

# VISTA ABC

Vestibular Incision Subperiosteal Tunnel Access

## Surgical Manual



# VISTA Elevators

A1



A2



B1



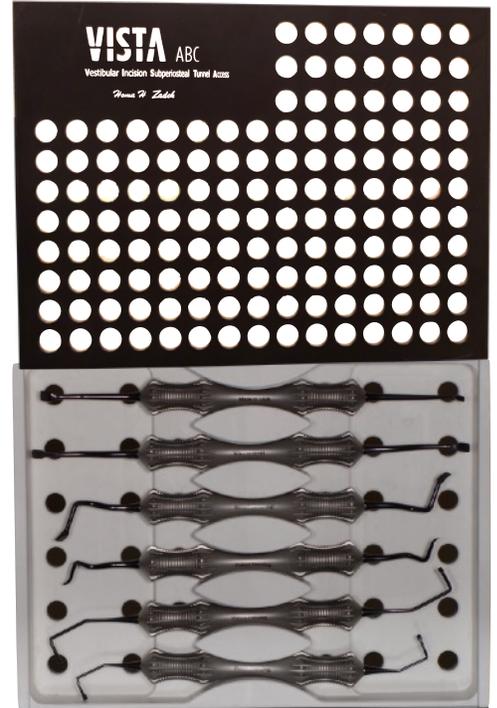
B2



C1



C2



A set of 6 elevators are designed to create a subperiosteal tunnel beneath mucosa, using a vestibular access. The elevators allow efficient tunnel elevation in the vestibular region, under gingival margins and under interproximal tissues.



- Heavy instruments reduce micro-tremors, improving operator stability.
- The ergonomic design of the "Control Grip" prevents sliding fingers during application of force in tunnel elevation.

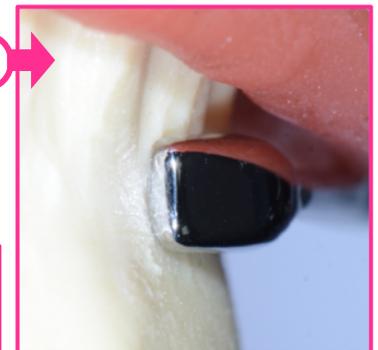
The tips curve toward bone to avoid puncturing tissue inside the tunnel.



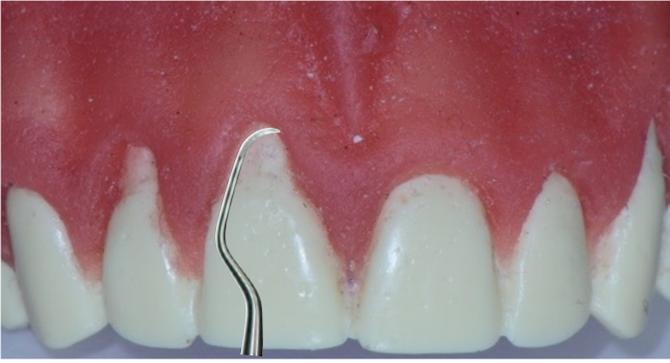
The shank angles allow access to various anatomic locations around curvatures of the jaws. These instruments are uniquely designed to approach gingival margins from vestibular access.



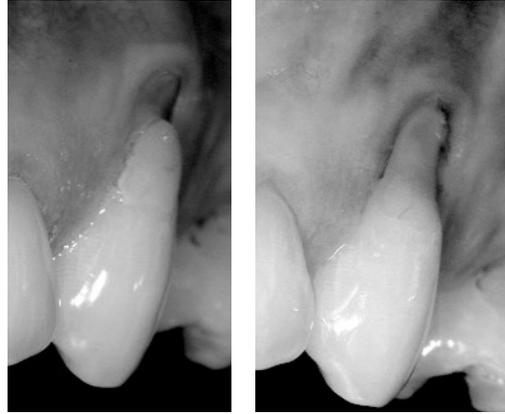
The shanks are black and are easily visible through the tunnel.



The tips are square and sharp for efficient detachment of periosteum from bone.



Thorough scaling and root planing is to be performed, being careful not to injure gingival margins. The choice of application of root conditioning material, such as EDTA, is at the discretion of the clinician.



Perform odontoplasty to flatten parts of the root extending outside of gingival housing, being mindful of the proximity to the pulp. Cervical restorations existing over portions of roots planned for coverage, have to be completely removed. Root irregularities have to be flattened.



