

**KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES**

PERIODONTOLOGY
(Department Name in capital bold letters)

June -2026
(Month / Year)

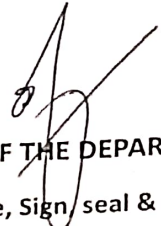
Total no. of OPD patient for the month - 2409

Details of major clinical procedure being performed –

S/n	OPD No.	Age / Gender	Major clinical procedure	Details
1	663397	32/F	Surgical distal wedge procedure with osseous surgery in relation to 26	Full-thickness mucoperiosteal flap raised, followed by osseous resection using carbide bur under continuous irrigation done with 26
2	668254	35/F	Surgical distal wedge procedure with osseous surgery in relation to 14,15	Full-thickness mucoperiosteal flap raised, followed by osseous resection using carbide bur under continuous irrigation done with 14,15
3	666340	42/F	Surgical crown lengthening procedure with osseous surgery in relation to 37.	Full-thickness mucoperiosteal flap raised, followed by osseous resection using carbide bur under continuous irrigation
4	694250	36/F	Kirkland flap surgery done in relation to 33-38.	Full-thickness mucoperiosteal flap raised, followed by surgical debridement in relation to 33-38.
5	663112	62/F	Surgical crown lengthening procedure with osseous surgery in relation to 26.	Full-thickness mucoperiosteal flap raised, followed by osseous resection using carbide bur under continuous irrigation done with 37.
6	657077	50/M	VISTA- papilla reconstruction with 11,12,13 tooth region	VISTA with Subepithelial connective tissue graft placement for papilla reconstruction with 11,12,13 tooth region

7	651620	33/F	Kirkland flap surgery done	Kirkland flap surgery done with first quadrant
8	669462	56/M	Kirkland flap surgery done	Kirkland flap surgery done with second quadrant
9	691743	36/F	Kirkland flap surgery was done with the first quadrant	Kirkland flap surgery was performed in the first quadrant under local anaesthesia for the management of chronic periodontitis with persistent periodontal pockets. Following sulcular and crevicular incisions, a full-thickness mucoperiosteal flap was reflected to provide adequate access to the root surfaces and underlying alveolar bone. Thorough scaling and root planing were carried out, and granulation tissue was completely removed. Root surfaces were debrided and irrigated with sterile saline. The flap was repositioned and secured with interrupted non-resorbable sutures, followed by placement of a periodontal dressing.
10	699792	35/F	Free gingival graft done 31,41	A free gingival graft was performed under local anaesthesia to increase the width of keratinised attached gingiva and improve periodontal stability. The recipient site was prepared by removing the epithelium and creating a well-vascularized connective tissue bed. A thin epithelialized graft of appropriate dimensions was harvested from the palatal donor site, trimmed to the desired thickness, and adapted to the recipient area. The graft was stabilised with interrupted and sling sutures to ensure intimate adaptation and prevent movement. A periodontal dressing was placed over the recipient site, and the palatal donor site was protected with a palatal stent.

11	648590	56/F	CLP with osseous reduction done with 33 using internal bevel incision	Full thickness mucoperiosteal flap raised, followed by bone reduction with 33 tooth and flap was approximated and sutured.
12	651690	46/F	CLP with osseous reduction done with 43, 44 using internal bevel incision	Full thickness mucoperiosteal flap raised, followed by bone reduction with 43, 44 tooth and flap was approximated and sutured.


 HEAD OF THE DEPARTMENT
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