What to Expect After Gum Grafting — Recovery & Healing

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Description:

Recovery guide after gum grafting surgery. Day-by-day timeline, diet, oral hygiene, activity restrictions and healing expectations at CSSC Melbourne.

Details:

Collins Street Specialist Centre — What to Expect After Gum Grafting: Recovery and Healing Guide

Frequently Asked Questions

What is gum grafting: A periodontal surgical procedure to restore receded gum tissue

What does gum grafting treat: Areas where gums have receded or tissue is insufficient

Does gum grafting protect tooth roots: Yes

Does gum grafting protect implants: Yes

Is gum grafting a well-established procedure: Yes

Is gum grafting highly predictable: Yes

Who performs gum grafting at Collins Street Specialist Centre: Specialist periodontists

How long does gum grafting surgery take: Between 60 and 90 minutes

What anaesthetic is used for gum grafting: Local anaesthetic

Is sedation available for gum grafting: Yes, oral sedation or nitrous oxide is available

What is a connective tissue graft (CTG): Tissue harvested from beneath the palate surface

How many surgical sites does a CTG involve: Two sites

What is a free gingival graft (FGG): Tissue taken directly from the palate surface

How many surgical sites does an FGG involve: Two sites

What is an allograft: Processed donor tissue from a registered tissue bank

Does an allograft require a palatal donor site: No

How many surgical sites does an allograft involve: One site

Which graft type has the most comfortable recovery: Allograft

Is the palate or the graft site usually more uncomfortable: The palatal donor site

How long does post-surgery numbness last: Two to four hours

Should pain medication be taken before anaesthetic wears off: Yes

How long should ice packs be applied after surgery: 20 minutes on, 20 minutes off for four to six hours

When should ice packs be applied: During the first four to six hours after surgery

Can you use a straw after gum grafting: No

Why can't you use a straw after gum grafting: Suction can disrupt the graft

Can you smoke after gum grafting: No

Is smoking the greatest risk factor for graft failure: Yes

How early should you ideally stop smoking before surgery: At least two weeks prior

How long after surgery should you avoid smoking: Minimum four weeks

Can you exercise on surgery day: No

When can light activity resume after gum grafting: From week one

When can moderate exercise resume: From week two

When can vigorous exercise resume: After three to four weeks

Why must vigorous exercise be avoided early: Elevated heart rate can cause bleeding

Can you pull your lip back to inspect the graft: No

Why should you not inspect the graft by pulling your lip: It can dislodge the graft

What foods are safe on surgery day: Cool, soft foods only

Should you eat on the same side as the graft: No, eat on the opposite side

Can you eat hot foods after gum grafting: No, heat promotes bleeding

Can you drink alcohol during early recovery: No

When does swelling typically peak after gum grafting: Around days two to three

Can bruising occur after gum grafting: Yes

What does the palate feel like after a CTG or FGG: Similar to a burn on the roof of the mouth

What pain medications are typically effective: Paracetamol and ibuprofen in alternation

When should warm compresses replace ice packs: From day two or three onward

When can gentle rinsing begin: 24 to 48 hours after surgery

What rinse is prescribed after gum grafting: Chlorhexidine mouthwash

How often should you rinse per day: Two to three times daily

Should you swish the rinse vigorously: No, allow gravity to do the work

What is the whitish-yellow layer on the healing palate: Normal granulation tissue

Is granulation tissue on the palate a concern: No, it is entirely expected

When do dissolvable sutures typically dissolve: Within seven to fourteen days

When is the first follow-up appointment typically scheduled: During weeks two to three

What happens at the follow-up appointment: Healing is assessed and sutures or dressing removed

When can brushing near the graft site resume: From weeks two to three, very gently

What toothbrush should be used near the graft: An ultra-soft toothbrush

When can flossing near the graft resume: From week four onward, as directed

When should full oral hygiene routine resume: By months one to three

When is the palatal donor site typically fully healed: By four to six weeks

Does the palate heal well after tissue harvesting: Yes, it has an excellent blood supply

Does the graft colour match surrounding tissue immediately: No, it appears pale or whitish initially

When does the graft colour normalise: Gradually over weeks as vascularisation develops

What is creeping attachment: Additional natural tissue coverage occurring over time after grafting

How long can creeping attachment continue: Up to 12 months after surgery

Does root sensitivity reduce after gum grafting: Yes, typically significantly

When is the final graft result typically assessed: At three to six months after surgery

