We all know that alveolar bone disappears when we extract a tooth, but how quickly and should we be doing anything about it?

It really does seem to be that most patients I see are missing bone and of course how much is missing impacts greatly on a case. So when a patient asks how long will an implant supported restoration take, and of course how much will it cost, it really depends upon adequacy of volume of bone where it is needed.

The most common problem areas are of course the maxillary anterior segment, and the maxillary first molar. Just how quickly that precious millimetre or two of bone disappears depends on so many variables, but you can bet on it being quicker in the cases where we need it most.

If I had the chance to leave a tooth in place for a little longer it would be for the patient with the thin gingival bio type and the gummy smile. The teeth that need to go quickly are those with a split root, we would prioritise those. So, should you have a split root you are thinking of referring please mention it to Jane and we can usually see the patient that day or the next.

So what can we do to minimise bone loss? Well the jury seems to be out on that. There is no real consensus yet. I take the view that an infected socket will rapidly affect an implant case detrimentally, so I typically manage the extraction socket with superficial collagen to stabilise the clot and help reduce any chance of a dry socket.

Some practitioners have often advocated the simultaneous placement of a bone substitute or biomaterial, however this is a technique I tend to avoid, preferring to augment at placement, allowing implant placement into bone rather than biomaterial.

It is usually best to have some idea regarding any replacement prior to extracting a tooth, and I would be very happy to discuss any case where the options are not immediately obvious, as I quite often will undertake immediate implant placement but perhaps more frequently will allow for soft tissue closure which gives a lot more flexibility. - especially where augmentation is required.