility of tooth implantation. As a result, it is first necessary to perform reconstructive surgery on the jaw. Such conditions occur with atrophy of bone tissue, in the presence of affected teeth, and in the proximity of the maxillary sinuses.

Diseases associated with the temporomandibular joint.

Poor oral hygiene in a patient for any reason.

The patient has already implanted foreign bodies in other places, such bodies include: implants, heart valves, pins, screws, artificial metal connections, plates, wire sutures, pacemaker, pins, etc.

Oncological diseases of the oral cavity in a patient.

Malocclusion, which in turn leads to tooth wear.

The patient has periodontitis.

Implantation is an excellent solution to the problem of missing teeth. This can solve almost any problem that may arise, unlike removable and fixed dentures. But it also has a number of disadvantages, one of which is not feasible for all patients.

As with any medical operation, there are indications and contraindications for dental implantation. Depending on their combination, the doctor decides whether you can perform the procedure or not.

Important: therefore, before starting the procedure, you need to study all the pros and cons.

The doctor should talk with the patient to find out about the restrictions. Inspect the gap and assess its condition. An x-ray would be helpful. A more accurate picture is provided by blood tests - general and biochemical. If necessary, consultation with other specialists and an ECG is carried out.

Based on the results obtained, the doctor will conclude that the operation is prohibited and may advise stopping the operation. traditional method - prosthetics.

They can be divided into: absolute (in this case the procedure is not even taken into account) and relative (can be carried out after treatment). The most common contraindications to implantation are blood and heart diseases.

- dental condition,
- mucous plaque,
- presence of caries or gingivitis,
- x-ray of the jaw,
- determination of the thickness of the alveolar region of the gums.

The dentist prescribes a course of preoperative measures, the main goal of which is to reduce the significance of contraindications and thereby make dental implantation more promising. Correcting contraindications, if they are relative, that is, not representative, is a big problem and can be treated. However, if the contraindications are absolute, the risks of a dental implant must be carefully weighed, as they may manifest as serious complications after surgery. Dentists often refuse to operate on a patient who has absolute contraindications for dental implantation.

Find out why Nobel implants are good and what reviews patients give about them. People with implants will need an oral irrigator. The characteristics of the Donfeel or 820m model are described here.

The most common contraindications are blood and heart diseases. They top the list:

- disorders of hematopoiesis and blood,
- oncology,
- heart failure,
- mental health disorders,
- pathology of bones and connective tissue,
- diseases of the immune system,
- diabetes and tuberculosis
- endocrine diseases,
- osteoporosis,
- age,
- problems with the peripheral and nervous systems,
- bruxism, excessive tone of the masticatory muscles,
- sexually transmitted diseases,
- intolerance to anesthetics.

When metabolism is disrupted, hormonal imbalance prevents these implants from taking root. They negatively affect dental implantation and processes associated with bone formation.

If there is a metabolic disorder, a hormonal imbalance occurs, which does not allow the implants to take root.

More gentle relative contraindications:

- ✓ incorrect occlusion,
- ✓ gingivitis,
- ✓ bad habits,
- ✓ pregnancy and breastfeeding,
- ✓ periodontitis,
- ✓ anatomical features of the jaw structure.

These obstacles may be resolved, or a dental implant consultation may be re-recommended after a certain waiting period, as is the case with recent chemotherapy, after which surgery cannot be performed immediately.

There are still many rules to follow. For example, smokers are advised to quit their bad habit several weeks before implantation. You should not take blood thinning medications at least a week before surgery; you need to be more attentive to oral hygiene. And although pregnancy is not an absolute contraindication, the event should still be postponed until the postpartum period - this will be safer for the fetus, there is no need to subject it to anesthesia again.

Common incompatible contraindications for implants include the following:

- o stress,
  - o fatigue,
  - o somatic diseases,
  - o allergic reactions,
- taking medications with antidepressant properties.

Physical parameters are assessed individually - the doctor decides whether there is enough bone tissue at the implant site and whether the distance from nose to nose is sufficient. maxillary sinus, what are the general contraindications for dental implants. The specialist uses tests to check whether the patient has acute chronic diseases, drug or alcohol addiction.

Find out how effective Elmex paste is.

Here you will find out whether angina can occur without fever.

A dental implant is actually a complex operation, but if completed successfully, the results will exceed all expectations. Implants are practically no different from healthy teeth. And although there are a lot of contraindications, most of them can be eliminated subject to a preliminary medical examination and treatment.

When to place implants? If a whole row or one tooth is missing, there are some defects, removable dentures cannot be used, and increased wear of the enamel interferes with life. Implantation is also indicated for poor jaw closure and uneven bite.

In any case, after deciding to install dental implants, the most important step is to choose a professionally qualified specialist who has positive reviews. Dental implantation is not a matter of one day; a specialist must examine the oral cavity, and the more carefully he does this, the higher the likelihood of a successful operation.

Many health conditions often go through a recovery period after dental implantation. The temperature rises, a white coating appears on the seam, the cheeks swell, and the face acquires a certain asymmetry. Current screaming pain.

These signs are one of the most expected consequences of the operation; complications

are eliminated by a course of antibiotics prescribed by the dentist.

If the patient has doubts and uncertainty, then it is better to postpone dental implantation, all actions will be harmful.

