

Laterally (*displaced*) positioned flap

Flaps are classified as **(1)** nondisplaced flaps, when the flap is returned and sutured to its original position, or **(2)** displaced flaps: which are placed apically, coronally, or laterally to their original position.

Both full-thickness and partial-thickness flaps can be displaced, but to do so, the attached gingiva must be totally separated from the underlying bone, thereby enabling the unattached portion of the gingiva to be movable. However, palatal flaps cannot be displaced because of the absence of unattached gingiva.

1. **Apically displaced flaps** have the important advantage of preserving the outer portion of the pocket wall and transforming it into attached gingiva. Therefore these flaps accomplish the double objective of eliminating the pocket and increasing the width of the attached gingiva.
2. **Laterally displaced flaps** are used to correct or prevent recession by providing root coverage and creating a broader band of gingiva. It may be used in the absence of recession to widen the zone of gingiva.
3. Displaced flaps are all physically attached at their apical base by a pedicle of lining mucosa and an **intact blood supply**.

Periodontal flaps use **horizontal** and **vertical incisions**:

Horizontal incisions: are directed along the margin of the gingiva in a mesial or a distal direction.

- **Internal bevel incision:** starts from a designated area on the gingiva and is directed to an area at or near the crest of the bone. The starting point on the gingiva is determined by whether the flap is **apically displaced** (*0.5-1.0 mm from the free gingival margin*), **not displaced** (*just coronal to the base of the pocket*), or used in the **modified Widman flap** (*no more than 1 to 2 mm apical to the gingival margin*). Also called the **first incision** (*because it is the initial incision in the reflection of the periodontal flap*) and the **reverse bevel incision** (*because its bevel is in reverse direction from that of the gingivectomy incision*).
- **Crevicular incision** (*also termed the second incision*): is made from the base of the pocket to the crest of the bone. The combination of the internal bevel and crevicular incisions creates a collar of tissue around the teeth and contains most of the inflamed and granulosomatous areas that constitute the lateral wall of the pocket, as well as the junctional epithelium and the connective tissue fibers.
- **Interdental incision** (*third incision*): this incision separates the collar of gingiva from the tooth.

These three incisions allow the removal of the gingiva around the tooth and visualization of the alveolar bone.

Vertical or oblique releasing incisions: can be used on one or both ends of the horizontal incision, depending on the purpose of the flap. They are used if the flap is to be positioned apically or laterally and must extend beyond the mucogingival line, reaching the alveolar mucosa, to allow for the release of the flap to be displaced. **Note:** If **no** vertical incisions are made, the flap is called an **envelope flap**.