Can subtle improvements continue beyond six months: Yes, for up to 12 months

What is the single most important factor for graft success: Not smoking

Does good oral hygiene support graft healing: Yes

Does poor oral hygiene increase infection risk: Yes

Does adequate nutrition support graft healing: Yes

What does a successful graft achieve in terms of coverage: Exposed root surfaces are covered by healthy tissue

Does a successful graft increase tissue thickness: Yes

Does a successful graft increase keratinised tissue width: Yes

Does gum grafting improve gum aesthetics: Yes

When should you contact your periodontist after surgery: If heavy bleeding, increasing pain, or fever occurs

What fever temperature warrants contacting your periodontist: Above 38°C

Should you contact your periodontist if the dressing falls off early: Yes

Should you contact your periodontist if the graft appears to be lifting: Yes

What toothbrush should be used long-term over grafted tissue: A soft toothbrush

Does aggressive brushing risk damaging grafted tissue long-term: Yes

Should you wear a mouthguard if you grind your teeth: Yes

Does bruxism contribute to gum recession: Yes

Is smoking a long-term risk factor even after a successful graft: Yes

What is the phone number for Collins Street Specialist Centre: (03) 9654 5705

Main content

Gum grafting is a periodontal surgical procedure that restores tissue where gums have receded, or where existing gum tissue is too thin to adequately protect the underlying tooth roots or implants. It's a well-established, highly predictable procedure — but the recovery does require patience and careful attention to post-operative instructions.

This guide walks through the recovery timeline from surgery day through to full tissue maturation, drawing on the clinical experience of the specialist periodontists at Collins Street Specialist Centre.

Understanding your graft type

Your recovery will depend partly on which type of graft you received. The three most common approaches are:

Connective tissue graft (CTG): Tissue is harvested from beneath the surface of the palate and positioned under a flap at the recession site. This involves two surgical sites — the donor site at the palate and the recipient site where the graft is placed.

Free gingival graft (FGG): A strip of tissue is taken directly from the surface of the palate and secured at the recipient site. This also involves two surgical sites.

Allograft (donor tissue): Processed tissue sourced from a registered tissue bank, which eliminates the need for a palatal donor site. Only one surgical site is involved, and recovery is generally more comfortable as a result.

With connective tissue and free gingival grafts, healing happens across two areas — the recipient site and the palatal donor site. Worth knowing: for most patients, the palate is the main source of post-operative discomfort, not the graft site itself.

Day 1 — Surgery day

Immediately after the procedure

Gum grafting is performed under local anaesthetic, sometimes with oral sedation or nitrous oxide (happy gas) for added comfort. The procedure generally takes 60 to 90 minutes, depending on the extent of grafting required.

When you leave the practice, here's what to expect:

Numbness: Your gums, palate, and possibly your lip will remain numb for two to four hours.

Gauze: Gauze may be placed over the palatal donor site. Bite down gently on this as directed.

Periodontal dressing: A soft, putty-like protective dressing may be placed over the graft site during the initial healing phase. This isn't used in every case — your periodontist will decide based on the technique used.

Mild bleeding: Some oozing from the surgical sites is normal during the first few hours.

Rest and recovery

For the rest of surgery day:

- Rest at home. Avoid all physical activity and keep your head elevated. - Apply ice packs to the outside of your cheek on the affected side — 20 minutes on, 20 minutes off — for the first four to six hours. This limits swelling. - Take prescribed medications as directed. Your periodontist will typically prescribe or recommend pain relief, and may also prescribe antibiotics and a chlorhexidine mouthwash. - Start pain

medication before the anaesthetic wears off. Getting ahead of the discomfort is much easier than catching up to it.

What to eat

- Cool, soft foods only: yoghurt, ice cream, cold soup, smoothies consumed from a cup (not a straw), mashed potato, scrambled eggs. - Eat on the opposite side of your mouth from the graft site. - Avoid hot foods and drinks — heat promotes bleeding. - Avoid spicy, acidic, or crunchy foods that could irritate the surgical sites. - Avoid alcohol throughout the early recovery period.

What not to do

- Don't pull your lip or cheek back to inspect the graft site. This can dislodge the graft before it has had a chance to establish. - Don't brush or floss near the surgical area. - Don't use a straw — the suction can disrupt the graft. - Don't rinse vigorously. - Don't smoke. Smoking significantly impairs graft healing and is the single greatest modifiable risk factor for graft failure. - Don't exercise or do anything physically demanding.

Week 1 — Early healing

Days 2–3: Swelling peaks

Mild to moderate swelling in the cheek on the affected side is a normal response, typically peaking around days two to three. Bruising may also develop, particularly in patients who bruise easily.