**Initial incision: maxillary anterior area:**

The midline frenum is the most convenient location for access to maxillary anterior teeth. The midline incision can also provide access to most of the posterior teeth.



**Initial incision: maxillary posterior area:**

The vestibular area anterior to maxillary canine is a convenient location for access to maxillary posterior teeth.



**Initial incision: Mandibular anterior area:**

The vestibular area anterior to mandibular canine is a convenient location for access to mandibular anterior teeth.



**Initial incision: Mandibular posterior area:**

The vestibular area anterior to mandibular canine is a convenient location for access to mandibular posterior teeth.



**A-1**



Begin elevation of a subperiosteal tunnel using VITSA-A1 elevator. Orient each elevator with the concave side and sharp tip facing bone. The leading edge of each elevator has to remain in contact with bone throughout tunnel elevation.



**A-2**



The S-shaped end of VITSA-A2 elevator can be used for tunnel elevation in areas apical to the mucogingival junction.



**A-2**



The C-shaped end of VITSA-A2 elevator can be used when the tunnel is extended beyond the distal aspects of canines.

**B-1**



VITSA-B1 elevator can be used to extend the tunnel from the vestibular side beyond the mucogingival junction.

**B-2**



VITSA-B2 elevator can be used to extend the tunnel to interproximal embrasures for up to 2-3 teeth away from access incision.

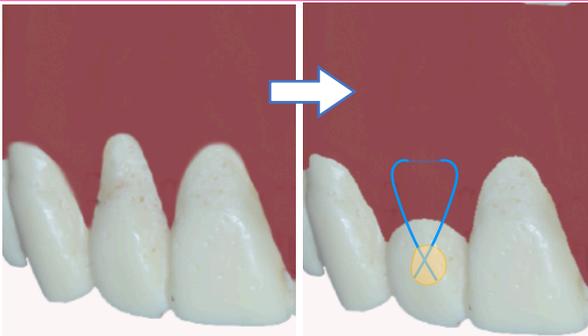
**C-2**



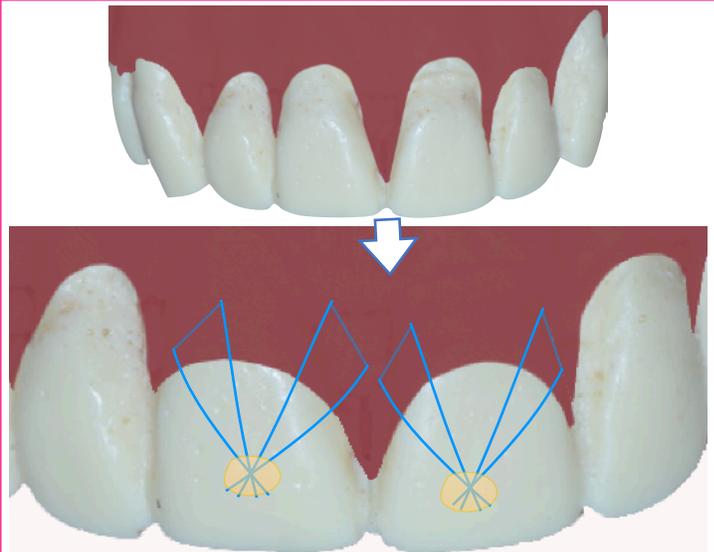
**C-1**



VITSA-C1 and C2 elevators are well-suited to reach interproximal embrasures of teeth that are further away from initial access incision.



In areas with relatively low tension during coronal advancement of gingival margin, a single loop suture can be used. Place suture, preferably in keratinized gingiva, approximately 3mm apical to the gingival margin with the knots positioned so that when the gingival margins are coronally positioned, the knot will be 3mm coronal to the new gingival margin (use 6.0 polypropylene or other monofilament suture with 13mm 3/8 needle)



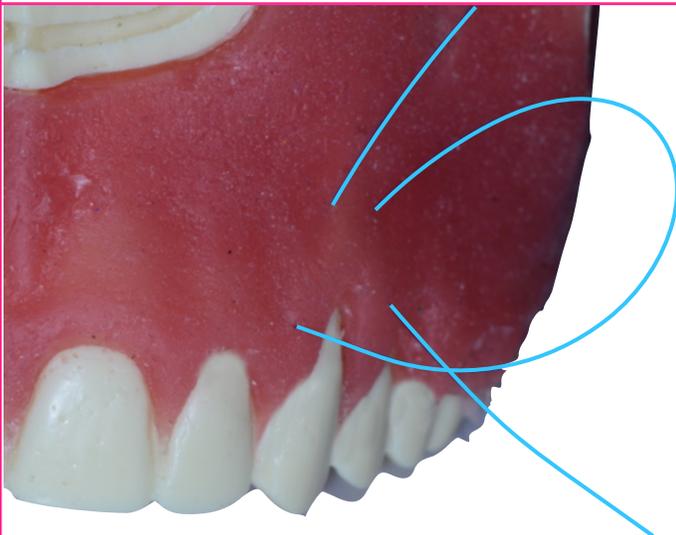
In areas with relatively high tension during coronal advancement use double-mattress suture.



