

Dental Implants at Collins Street Specialist Centre

Canonical:

<https://directory.collinsstreetspecialistcentre.com.au/about/dental-implants-at-collins-street-specialist-centre/>

Description:

A dental implant is a titanium fixture placed surgically in the jawbone to serve as an artificial tooth root. Once integrated with the surrounding bone, it supports a crown, bridge, or full-arch prosthesis — providing...

Details:

Collins Street Specialist Centre — Dental Implants

Collins Street Specialist Centre is one of Melbourne CBD's most comprehensively staffed specialist dental facilities, and dental implant treatment is central to what the practice delivers. A dental implant is a titanium fixture placed surgically within the jawbone to act as an artificial tooth root. Once it integrates with the surrounding bone — a process called osseointegration — it supports a crown, bridge, or full-arch prosthesis, restoring both function and appearance in a way that closely resembles a natural tooth.

Implant dentistry is among the most technically demanding areas of contemporary dental practice. Good outcomes depend on expertise across more than one discipline: the surgical skill to place the implant and prepare the site appropriately, and the prosthodontic knowledge to design and fit the restoration that the patient ultimately sees, chews with, and relies on every day. In more complex presentations, oral and maxillofacial surgery expertise is also required.

Collins Street Specialist Centre is one of very few dental facilities in Australia where all three relevant specialist disciplines — periodontists, prosthodontists, and oral and maxillofacial surgeons — practise under the same roof. The sections below explain each specialist's role and how they work together in your care.

The three specialist perspectives on implants

Periodontics: surgical placement and site preparation

For most implant placements at CSSC, the surgical component is performed by a specialist periodontist. Periodontists hold specialist registration with AHPRA in periodontics — a discipline for which implant surgery is a core domain of postgraduate training, not an add-on.

The periodontist's role spans several interconnected stages:

****Pre-implant assessment.**** Before any surgical planning begins, the periodontist evaluates available bone quantity and quality, the health of surrounding gum tissue, and the overall biological environment at the intended implant site. Residual infection, active periodontal disease, or insufficient bone volume must each be identified and addressed before placement can proceed safely.

****Site preparation and grafting.**** Where bone volume is insufficient to support a stable implant, the periodontist performs bone augmentation to build an adequate foundation. This may involve guided bone regeneration (GBR) — in which a barrier membrane encourages new bone growth — block grafting, or socket preservation following tooth extraction. The approach is chosen based on the specific defect and the patient's anatomy.

****Implant placement.**** The titanium fixture is placed into the prepared bone under local anaesthesia. Placement is guided by pre-operative three-dimensional planning using coDiagnostiX software and cone-beam CT (CBCT) imaging, which allows the surgical team to map the implant's position virtually before a single incision is made.

****Gum grafting.**** A sufficient band of keratinised (firm, attached) gum tissue around the implant site contributes to long-term stability and aesthetic outcome. Where tissue is thin or deficient, a soft tissue graft may be recommended at or around the time of placement to establish this protective margin.

****Sinus lift.**** In the upper jaw, the maxillary sinus cavity frequently limits available bone depth, particularly toward the back. A sinus lift — also called sinus augmentation — introduces bone graft material beneath the sinus floor to create adequate vertical height for implant placement. This is a specialist surgical procedure performed by periodontists and oral surgeons at CSSC.

****Long-term maintenance and peri-implant care.**** Implants require ongoing professional monitoring and cleaning, and are susceptible to peri-implantitis — an inflammatory process affecting the tissue and bone surrounding the implant, analogous to periodontitis around natural teeth. The periodontist manages peri-implant health throughout the life of the implant and provides targeted treatment if peri-implantitis develops.

The CSSC periodontics team includes Dr Simon Hinckfuss — the only practitioner in Australia who holds specialist AHPRA registration in both periodontics and prosthodontics — Dr James van den Berg, who brings over 25 years of implant surgery experience, Dr Ahmed El Hadidi, Dr Peishan Jiang, and Dr Nupur Kataria. The periodontics team practises from Level 12 & Tower, Manchester Unity Building.

→ See: [Dental Implant Surgery — Periodontics Perspective](/procedures/periodontics/dental-implants-periodontal-specialist-placement/) → See: [Bone Grafting](/procedures/periodontics/bone-grafting-guided-bone-regeneration/) → See: [Sinus Lift](/procedures/periodontics/sinus-lift-sinus-augmentation-for-dental-implants/) → See: [Gum Grafting](/procedures/periodontics/gum-grafting-soft-tissue-grafting-recession-treatment/) → See: [Peri-Implantitis](/procedures/periodontics/peri-implantitis-implant-infection-specialist-management/)

Prosthodontics: the restoration that makes it functional

The titanium fixture placed by the surgeon is only the foundation. The crown, bridge, or full-arch prosthesis that the prosthodontist designs and fits is what the patient actually chews with, smiles with, and lives with over the long term. These two phases of treatment are inseparable — and at CSSC, they are planned as a unified whole from the outset.