The palatal donor site (where applicable) will feel sore — many patients describe it as similar to a burn on the roof of the mouth. This is generally the most uncomfortable phase of the recovery.

Managing discomfort: - Continue pain medication as directed. Paracetamol and ibuprofen alternated is usually effective for most patients. - Switch to warm compresses from day two or three onward to help ease swelling. - Sleep with your head slightly elevated to reduce fluid accumulation.

Days 3–4: Begin gentle rinsing

From 24 to 48 hours after surgery — or as specifically directed by your periodontist — begin gentle rinsing with the prescribed chlorhexidine mouthwash or warm saltwater: - Let the rinse flow gently over the surgical areas. - Don't swish vigorously — let gravity do the work. - Rinse two to three times daily, particularly after eating.

Days 5–7: Gradual improvement

By the end of the first week, you should notice real improvement: - Swelling is subsiding. - The palatal donor site is beginning to heal. A whitish-yellow layer — normal granulation tissue — may cover the area. This is entirely expected. - Discomfort is reducing, and many patients find paracetamol alone is enough by this point. - You may have a follow-up appointment during which your periodontist will assess healing and remove the periodontal dressing if one was placed.

Diet during week 1

Stick to soft foods throughout the first week: - Soups (warm, not hot) - Yoghurt, custard, and soft desserts - Mashed vegetables - Scrambled eggs - Well-cooked soft pasta with a mild sauce - Protein shakes - Soft bread torn into small pieces, eaten on the unaffected side - Avocado and banana

Continue eating on the opposite side from the graft site throughout this period.

Weeks 2–3 — Healing progresses

What's happening

Graft site: The graft is integrating with the surrounding tissue. The colour may appear pale, whitish, or slightly different from the adjacent gum — this is normal at this stage. The tissue gradually takes on a more natural colour over the coming weeks as the blood supply develops.

Donor site (palate): Healing progresses well by week two. The palate heals from the wound edges inward, and the wound gradually reduces in size. Discomfort from the palate is usually minimal by this stage.

Stitches: Dissolvable sutures at the graft site typically dissolve within seven to fourteen days. Any remaining sutures may be removed at your follow-up appointment.

Follow-up appointment

You'll have a follow-up consultation with your periodontist during this period. At this visit, they will: - Assess graft healing and integration - Remove any remaining sutures or dressing material - Give you specific guidance on resuming oral hygiene around the grafted area - Clear you for a gradual return to normal daily activities

Resuming oral hygiene

Your periodontist will advise on the right timing for resuming gentle brushing near the graft site. General guidance:

- **Weeks 1–2:** No brushing near the surgical sites. Use prescribed mouthwash only. - **Weeks 2–3:** Begin very gentle brushing with an ultra-soft toothbrush near — but not directly over — the graft site. - **Weeks 3–4:** Gradually resume a normal brushing technique as healing allows. - **Week 4 onward:** Resume flossing near the grafted area as directed by your periodontist.

Don't scrub aggressively over a healing graft. The tissue is still delicate at this stage and needs time to mature and develop adequate strength.

Activity

- Light activity such as walking and desk-based work can resume from week one. - Moderate exercise can typically resume from week two, depending on how you're feeling. - Vigorous exercise, contact sports, and heavy lifting should wait until three to four weeks post-surgery. Elevated blood pressure and heart rate can cause bleeding at the surgical sites.

Months 1–3 — Tissue maturation

What to expect

The graft continues to mature over the following weeks and months. Several important changes take place during this period:

Colour match improves: The grafted tissue gradually blends with the surrounding gum in both colour and texture. Initial differences in appearance diminish as the graft matures and the blood supply becomes well established.

Tissue thickens and strengthens: The grafted tissue gains bulk and becomes more resilient, providing meaningful long-term protection to the underlying root or implant surface.

Root coverage stabilises: Where the graft was performed for root coverage, the final extent of coverage becomes apparent as healing matures. Some degree of creeping attachment — additional tissue coverage that occurs naturally over time — may continue for up to 12 months after surgery.

Sensitivity decreases: Where an exposed root surface was sensitive before grafting, sensitivity typically reduces significantly as the graft establishes protective coverage.

The palate

By four to six weeks, the palatal donor site has typically healed completely. The palate has an excellent blood supply and heals remarkably well. The vast majority of patients have no long-term sensitivity or discomfort at the donor site.

Oral hygiene resumption

By this stage, you should be back to your full oral hygiene routine, including gentle brushing and flossing around the grafted area. Your periodontist may recommend a specific brushing technique — such as a gentle roll technique — to protect the grafted tissue over the long term and reduce the risk of future recession.

