

Gum Grafting — Soft Tissue Grafting & Recession Treatment

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Gum Grafting — Soft Tissue Grafting & Recession Treatment

Gum recession is far more common than most patients realise. When the gum margin pulls away from the tooth, it exposes the root surface — a surface that is softer, more sensitive, and more vulnerable to decay and wear than enamel. Left untreated, recession typically progresses, and the exposed root may become sensitive, structurally compromised, and aesthetically troublesome.

Gum grafting — the surgical addition of soft tissue to areas of deficiency — is the most reliable and predictable treatment for gum recession. At Collins Street Specialist Centre, our specialist periodontists assess each case individually and select the grafting technique most appropriate to the site, the patient's anatomy, and the desired outcome.

What Is Gum Grafting?

Gum grafting is a surgical procedure in which soft tissue is added to areas where the gum has receded or where there is insufficient gum tissue to adequately protect and support a tooth or implant. The graft may be taken from the patient's own tissue (autograft) or from a processed donor tissue source (allograft).

The goals of gum grafting include:

- **Root coverage** — Drawing gum tissue back over exposed root surfaces to reduce sensitivity and improve aesthetics
- **Increasing keratinised tissue** — The band of firm, attached gum tissue immediately adjacent to the tooth (and around implants) is important for long-term tissue stability; grafting can widen this band where it is deficient
- **Augmenting tissue thickness** — Thin gum tissue is more prone to future recession; increasing thickness creates a more resilient, stable architecture
- **Improving aesthetics** — Recession creates an uneven gumline and elongated tooth appearance; grafting can restore a natural-looking margin

Common Grafting Techniques

****Connective tissue graft (CTG):**** The most frequently performed graft technique for root coverage. A small amount of connective tissue is harvested from the roof of the mouth (palate) through a small incision. The graft is then carefully positioned beneath a flap of gum tissue raised at the recipient site. This technique achieves excellent, predictable root coverage with minimal donor site discomfort. The CTG remains the gold standard for single-tooth and multiple-tooth recession cases.

****Free gingival graft (FGG):**** A strip of keratinised tissue is harvested directly from the palate (including the superficial layer) and placed at the recipient site. This technique is primarily used to increase the width of keratinised tissue — for example, at implant sites — rather than for root coverage aesthetics. The graft heals with a slightly different tissue texture and colour initially.

****Tunnel technique:**** An advanced approach in which the recipient tissue is raised through small incisions without creating a flap. The graft is threaded beneath the tunnel through multiple sites along a receded root. This technique causes minimal disruption to the existing gum margin and heals with excellent aesthetic results. It is technically demanding and ideally suited to multiple adjacent sites of recession.

****Allograft (donor tissue):**** Processed human tissue from a registered tissue bank (such as AlloDerm or similar) can be used in place of palatal donor tissue. This eliminates the second surgical site (palate harvest), reducing patient discomfort. Allografts produce excellent results for increasing tissue thickness and width, though autologous tissue remains the standard for predictable root coverage in aesthetically critical areas.

When Might You Need Gum Grafting?

Gum grafting is indicated when you have:

- ****Exposed root surfaces**** causing sensitivity to hot, cold, sweet, or air - ****Progressive recession**** that has not stabilised after addressing its cause (toothbrush trauma, bite problems, gum disease) - ****Thin or absent attached gum tissue**** making the gum vulnerable to further recession - ****Aesthetic concerns**** about an uneven or lengthened gumline - ****An upcoming crown or veneer**** on a tooth with a compromised gumline — the gum margin needs to be stable before restoration - ****Implant sites**** with insufficient keratinised tissue for long-term peri-implant health

Recession itself can result from multiple causes: overzealous toothbrushing, orthodontic treatment that moved teeth outside the bony envelope, prior gum disease, anatomical thin biotype, or tooth position. Identifying and addressing the underlying cause is a critical part of management — grafting alone will not prevent further recession if the causative factors persist.

What to Expect: The Gum Grafting Process

Consultation and Planning

Your periodontist will examine the extent and pattern of recession, measure the width of attached gingiva at each site, assess the tissue biotype (thin versus thick), and photograph the gumline for documentation. A treatment plan is developed specifying which sites require grafting, which technique is most appropriate, and whether any preparatory treatment (resolution of active gum disease, occlusal adjustment) is needed first.

Where laser technology is used as part of soft tissue management — using the Fotona LightWalker, NV Laser, or VersaWave — it can assist with precise tissue sculpting and reduce surgical bleeding.

The Day of Surgery

Gum grafting is performed under local anaesthesia in the specialist chair. Intravenous sedation can be arranged for anxious patients. Depending on the number of sites being treated, surgery typically takes 60–120 minutes.

