

A sharp blade of the proper size should be used. This detachment results in the formation of a small hematoma increasing postoperative oral swelling, and the organization of the blood clot results in the loss of depth in the buccal sulcus. In addition, torn, split, and macerated tissue heals more slowly than a cleanly reflected full thickness flap. Vertical-releasing incisions should cross the free gingival margin at the line angle of a tooth and should not be directly on the facial aspect of the tooth nor directly in the papilla. So, vertical releasing incisions in the posterior aspect of the palate should be avoided, because they usually sever the greater palatine artery within the tissue, which results in bleeding that may be difficult to control. 11- The vertical relaxing incision should not extend beyond the depth of the mucobuccal fold to avoid detaching the alveolar attachment of muscles (e.g. buccinator muscle) from the bone. This angle produces squared wound edges that are both easier to re-approximated properly during suturing and less susceptible to necrosis of the wound edges as a result of ischemia, and overlapping of the edges during closure. Because the goal of the surgery is to remove or reshape the bone, all overlying tissue must be reflected from it. In addition, full-thickness flaps are necessary because the periosteum is the primary tissue responsible for bone healing, and replacement of the periosteum in its original position hastens that healing process. 8- Incisions should not be made in an area of thinned mucosa e.g. over an exostosis or bony protuberances because the blood supply is reduced, suturing is difficult, and the rate of dehiscence is high. The base of the flap must be broader than the free gingival margin, and width of the base should be greater than the length, to ensure adequate blood supply and to promote healing. If the pathologic condition has eroded the buccocortical plate, the incision must be at least 6 or 8 mm away from it. In addition, if bone is to be removed over a particular tooth, the incision must be sufficiently distant from it so that after the bone is removed, the incision is 6 to 8 mm away from the bony defect created by surgery. If the incision line is unsupported by sound bone, it tends to collapse into the bony defect, which results in wound dehiscence, infection and delayed healing. The flap should be designed to avoid injury to local vital structures in the area of the surgery. The greater palatine artery, which emerges from the greater palatine foramen. The nasopalatine nerves and arteries exit the incisive foramen to supply the anterior palatal gingiva. If the anterior palatal tissue must be reflected, both the artery and the nerve can be incised at the level of the foramen without much risk. Incisions that cross the gingival papilla damage the papilla unnecessarily and increase the chances for localized periodontal problems; such incisions should be avoided. A sharp blade allows incisions to be made cleanly, without unnecessary damage caused by repeated strokes. Bone and ligamental tissues dull blades more rapidly than does buccal mucosa. Incisions that cross the free margin of the gingiva directly over the facial aspect of the tooth do not heal properly because of tension; the result is a defect in the attached gingiva. The incisions that outline the flap must be made over intact bone that will be present after the surgical procedure is complete. This means that the flap includes the surface mucosa, submucosa, and periosteum. Because the facial bone is frequently quite thin, such incisions will also result in vertical clefing of the bone. Sharp corners tend to slough because of poor circulation and this causes excessive scarring. ?