Dry Socket Treatments

A Townie's favorite postop dry-socket solutions are no longer sold in the U.S. market, so he tosses the question to his peers: Are there any affordable, effective solutions that can replace them?

Dte
Member Since: 04/24/04
Post: 1 of 66

Now that both Dressol X and Alveogyl are off the market, what are you guys using that is cheap and works as well? I know Woodland Hills Pharmacy used to sell compounded Alveogyl, but they have stopped now. You can get Alveogyl off eBay but I'm not sure about the legality of this. I have tried Sultan Dry Socket Paste with monoject syringe and Gelfoam, and I'm less than impressed compared to the above two products.

I've also made my own ASA/eugenol on gauze, but its downside is that it's instant release, versus slow release like Dressol X. (I didn't add wax like they have.) Yes, some have mentioned Benacel in every socket, but I don't wish to do this—what I'm after is a postop solution that really works if someone is in pain. Suggestions? ■

10/25/2016

toofache32
Member Since: 08/10/04
Post: 2 of 66

I use a eugenol paste; I'm not sure where the girls get it from. I take a gelfoam and rub it around in the paste and saturate it, then shove it down in the socket. The Gelfoam simply acts as a carrier to hold it in the socket. ■

10/25/2016

eeznogood
Member Since: 02/23/06
Post: 7 of 66

I believe that we can still get it in Canada. There was talk of it being off the market awhile back, but we could still find it over here. It is still advertised in some catalogues that I look at. ■

10/26/2016

FishtoothDMD
Member Since: 04/10/16
Post: 12 of 66

We've been using a strip of Surgicel. Slather on both sides with 5% topical and Sultan's paste, kinda mix them together to look tan in color. Anyone else do this? Going to look into Benacel as well. ■

10/26/2016

drmudduck
Member Since: 09/23/02
Post: 14 of 66

I am completely satisfied with the results I get from Sultan Dry Socket Paste and iodoform gauze. I cut the gauze into strips, then coat them with the paste and shove them into the socket. Within 4–5 minutes, patient will have total relief. I usually pack it for them for a couple of days, then give them a few and show them how to do it. I just make sure they return at some point, so I can verify they have taken it out! ■

10/26/2016

howard
Member Since: 03/28/00
Post: 15 of 66

Dry socket causes:

- Less than 25 years of age
- Previous history of dry socket
- Poor oral hygiene
- Smoking
- Traumatic extraction
- Infection by T. pallidum

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- Use birth control pills

A socket is a hole in the bone where the tooth was removed. Dry sockets occur when the blood clot that formed to protect the bone and nerves becomes dislodged, thus exposing them to air, food, etc. Food, saliva and bacteria can become lodged in the clots place, causing pain and discomfort.■

1/23/2016

Okie Brett
Member Since: 01/31/09
Post: 17 of 66

I just put Dry Socket Paste in a monoject syringe and squirt it down into the socket until it's full, then have the patient bite down on gauze. I give the patient the monoject to put whatever's left in the syringe into their sockets as needed. ■

1/23/2017

Bifid Uvula
Member Since: 05/17/06
Post: 22 of 66

I don't use PRF in my routine 3rds. But I still like using it in bad extraction sites on my older patients (tough, deep impactions and those with associated pathology).

Even with PRF I still see an occasional dry socket with these, but interestingly the other report is that there is less overall pain and the length of discomfort is often times several days less. ■

1/23/2017

crivero20
Member Since: 04/12/09
Post: 23 of 66

There is a product called Sock-It gel that we use on occasion. It's a little runny and pricey at $15 per tube, but sometimes we sell the rest of the tube to the patient.

Not a fan of leaving any foreign body, including iodoform gauze, in the socket. I don't like requiring the patient to come back for an additional visit, either. That being said, seems like lot of "older" docs have been doing it successfully for years.

I like the idea of saturating resorbable gelfoam with paste and placing that in the socket. It does add to the cost but you can always use the DSI gelfoam sponges from eBay that run about $1 each for this. ■

1/24/2017

Dentistry lover
Member Since: 06/16/08
Post: 24 of 66

Believe or not, I remembered I had only three cases of dry socket as an associate. Now I always suggest mouthwash to my patients and frighten them in order to take care of their oral hygiene, because they are really very bad at oral hygiene. However, I've seen my colleague's cases and most of them have dry socket after extraction because he is careless and does not give them the right instructions. ■

1/24/2017

IcedOMFS
Member Since: 03/11/14
Post: 25 of 66

I agree that subjectively, there is less pain reported at surgery sites where I apply PRF of one variety or another. ■

1/24/2017

judottt
Member Since: 02/04/14
Post: 26 of 66

Sultan Dry Socket gel ■

1/24/2017

CowboyCody
Member Since: 12/26/12
Post: 27 of 66

I just started using PRF in the past month and have done it on maybe five patients. Draw blood before numbing the patient, let it spin while we take the tooth out, harvest the little piece of sushi, and stuff it down the hole when the tooth is out and suture with 3.0 chronic gut.