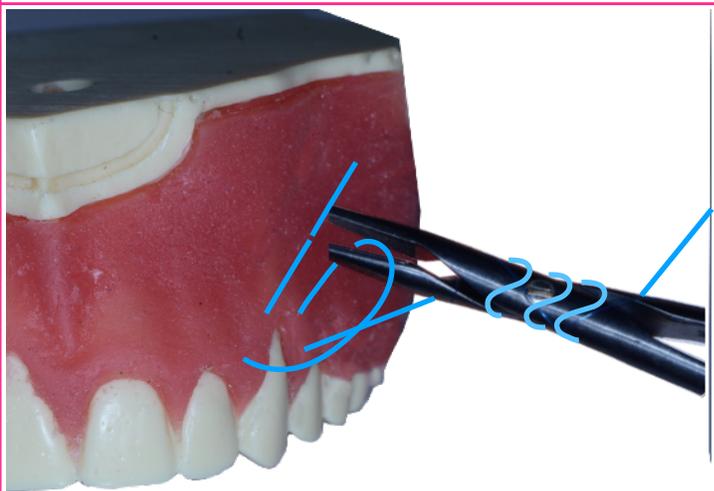
Begin with an oblique suture entering at least 3mm apical to the mesial line angle of the facial gingiva and exit in the center and base of the papilla.



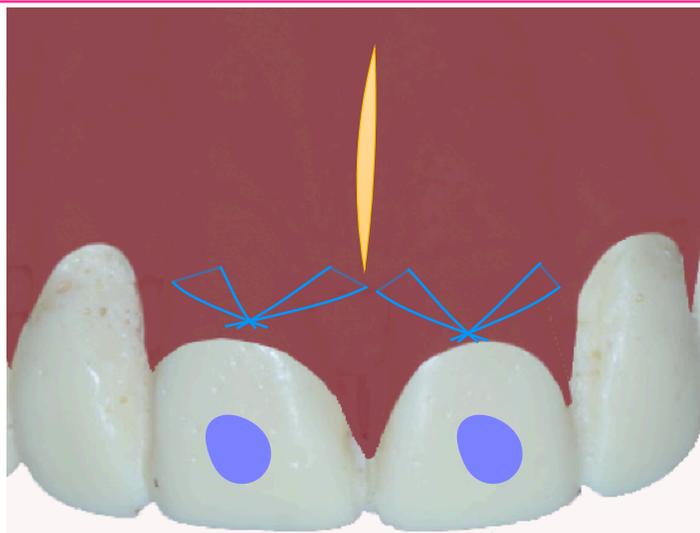
Repeat with similar oblique suture on distal aspect of the tooth.



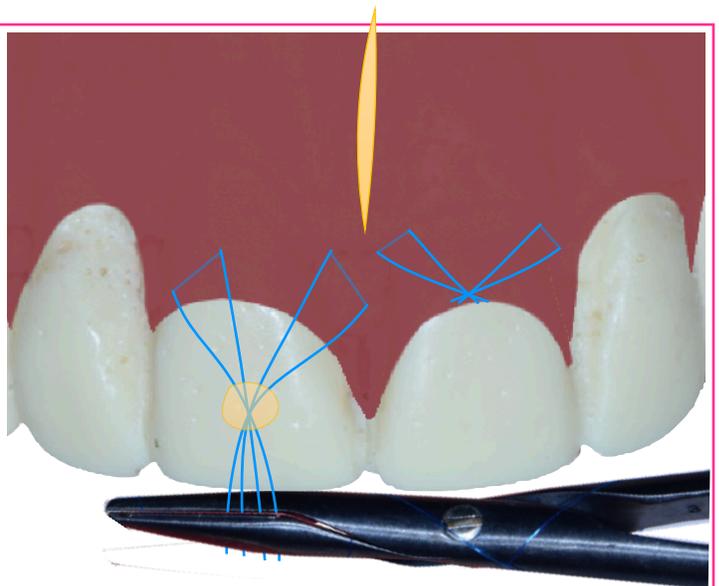
A loop will form when the suture is partly pulled through.