The mobility of the implant is also unlikely - here, most likely, the doctor made a mistake, underestimating the properties of the connective tissue. That is, dental implantation is always carried out individually, for some it is painless and successful, for others the implant does not take root for a long time, teeth hurt and body temperature rises, inflammatory processes begin. If the situation develops this way, you should consult a dentist or complain about your body features.

### Literature

1. Azimov M.I., Boymuradov Sh.A. Dynamics of immunity indicators of patients with combined brain injuries and a fracture of the upper jaw // Russian Otorhinolaryngology. - 2010. No. 5. - P. 7-10.
2. Bernadsky Yu.I. Traumatology and reconstructive surgery of the craniomaxillofacial region. M.: Medical literature 2003. - 456 p.
3. Bronshtein D.A. Surgical elimination of post-traumatic enophthalmos // Diss. ...candidate of medical sciences Moscow 2010 - 97 p.
4. Alisher Akhrorov, Kakhramon Shomurodov, Aziz Kubaev. Providing qualified medical care to victims of road accidents with maxillofacial trauma. 2020, Journal of Dentistry and Craniofacial Research 1(2). Page 52-58.
5. Akhrorov Alisher Shavkatovich, Usmanov Rakhmatillo Fayrullaevich, Akhrorov Feruz Zokirovich. Modern Methods of Treatment of Facial Injuries. 2022/10/31. Journal of Intellectual Property and Human Rights 1(10) pp.110-114
6. Alisher Shavkatovich Akhrorov, Barno Zhurakhonovna Pulatova. RADIOLOGICAL DIAGNOSIS FOR FRACTURES OF THE ZYGOMOUS-ORBITAL COMPLEX Interscience 2020, No. 44, pp. 35-39.
7. Alisher Akhrorov, Barno Pulatova. Optimization of surgical tactics for treating patients with midface trauma. Journal of Biomedicine and Practice 2021, 1 (3,1) pp.12-17.
8. Alisher Akhrorov, Barno Pulatova, Shakhnoza Nazarova IMPROVING THE TACTICS OF SURGICAL TREATMENT OF PATIENTS WITH MIDDLE FACIAL ZONE TRAUMA. Medicine and innovation 2021.1 (4) Page 199-204.
9. Axrorov Alisher Shavkatovich, Pulatova B.J. Treatment of victims with malar bone and arch injuries using minimally invasive techniques. Society and innovations, 2021/4/5.pp 289-295.
10. Alisher Akhrorov. TREATMENT OF PATIENTS WITH MIDDLE FACIAL INJURY BY VIRTUAL SIMULATION. 2023, 6 (6) 1623/ Education, science and innovative ideas in the world.
11. eruz Turopov, Khondamir Ziyodullaev, Fayoz Sultanov, Afzal Abdullaev. STUDY OF THE MORPHOLOGICAL PICTURE IN DENTAL IMPLANTATION
12. entral Asian Journal of Interdisciplinary Studies and Management Studies. 2024/2/18. Page 38-44
13. Afzal Abdullaev, Muhammadjon Yuldashev, Faez Shamsiddinov, Leila Isaeva. Bulletin of students of new Uzbekistan. PROSPECTS FOR TREATMENT OF POST-TRAUMATIC NEURitis OF THE INNER ALVEOLAR NERVE. 2023/6/24 6 Part 2 Pages 62-66
14. Kubaev Azizloyev Afzal, Rizayev Jasur. Results of the study of electroexcitability of the skin in the area of innervation of the lower alveolar nerve. International Journal of Health Sciences 2022/10/12
15. ABDULLAEV Afzal Sarkhadovich, KUBAYEV Aziz Saidalimovich, RIZAEV Jasur Alimdjanovich. EXCITABILITY THRESHOLD IN INFINOR ALVEOLAR NERVE NEURitis. JOURNAL OF BIOMEDICINE AND PRACTICE. 2022/9/29 Volume 7 Number 4

16. Rizaev Jasur Alimdjanovich, Afzal Sarxadovich Abdullaev. PASTKI ALVEOLYAR NERV YALLIG'LANISHINI DAVOLASHDA NUKLEO CMF FORTE NING O'RNI Eurasian Journal of Medical and Natural Sciences. 2022/5/17 Volume 2 Number 5 Pages 82-92
17. Abdullaev Afzal Sarkhadovich. NEURITIS OF THE LOWER ALVEOLAR NERVE AND ITS TREATMENT. Galaxy International Interdisciplinary Research Journal. Volume 10 Number 5 Pages 51-55
18. A Asrorov, M Akhrorova, A Abdulloev, Z Shopulotova. LEVEL OF ORAL HYGIENE IN PATIENTS WITH DIFFERENT SMOKING EXPERIENCE. Science and innovation. 2023 Volume 2. Number D12. Pages 599-604. Publisher LLC "Science and innovation"
19. Abdullayev Afzal, Kubayev Aziz, Rizayev Jasur. Excitability threshold in neuritis of the lower alveolar nerve. Journal of Biomedicine and Practice. Volume 7 Number 4 Pages 238-245
20. Abdulatif Ayubov, Feruz Axrorov, Asliddin Muminov, Daniyar Karimov, Afzal Abdullayev. Modern Science and Research. 2024/1/14 Volume 3. Number 1. Pages 234-241.
21. Kubaev Aziz Saidalimovich Rizaev Zhasur Alimdzhonovich, Abdullaev Afzal Sarkhadovich. Interscience. Interscience. 2022. Volume 56. Number No. 5. Pages 20-24