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Sometimes I use a CollaPlug on top, sometimes I don't … all depending on if I need a little more height. Currently not charging for it because I was given an older Salvin centrifuge after a friend of mine upgraded to the Intra-Lock one. I'm more or less doing it to make it a better experience and eliminate postop complications for the patient. Seems to be working well on my small sample size. Obviously not doing it on all extractions—just some wizzies taken out of 50ish-year-olds and when the bone is really dense and avascular and I don't think it will clot worth a darn.

We do have that Sultan stuff, too, and that's what I used prior to the PRF. ■

1/25/2017

Dr Mac Lee
Member Since: 04/14/00
Post: 28 of 66

For the past year, I have used Ozone oil (ozoneoils.com) soaked on strips of SafeGauze/HemoStyp (medicom.com) and have had zero dry sockets. ■

1/25/2017

DinoDMD
Member Since: 11/21/03
Post: 29 and 35 of 66

The best dry socket treatment is learning how to prevent them from occurring.

I probably had a total of a baker's dozen of dry sockets in nearly 30 years, all of which occurred in my first 15 years in practice. All extractions I do today get sutured. If tissues can't be approximated, I place a graft or collagen plug and then criss-cross suture over it to keep graft/plug in place. I prescribe antibiotics when I feel necessary and have not had a dry socket in more than 15 years. But I'm still going to replace my 5-year expired can of unopened Sultan dry socket gel anyway, especially after saying this, because I know I'm probably going to get a dry socket soon, now that I said that!

Dry sockets are a very painful experience for patients, and a huge time-consumer of dental practices. Take measures to learn how to prevent them from happening.

{posted 1/25/2017}

The main keys to prevent a dry socket are:

1. Avoid debris from getting in. Always suture and place collagen plugs when needed.
2. Spend time to instruct the patient.
3. Add your own here. ■

1/27/2017

380Dental
Member Since: 07/22/11
Post: 38 of 66

I am with Dino here—I do a lot of extractions, and cannot remember the last patient I had with a dry socket that I treated.

However, being a GP, I do not have the luxury of doing everything Dino recommends, like grafting or placing expensive materials in the socket. I only suture if tissue is mobile, and rarely get primary closure.

For me, Sock-It gel does it all. The patient pays for it on every extraction, they go home with the tube, they don't have problems. I see every patient one week later to evaluate and flush with CHX if needed. The only concerns I ever see are the patients who aren't keeping things clean, and we send them home with a monoject, usually our third-molar patients.

The main reason for the one-week postop is more to discuss the future and how to prevent another extraction than it is to eval the extraction. It has helped go a long way to convert emergency patients into routine patients. The side effect I noticed by having a set one-week appointment, though, is that I almost never get postop calls from patients asking random questions. They come in saying they had a question a couple of days ago, but did not want to bother me because they already had an appointment. Life is good—I love extractions. ■

1/28/2017

People who come on here and say that they don't get dry sockets don't do enough surgery to get them. It's part of the process. There's not a magic spell to prevent them. It happens to me in spurts. I can go three weeks without one, then can get three in a week. My surgical technique doesn't change.

I usually diagnose them and let my assistants show them how to use a syringe with some socket paste. They usually don't return. ■

1/28/2017

GocubsGo
Member Since: 10/19/16
Post: 39 of 66

Sorry, but I have to disagree with you here. Most of the extractions I do are surgical, and very often wisdom tooth cases. Now, I am sure I don't do as many as OMs or perio, but I get several a week. I have two other surgeons in the office that do all our wisdom tooth cases that are beyond me, fully impacted.

I got a few dry sockets my first couple of years out. I changed how I worked with extractions, which helped make them far more predictable, but also change some postop instructions, and started using Sock-It gel. In the past five years, I have had one dry socket case, from a smoker—more than 2,000 teeth in that time period.

Yes, dry sockets can partially be caused/prevented by the dentist. I remember one thing I started needing to do is make sure a clot actually formed; occasionally the patient does not bleed enough to fill the socket without help. Postop instructions are a huge part as well. And the final kicker is the Sock-It gel. ■

1/28/2017

380Dental
Member Since: 07/22/11
Post: 44 of 66

DinoDMD
Member Since: 11/21/03
Post: 47 of 66

Based on my own experiences and observations, I respectfully disagree. I'm a GP but do most of my own extractions with exception of impacted thirds. I do hundreds of extractions/year and have not gotten a single dry socket for more than 15 years. Probably closer to 20 years. I therefore feel that they can be prevented. ■

1/28/2017

dkdocterry
Member Since: 09/17/07
Post: 54 of 66

Dino, no dry sockets in years? You are mighty lucky (and an excellent dentist) and must go to church every Sunday! My computer says I do around 900 extractions a year—I get the odd dry socket.