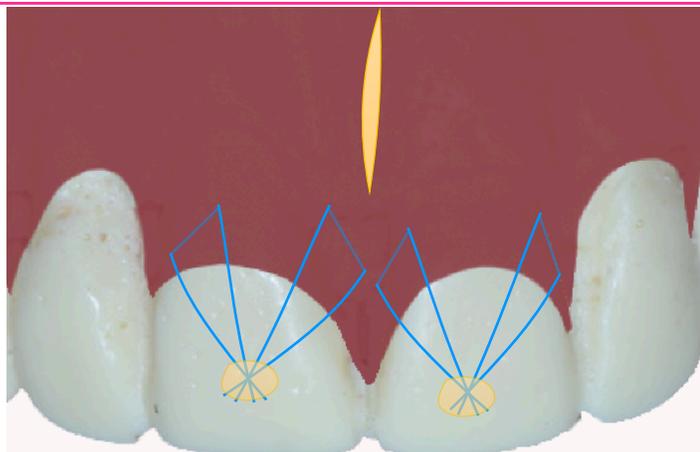
The suture is spun three revolutions around the needle holder in clockwise manner.



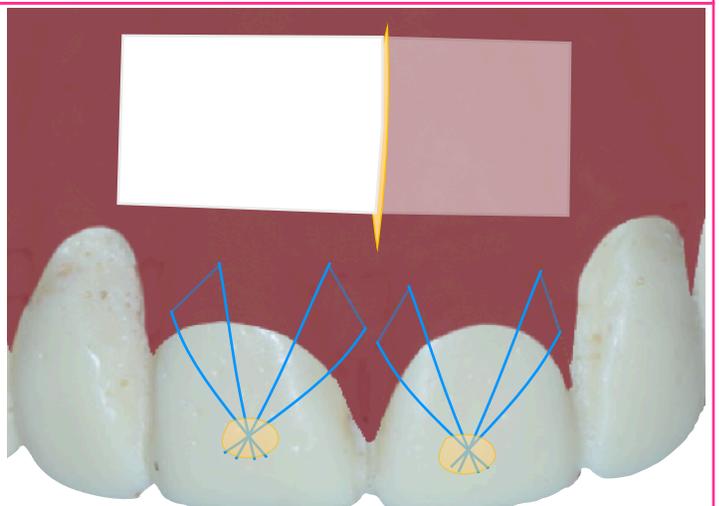
Etch the teeth for 10 sec. Use porcelain etchant (9% HF acid) for 1 min on crowns.



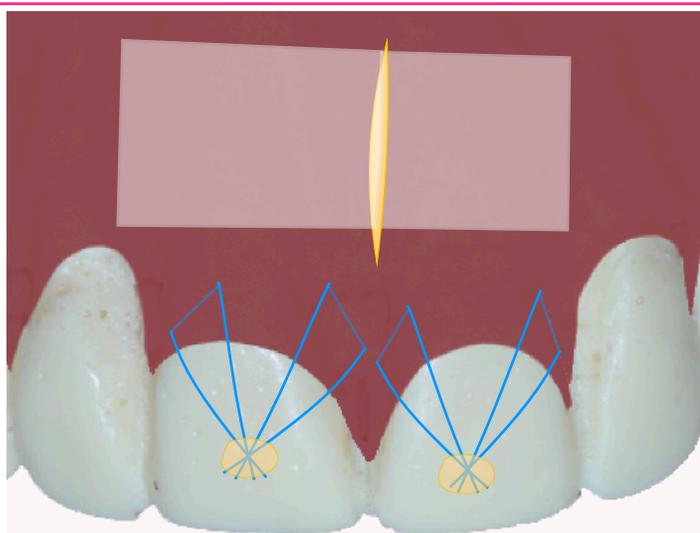
Coronally position each gingival margin and bond in position using flowable composite.