For a connective tissue graft: 1. The palate is anaesthetised and a small incision made to access the connective tissue layer beneath the surface 2. A carefully measured piece of connective tissue is harvested 3. The palatal incision is closed with sutures 4. At the recipient site, a flap is raised or a tunnel created depending on the technique 5. The graft is precisely positioned to maximise root coverage 6. The overlying tissue is sutured over the graft

Postoperative dressings may be placed over the palatal donor site to protect it during early healing.

Healing

- The palatal donor site heals within 1–2 weeks - The grafted site undergoes visible changes over 4–6 weeks as blood supply establishes and the tissue matures - Full integration and final aesthetic assessment is typically assessed at 3–6 months - Some initial shrinkage of the graft is normal; your periodontist accounts for this in planning

Root coverage outcomes in experienced specialist hands are highly predictable for suitable cases. Miller Class I and Class II recession defects (no loss of interdental bone or soft tissue) can achieve near-complete root coverage in the majority of patients.

Recovery and Aftercare

Recovery following gum grafting is generally well-tolerated:

- **Donor site (palate):** Discomfort typically resolves within 3–5 days. A palatal stent (a custom acrylic plate fitting over the roof of the mouth) is sometimes provided to protect the palate and improve comfort. - **Recipient site:** Mild swelling and bruising for 3–5 days. Avoid touching the area. - **Diet:** Soft foods for 2 weeks, avoiding hot, hard, or crunchy foods that could disturb the healing tissue. - **Oral hygiene:** Continue normal brushing of unaffected teeth, but avoid toothbrush contact with the grafted site. Your periodontist will provide a chlorhexidine mouth rinse. - **Medications:** Over-the-counter analgesia is usually sufficient; prescription medication is available. - **Activity:** Avoid strenuous exercise for 48–72 hours. - **No smoking:** Smoking significantly impairs wound healing and graft integration.

Sutures are removed at 1–2 weeks. Grafted sites should not be probed or assessed until healing is well established, typically at the 6–8 week mark.

Why See a Specialist Periodontist for Gum Grafting?

Soft tissue grafting is one of the most technique-sensitive procedures in dentistry. The long-term success of a graft — its integration, root coverage, and aesthetic result — depends on:

- Correct selection of grafting technique for the specific anatomy and goals - Precision of harvesting and graft dimensions - Surgical skill in flap design, handling, and suturing - Adherence to strict wound closure principles - Management of the underlying cause of recession

Specialist periodontists receive years of dedicated training in soft tissue surgery that general dentists do not. All CSSC periodontists are Dental Board-registered specialists; you can verify their specialist status on the AHPRA website.

For teeth requiring restoration (crowns, veneers) with a compromised gumline, our periodontists work hand-in-hand with CSSC prosthodontists to sequence gum treatment before definitive restoration —

ensuring the best long-term aesthetic and biological outcome.

Our Specialists

All CSSC periodontists are trained in soft tissue grafting and manage recession at Level 12 & Tower, Manchester Unity Building:

- **Dr Simon Hinckfuss** — Specialist Periodontist and Specialist Prosthodontist. Provides integrated planning of gum grafting and subsequent crown or veneer restoration in cases where both are required. - **Dr James van den Berg** — Specialist Periodontist with extensive experience in laser-assisted soft tissue procedures, recession treatment, and aesthetic periodontal surgery. - **Dr Nupur Kataria** — Specialist Periodontist (DCD, University of Adelaide), trained in the full range of periodontal soft tissue procedures. - **Dr Ahmed El Hadidi** — Specialist Periodontist providing soft tissue grafting for recession and aesthetic correction, with a particular interest in evidence-based surgical planning. - **Dr Peishan Jiang** — Specialist Periodontist with experience in gum grafting, recession treatment, and the soft tissue management of implant sites.

Related Treatments

- **[Gum Disease Treatment](/periodontics/gum-disease/)** — Active periodontal infection must be resolved before grafting for recession to be predictable. - **[Aesthetic Gum Lift](/periodontics/gum-lift/)** — Where the gumline needs to be raised rather than lowered, gum lifting may complement grafting in comprehensive aesthetic smile planning. - **[Dental Implants (Periodontics)](/periodontics/dental-implants-perio/)** — Soft tissue grafting around implant sites is important for long-term peri-implant health. - **[Bone Grafting (Periodontics)](/periodontics/bone-grafting-perio/)** — In cases where recession is accompanied by underlying bone loss, bone augmentation may be required alongside soft tissue grafting. - **[Dental Crowns (Prosthodontics)](/prosthodontics/dental-crowns/)** — Teeth with recession often require crown restoration after gum grafting is complete.