After extraction we always place high-volume suction over the site and suck out all the blood and stuff for 2–3 seconds; this usually gets some blood in the socket and place a gauze in the patient's mouth for an hour. In 40 years, I've never raised a flap. Just use scissors to open the access a little—remove bone around broken roots and tease them out—and remove tooth structure, especially on the mesial of 8s. Just do tissue impactions and send hard stuff to OS. Works for me.

I use Sultan Dry Socket Paste after high-volume suction on socket for 3 seconds and then place gauze for an hour to hold paste in socket. I usually give a prescription for amoxicillin 500 mg TID for 10 days as well. Tell them to come back next day if this helps and we will do (dry socket paste) again … and seldom see them next day. I will even leave small root tips (upper bicuspids) rather than destroy a bunch of bone doing a surgical extraction to get 3mm of root structure. If they abscess later, easy to remove, but mostly they get buried in bone as extraction site heals. Better to err and do no harm than make a mess getting every last piece of root, IMHO. Interesting how we all do things the same or differently! ■

1/29/2017

drstevestl
Member Since: 03/31/05
Post: 55 of 66

I'm a GP who used to take out several hundred teeth a week. I've worked in downtown St. Louis, where the patients were lined up outside the office at 9:30 and I ran eight chairs and just pulled teeth all day until the patients stopped coming in around 3.

I also worked a rural practice and had our own lab and did full-mouth extractions and immediates all day. Today, five to 20 a week. Yes, I'll have patients get dry sockets. Smokers! Even if they don't smoke for two days after the extraction I believe the nicotine in their system affects how they clot. I buy my Alveogyl online. Resorbs, works. Paste falls out. I used to send them home with a syringe made up with it. PITA; falls out in hours. Iodoform gauze has to be removed. Love my Alveogyl! ■

1/29/2017

DinoDMD
Member Since: 11/21/03
Post: 57 of 66

Dkdocterry: I used to do the same thing before I started using microscopes. When one can comfortably see what they are doing, no need to leave small root tip or destroy a bunch of bone in getting tip out. I feel better now knowing that I don't need to leave tips behind anymore, since I can now see really, really well. Just trying to share a snapshot into my world. ■

1/29/2017

shay71
Member Since: 01/08/06
Post: 58 of 66

I used to put Alveogyl but not anymore. A periodontist taught me something that made sense. So here it is: Numb the area, irrigate with saline, scratch the inner walls of the socket to cause bleeding; now you have a new blood clot in the socket, protecting it. What was the cause of dry socket? Lack of blood clot, but not anymore now. Only downside is the injection to numb the patient. Comments welcome. ■

1/30/2017

One of my best anecdotes from the old crusty oral surgeon I learned from: Older, redheaded white woman who smokes = 100% chance of dry socket. Everything else is just a percent off that. In my opinion it's turned out to be pretty true. I do suture a lot more than I used to. Sultan Dry Socket Paste user here. ■

2/6/2017

jdturne72
Member Since: 01/15/07
Post: 60 of 66

My professors tell us that preop Peridex rinse is the best way to reduce the chance of dry socket. Although I don't know how economically viable this is in the real world, because residents don't care about wasting materials while still in residency and I don't know how much Peridex actually costs.■

2/11/2017

foreverintern
Member Since: 12/21/16
Post: 64 of 66

About $5 a bottle, CHX is cheap. ■

2/11/2017

380Dental
Member Since: 07/22/11
Post: 65 of 66

Dry sockets form from loss of adequate clot. Most dry socket treatment material (like Alveogyl) rely on "burn, numb, die" method to treat the inflammation, and has the risk of remaining in the wound and tracking through tissue spaces. Perhaps it is time that the profession uses pro-healing materials such as CNM BaseJump, developed by Dr. Mark Tuffley, an oral maxillofacial surgeon in Australia. In vitro studies on "angry" macrophages showed a 50% reduction in M1 cytokine production and instead a switch to M2 proresolution healing. In other words, there is very little initial inflammatory response, and instead there is rapid wound healing. The complex nutritional metabolites supply the cells with all the raw materials required to heal.

The CNM is applied as a paste in a 7.4pH buffering medium, so the nerve endings are protected from pH drop that occurs in inflammation. I have been using this paste in sockets and under flaps for nearly 10 years and the wounds are typically minimum pain, almost no swelling, and show rapid healing. When I used to own an ozone machine, I would also ozonate the bone first. The bony healing was amazing, often more dense than the surrounding area, and therefore great for future implant placement, avoiding the need for bone matrix material. ■

2/14/2017

davidstephenson
Member Since: 02/07/05
Post: 66 of 66

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