

What is gum recession and how do gum grafts work to remedy it?

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Usually a dentist will recommend a gum graft if the gum level is not stable and the recession increases over time, says Irina F. Dragan. Credit: Ingimage

Gum recession can be a result of genetic factors, orthodontics, age, tobacco use, or vigorous tooth brushing. It may even happen to people who take good care of their teeth. Periodontal disease, which is [increasing in adults](#), can lead to recession.

Gums surround the tooth, covering the root. With recession, the gum has begun to pull back from the tooth, potentially exposing the root and making it easier for bacteria to collect at and below the gum line. Because teeth and gums are small, and recession happens over time, people usually do not notice the change when they look in the mirror.

Often the first sign of recession is sensitivity to hot and cold. If not treated, recession can damage the surrounding bone and in severe cases may lead to tooth loss. Usually a dentist will recommend a gum [graft](#) if the gum level is not stable and the [recession](#) increases over time.

In the most common gum graft procedure, a very

small amount of [tissue](#) is removed from the roof of the mouth and placed and sutured over the exposed tooth or bone. Patients usually consider the healing of the roof of the mouth to be the most uncomfortable part of the procedure—the discomfort is often compared to having burned that area on hot pizza—so there are donor tissue alternatives that [patients](#) can consider in order to eliminate the potential for this discomfort.

Those tissue alternatives have multiple origins: from another human being to an animal origin (cow, pig), and most recently from fish skin. In addition, there is a biologic gel option from animal origins and a technique using a platelet concentrate gel.

Periodontists continue to look for minimally invasive procedures in order to reduce patient discomfort while also delivering comparable results to the traditional suturing technique.

The patient's preference usually guides which option is chosen. Depending on the amount of gum tissue that has been lost, taking tissue from the palate may be preferable to ensure there is enough tissue available to cover the root.

But if patients are concerned about the potential discomfort from using their own tissue, recovery time, religious reasons, or if they're just interested in alternative options, they should talk to their periodontist.

Most likely, the graft will be protected during healing with a dressing like a putty or chewing gum. It is designed to protect the site until a follow-up appointment to check on healing and remove the sutures, if sutures were used, which is usually seven days after surgery.

Patients can use an ice pack to prevent swelling and over-the-counter pain remedies to treat any pain. Sometimes the tissue removal site will be covered with a resin to prevent irritation while the

site heals, which can reduce both pain and healing time. The resin will dissolve or fall off on its own.

Patients will typically also be prescribed a bactericidal mouthwash to control plaque while their mouth heals and will be asked to avoid flossing, vigorous brushing, or chewing on the side of the mouth where the graft has been placed.

At another follow-up appointment about two weeks later, the periodontist will make sure the graft has "taken," or attached to the gums. The graft may appear white or a lighter pink than the rest of the gum, as it takes time for the healing to be complete. The graft will heal six to eight weeks after the surgery. The tissue should be fully healed around six months after surgery.

Provided by Tufts University

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