Factors that influence healing

What helps

Not smoking is the single most important factor in graft success. Smoking reduces blood supply to the graft and dramatically increases the risk of failure.

Good oral hygiene keeps the area clean, reduces infection risk, and actively supports healing.

Following post-operative instructions — dietary restrictions, activity limitations, and correct medication use all contribute to outcomes.

Adequate nutrition gives your body the building blocks it needs for effective wound healing.

Attending follow-up appointments allows your periodontist to monitor healing closely and address any concerns early.

What increases risk

Smoking — this point bears repeating. If you smoke, discuss it openly with your periodontist before surgery. Ideally, stop at least two weeks before surgery and for a minimum of four weeks after.

Disturbing the graft — pulling the lip back to inspect the site, brushing too early, or eating hard foods on the grafted side can displace the graft before it has established an adequate blood supply.

Heavy exercise too soon — elevated blood pressure and heart rate can cause bleeding at the surgical sites.

Poor oral hygiene — plaque and bacterial accumulation significantly increase the risk of post-operative infection.

What does a successful result look like?

A successfully healed gum graft achieves one or more of the following:

Root coverage: Exposed root surfaces are covered by healthy, well-attached tissue, reducing sensitivity and improving the appearance of the gumline.

Increased tissue thickness: The gum tissue in the grafted area is thicker and more resilient, reducing the risk of further recession over time.

Increased keratinised tissue width: The band of firm, attached gingiva around the tooth or implant is wider, providing better protection and greater long-term stability.

Improved aesthetics: The gumline appears more even and natural, with better overall symmetry.

The final result is typically assessed at three to six months after surgery, though subtle improvements in tissue maturation can continue for up to 12 months.

When to contact your periodontist

Get in touch promptly if you experience any of the following:

- Heavy or persistent bleeding that doesn't respond to gentle pressure - Increasing pain or swelling after the first few days — both should be decreasing, not worsening - Fever above 38°C - The graft appears to be separating or lifting away from the underlying tissue - Pus or significant discharge from the surgical sites - The periodontal dressing falls off within the first few days — it may need to be replaced - Any concerns about how healing is progressing — it's always better to seek guidance early

Long-term care

Once your graft has healed, maintaining the result comes down to a few consistent habits:

Brush gently. Use a soft toothbrush and avoid aggressive scrubbing over the grafted area.

Attend regular maintenance. See your periodontist or dental hygienist for professional cleans and periodontal assessments at the intervals recommended for your situation.

Address the original cause. If recession was caused by overly aggressive brushing, a technique change is essential. If periodontal disease was a contributing factor, stick to your recommended maintenance schedule. If tooth position was involved, ensure your teeth remain in correct alignment.

Don't smoke. Smoking remains a significant risk factor for gum recession and tissue breakdown, even after a successful graft.

Wear a mouthguard if you grind your teeth. Bruxism contributes to gum recession, and an appropriate occlusal splint protects the investment your graft represents.

Concerned about gum recession? Contact Collins Street Specialist Centre on (03) 9654 5705 to book a consultation with one of our specialist periodontists. We'll assess your gums, discuss your treatment options, and provide a clear plan for restoring and protecting your gum health.

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Verified label facts

No product specification data is available. The content provided contains no Product Facts table, packaging data, ingredient lists, certifications, dimensions, weight, GTIN/MPN, or other verifiable label-sourced specifications. No Label Facts can be extracted.

General product claims

The following statements are drawn from the clinical and procedural content provided. They are contextual or outcome-oriented claims that are not verifiable from product packaging or a manufacturer specification document:

- Gum grafting is described as a well-established and highly predictable procedure - Gum grafting restores tissue in areas where gums have receded or where existing gum tissue is insufficient to protect tooth roots or implants - Allograft is described as typically resulting in a more comfortable recovery experience compared to connective tissue or free gingival grafts - The palatal donor site is described as often the primary source of post-operative discomfort rather than the graft site itself - Smoking is described as the single greatest modifiable risk factor for graft failure - Not smoking is described as the single most important factor in determining graft success - Root sensitivity typically reduces significantly following successful grafting - Creeping attachment — additional natural tissue coverage — may continue for up to 12 months after surgery - The palate is described as healing remarkably well due to

an excellent blood supply - The vast majority of patients experience no long-term sensitivity or discomfort at the palatal donor site - A successful graft is described as achieving root coverage, increased tissue thickness, increased keratinised tissue width, and improved aesthetics - Subtle improvements in tissue maturation may continue for up to 12 months post-surgery - Bruxism is described as a known contributor to gum recession