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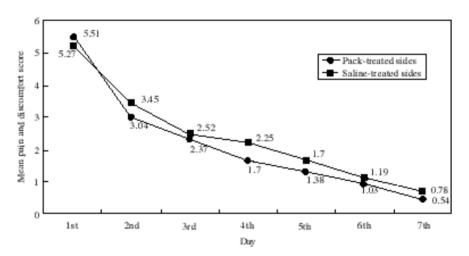


Figure 1. Mean pain and discomfort scores

Table 1. Test Statistics, Wilcoxon Signed Ranks Test, Asymp.sig.(2 - tailed)

		1st	2nd	3rd	4th	5th	6th	7th
Total	а	.737	.296	.985	.227	.192	.333	.505
	b	.763	.739	.705	.414	.180	.655	.527
Curettage	а	.100	.166	.878	.575	.498	.596	1.000
	b	.317	.564	.564	.564	1.000	1.000	.564
Flap	а	.254	.838	.838	.286	.240	.313	.357
	b	.705	1.000	.317	.083	.083	.564	.705
Male	Curettage	.465	1.000	1.000	1.000	.593	.414	1.000
	Flap	.344	.500	.249	.463	.400	.500	.528
Female	Curettage	.128	.141	.865	.686	.715	1.000	1.000
	Flap	.599	.588	.068	.343	.273	.465	.068

^{*} SALINE - PACK = a, SALINE2 - PACK2 (0 0, 0.01 5 1, 5.01 10 2) = b

Table 2. Patients' postoperative experience

Patients' postoperative experience	Surgery type	Pack	Saline	Total
Eating difficulty	Curettage	9	8	17
	Flap	9	3	12
	Total	18	11	29
Esthetic discomfort	Curettage	7	1	8
	Flap	6	1	7
	Total	13	2	15
Sensation of foreign	Curettage	9	1	10
material in mouth	Flap	5	1	6
	Total	14	2	16
Halitosis	Curettage	5	4	9
	Flap	6	2	8
	Total	11	6	17

Table 3. Patients' postoperative experience, Chi-Square Tests

	Eating difficulty	Esthetic discomfort	Sensation of foreign material in mouth	Halitosis
Asymp.Sig.	.228	.919	.696	.402

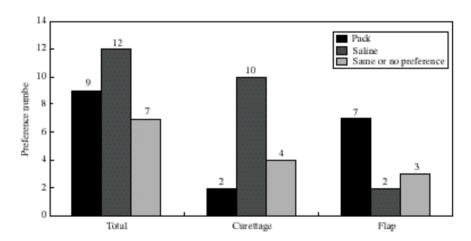


Figure 2 Patients' preference

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- Abstract -

A Comparative Study of Clinical Sffects Following Periodontal Surgery with and without Dressing

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Since they were introduced by Ward in 1923, periodontal dressing have been routinely used following the periodontal surgery to avoid pain, infection, desensitizing teeth, inhibiting food impaction of the surgical areas, and immobilizing injured areas.

Recently, however, the value of periodontal dressings and their effects on periodontal wound healing have been questioned, several authors have been reported that the use of dressing has little influence on healing following periodontal surgical procedures. In addition, there is evidence that when good flap adaptation is achieved, the use of a periodontal dressing does not add to patient comfort nor promote healing.

The purpose of this study was to evaluate patient postoperative pain experience and discomfort with and without the use of periodontal dressing following periodontal surgery. Twenty - eight patients, 11 male and 17 female. were selected for this study; The age range was 31 to 56, with an aver - age of 40.2 years. Patient selection was

based on existence of two bilateral sites. presenting similar periodontal involvement, as determined by clinical and radiographic assessment, and requiring comparable bilateral surgical procedures. Using a split mouth dressing, one site received a periodontal dressing while the other site did not. Pain assessment was made according to a horizontal, rating scale (0 - 10). After at least a two - week period, the second sur gical precedure was performed using the alternate postoperative treatment. At the conclusion of the trial, a self - administered questionnaire on postoperative experience was administered, and were asked of their preference of either, dressed or undressed.

The results were as follows:

- A similar trend for mean pain and discomfort scores as assessed by patients both dressed and saline treated procedures was evident during 7 - day postsurgical period.
- 2. Statistical analysis of differences between the dressed side and saline treated side with respect to pain, dis comfort and patient's experiences revealed that both treatment sides behaved similarly at any postoperative day(P 0.05).
- 3. Considering the patient's preference, on the basis of pain and discomfort experienced, 43% preferred the saline mouthwash and 32% preferred the dressing, 25% showing no preference for either the dressing or the saline mouthwash.

There is evidence to support the use of a periodontal dressing in retention of an apically positioned flap by preventing coronal displacement, or its use to provide additional support to stabilize a free gingival graft. However, there will always be a use for periodontal dressing although routine use of dressings may decrease because of better surgical techniques and the use of antibacterial mouth rinses.