

Stop **persistent** bleeding (*all bleeding should be controlled before the periodontal dressing is placed*)

Purposes of the periodontal dressing (*periodontal packs*):

- Provide mechanical protection for the surgical wound and therefore facilitate healing
- Helps prevent post operative bleeding by keeping the initial clot in place
- Supports mobile teeth during healing
- Mechanically maintains post-surgical position of the flaps
- Helps in shaping or molding the newly formed tissue
- Provide patient comfort by isolating area from external irritations or injuries

Characteristics of acceptable dressing material:

- Nontoxic or nonirritating to the tissue
- Conveniently prepared, placed and removed with minimal discomfort to patient
- Should maintain adhesion to itself and to the teeth, kept in place mechanically by interlocking in interdental spaces

Types of Dressings (*packs*): usually contain zinc oxide and may be either eugenol- or non-eugenol containing.

• **Non-eugenol** (*soft pack*)

- 2 tubes: • one tube contains: Zinc oxide, an oil (*for plasticity*), a gum (*for cohesiveness*), and lrotholidol (*a fungicide*)
- one tube contains liquid coconut fatty acids thickened with colophony resin (*or rosin*) and chlorothymol (*a bacteriostatic agent*)
- Brand names: **Coe-pak ***** most widely used in the United States.

• **Zinc oxide-Eugenol Packs:** are supplied as a liquid (*eugenol*) and a powder (*zinc oxide*).



1. Periodontal dressings have **no well-defined** effect on the processes of wound healing or on surgical outcomes (*i.e., gains of periodontal attachment or the reduction in probing depths*).
2. For first week postoperatively, patient should rinse with 0.12% chlorhexidine gluconate twice daily.
3. As a general rule, the pack is kept on for 1 week after surgery.
4. Before removing, make sure sutures are not embedded in the dressing and that the dressing is not locked interproximally.