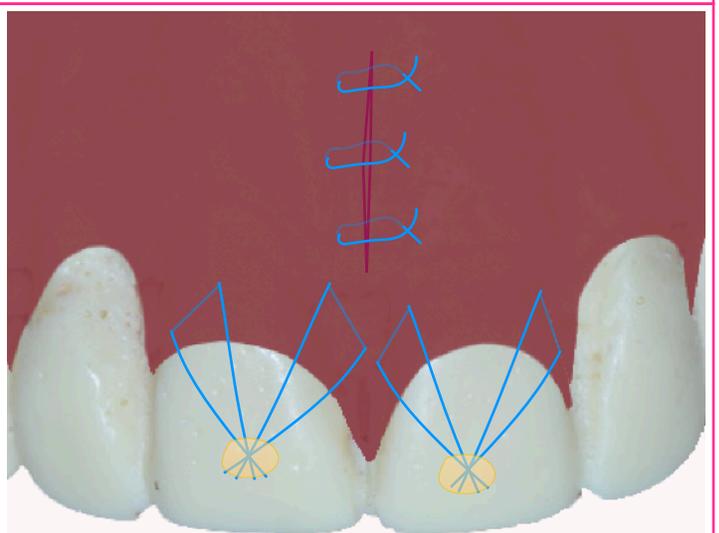
Gingival margins should be positioned >2mm coronal to CEJ with relatively low tension for best results. Cut the ends of the sutures using blade to avoid exposed sharp ends of sutures. If necessary add more composite to submerge suture edges.



Insert graft inside tunnel and stabilize with suture inside the tunnel, if necessary. Autogenous CTG, allograft, xenograft, L-PRF, Enamel Matrix Derivative may be used based on clinician discretion.



Check occlusion to avoid interference (especially in mandibular arch).



Approximate and suture initial access incision.

### Representative root coverage in maxillary arch.



mental foramen

**Caution:** It is important to be cognizant of the position of the mental foramen. The VISTA elevators have to be oriented toward gingival margin of posterior teeth to elevate subperiosteal tunnel,

### Representative root coverage in mandibular arch.



**Caution:** VISTA B-1 and B-2 are well-suited for directing the tip of the instrument toward gingival margins.



### Pre-operative care:

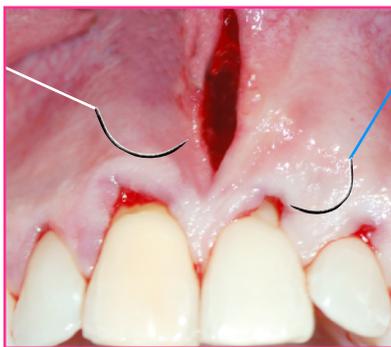
- Systemic diseases affecting wound healing have to be controlled.
- Active oral diseases (caries, periodontal inflammation, endodontic) should be eliminated prior to surgery
- Smoking cessation recommended to patient
- OH has to be optimized
- Pre-medication with antibiotic can be considered (at clinician's discretion)
- Helpful supplements:
  - Arnica Montana
  - Turmeric

### Post-operative care:

- Application of ice pack extra-orally for first 48 hours
- Chlorhexidine mouth wash twice daily
- Gentle brushing with ultra-soft toothbrush
- Post-op antibiotic can be considered (at clinician's discretion)
- Suture removal after 3 weeks

Reference No.	Product
6612300001	VISTA-ABC elevators kit
9626113381	6.0 Polypropylene suture (10-inch=25cm thread length) Onxy Black C-3 (13mm) needle
9626113382	6.0 Polypropylene suture (18-inch =45cm thread length) Onxy Black P-3 (13mm) premium needle
9627111381	7.0 Polypropylene suture (18-inch =45cm thread length) Onxy Black P-1 (11mm) premium needle
9606113381	6.0 PTFE suture (24-inch =60cm thread length) Onxy Black P-3 (13mm) premium needle
9605113381	5.0 PTFE suture (24-inch =60cm thread length) Onxy Black P-3 (13mm) premium needle
9604116381	4.0 PTFE suture (24-inch =60cm thread length) FS-3 (C22) Onxy Black(16mm) needle
9603116381	3.0 PTFE suture (24-inch =60cm thread length) FS-2 (C6) Onxy Black(19mm) needle

Ideal for VISTA



OnxyBlack Needles provide clear contrast



**Additional Material**

- Flowable composite
- Acid etch gel (35% phosphoric acid): for etching teeth
- Porcelain etch gel (9% hydrofluoric acid): for etching porcelain crowns
- #15c Scalpel
- Finishing burs (flame-shaped) for odontoplasty
- Gracey Curettes Mini 5 1/2, 7/8, 11/12, 13/14
- Ultrasonic scaler



www.regenimmune.com  
 (818) 914-4036  
 info@regenimmune.com

REGENimmune, Inc.  
 6325 Topanga Cyn Blvd., Suite 305  
 Woodland Hills, CA 91367