

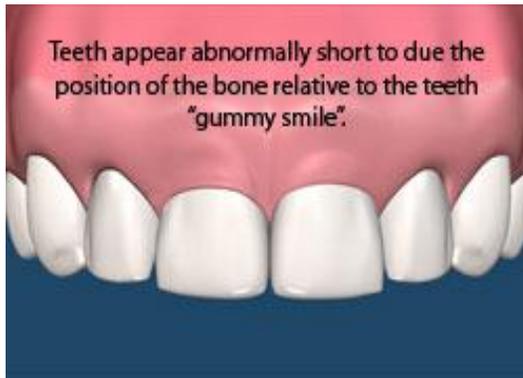


## Crown Lengthening By Dr Ezi Cilinger

*Photograph showing a “gummy smile” before esthetic crown lengthening was performed.*



*Photograph showing the same patient with a more full and bright smile following an esthetic crown lengthening procedure.*



This leaflet has been designed to explain what crown lengthening surgery involves and it contains answers to many frequently asked questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask us.

### **What is crown lengthening surgery?**

Crown lengthening surgery is a surgical procedure carried out to lengthen the tooth or remove excess gums from around the tooth, in order to allow sufficient space for a dental crown to be fitted. It is also sometimes done in order to achieve aesthetics in cases where gum line is not even or when the patient is showing too much gums (gummy smile).

### **What is involved in the procedure?**

This minor procedure is carried out under local anesthetic and involves:

- Raising a flap of gum around the tooth/teeth being treated.
- Removing bone and/or gum to expose more of the tooth/teeth.
- Closing the gum with stitches, which will need to be removed in 5-7 days.

### **Will the procedure be successful?**

Crown lengthening is generally a predictable way of exposing more of your tooth but a successful outcome cannot always be guaranteed. Occasionally, due to unforeseen circumstances, your surgeon may discover that the surgery is not possible once the gum flap has been raised. This would mean that the treatment plan would need to be changed. Occasionally further surgical procedures are necessary as a follow-up to the initial surgery. This will be explained to you by your dentist.

### **What are the risks involved with this procedure?**

The risks associated with crown lengthening surgery include, but are not limited to:

- *Pain and discomfort* during and after the surgery.
- Damage to adjacent teeth and structures.
- Altered sensation /numbness if the nerves in the region are stretched or damaged.
- Post-operative pain, swelling, bruising, bleeding and infection.
- Post-operative sensitivity of teeth at the surgical site is a common problem but this usually settles in a matter of weeks.
- The gum may grow back, which means there might be a need to redo the procedure.

### **How long does the surgery take?**

- Your surgical procedure should take no longer than 1- 2 hours.
- The whole process- from your initial consultation to the fitting of your restorations will take several months of appointments.

### **Will I feel any pain?**

Prior to the surgical procedure you will be given local anesthetic so you will not feel any pain, maybe a bit of discomfort.

### **What about after care?**

You should plan to rest for the remainder of the day. If you are a smoker, it is best that you refrain from smoking on the day of surgery and for a few days afterwards.

Smoking does affect the prognosis of this procedure and may cause failure.

A full list of post-operative instructions will be explained and given to you after your surgery has been completed.

## **Dr Ezgi Cilingir**

Dr Ezgi Cilingir is a very Professional Experienced dentist who has extensive knowledge of periodontology, restorative dentistry, dental surgical procedures and state-of-the art techniques. She has worked both as a general dentist/periodontist with both local and international patients for 10 years in some of the best and busiest private hospitals, practices and university clinics.

PhD, Periodontology (2004-2010)

Thesis Topic: Er:YAG lasers versus ultrasonic and hand instruments in periodontal therapy: clinical parameters, intracrevicular micro-organism and leukocyte counts.

Istanbul University, Istanbul, Turkey

### **Publications**

Malali (Cilingir) E., Kadir T. and Noyan U. (2012) Er:YAG lasers versus ultrasonic and hand instruments in periodontal therapy: clinical parameters, intracrevicular micro-organism and leukocyte counts, *Photomedicine and Laser Surgery*, 30(9):543-50. doi: 10.1089/pho.2011.3202

Oktay S., Basar I., Emekli-Alturfan E., Malali (Cilingir) E., Elemek E., Ayan F., Koldas L., Noyan U. and Emekli N. (2011) Serum and saliva sialic acid in peri-odontitis patients with and without cardiovascular disease, *Pathophysiol Haemost Thromb.* 2010;37(2-4):67-71. doi: 10.1159/000321377

Emekli-Alturfan E., Basar I., Malali (Cilingir) E., Elemek E., Oktay S., Ayan F., Emekli N. and Noyan U. (2011) Plasma tissue factor levels and salivary tissue factor activities of periodontitis patients with and without cardiovascular disease, *Patho-physiol Haemost Thromb.* 2010;37(2-4):77-81. doi: 10.1159/000323418

Malali (Cilingir) E., Basar I., Emekli-Alturfan E., Elemek E., Oktay S., Ayan F., Emekli N. and Noyan U. (2010) Levels of C-reactive protein and protein C in pe-riodontitis patients with and without cardiovascular disease, *Pathophysiol Haemost Thromb.* 2010;37(1):49-54. doi: 10.1159/000318189