Prosthodontics is the specialist discipline concerned with restoring and replacing teeth, covering both function and aesthetics. Specialist prosthodontists at CSSC lead the entire restorative phase of implant treatment:

****Restoration-driven planning from the outset.**** Effective implant outcomes begin with the end in mind. Before the surgeon places a single fixture, the prosthodontist determines where implants must be positioned based on the intended crown, bridge, or prosthesis. This approach ensures that surgical placement serves the prosthetic outcome — rather than the restoration being designed around a poorly positioned implant after the fact.

****Crown and bridge restorations.**** A single missing tooth is replaced with an implant-supported crown. Multiple adjacent missing teeth may be restored with an implant-supported bridge spanning two or more implants. Both are fabricated in CSSC's in-house dental laboratory, allowing close quality control, iterative refinement, and direct communication between the clinical and technical teams.

****All-on-4 full-arch rehabilitation.**** For patients who have lost all or most of their teeth in a single arch, the All-on-4 protocol uses four strategically angled implants to support a full-arch fixed prosthesis. The angling of the posterior implants makes use of available bone that would otherwise require extensive grafting, often allowing same-day placement of a provisional prosthesis and reducing total treatment time considerably. Prof Vasileios Chronopoulos has extensive experience with All-on-4 rehabilitation and full-arch implant prosthetics.

****Implant prosthetics and complex full-mouth rehabilitation.**** In cases involving multiple implants across both jaws, the prosthetic design must integrate carefully with the patient's bite relationship (occlusion), jaw position, and any remaining natural teeth. Managing this level of complexity requires specialist prosthodontic training and experience — errors at this stage are difficult and costly to correct.

****Immediate implants and provisional restorations.**** In carefully selected cases, implants can be placed and a provisional prosthesis fitted at the same appointment, reducing the number of surgical visits and giving the patient functional, aesthetic teeth throughout the healing period.

The CSSC prosthodontics team includes Prof Vasileios Chronopoulos, Dr Fotios Angelis, Dr Jamie Foong, and Dr Simon Hinckfuss. The team practises from Level 8, Manchester Unity Building.

→ See: [Dental Implant Prosthetics — Prosthodontics Perspective](/procedures/prosthodontics/dental-implants-prosthetic-restoration/) → See: [All-on-4 Full Arch Rehabilitation](/procedures/prosthodontics/all-on-4-full-arch-implant-rehabilitation/) → See: [Full Mouth Rehabilitation](/procedures/prosthodontics/full-mouth-rehabilitation/)

Oral & maxillofacial surgery: complex cases and large-volume grafting

Some implant presentations exceed the scope of routine periodontal surgery. When bone defects are extensive, when local anatomy presents significant surgical risk, or when a patient's medical history calls for a clinician with dual dental and medical qualifications, an oral and maxillofacial surgeon takes the surgical lead.

Oral and maxillofacial surgeons hold both a dental degree and a medical degree, followed by a further four-year specialist OMS training programme — 15 to 17 years of continuous postgraduate study in total. This dual qualification provides advanced capabilities in anaesthesia management, complex surgical anatomy, and the perioperative care of medically complex patients.

At CSSC, A/Prof Patrishia Bordbar — Clinical Associate Professor at the University of Melbourne and Past President of the Australian and New Zealand Association of Oral and Maxillofacial Surgeons — provides this level of specialist surgical input for implant cases that require:

****Large-volume bone grafting.**** Where significant bone loss has occurred — from trauma, tumour removal, severe jaw atrophy, or advanced periodontitis — major jaw reconstruction may be required before implant placement is feasible. Procedures of this scale fall within OMS scope and are managed collaboratively with the CSSC periodontics team, with clear delineation of surgical responsibility at each stage.

****Complex anatomical cases.**** The proximity of implant sites to structures such as the inferior alveolar nerve, the floor of the maxillary sinus, or adjacent tooth roots can substantially elevate surgical risk. OMS expertise provides an additional layer of precision and risk management in these situations.

****Medically complex patients.**** Patients taking anticoagulants, immunosuppressants, bisphosphonates, or other medications with implications for bone healing and surgical recovery benefit from the medical training of an OMS surgeon. The same applies to patients with significant systemic disease — cardiovascular conditions, diabetes, or osteoporosis — who need a surgeon equipped to manage the broader medical picture.

****Combined implant and orthognathic (corrective jaw) surgery cases.**** Some patients who require corrective jaw surgery also need implants as part of their overall rehabilitation. When these treatment requirements intersect, OMS leadership ensures that surgical sequencing is both medically appropriate and optimised for the final prosthetic outcome.

→ See: [Dental Implant Surgery — OMS Perspective](/procedures/oral-maxillofacial-surgery/dental-implant-surgery-oral-maxillofacial-surgeon-perspective/) → See: [Bone Grafting — OMS](/procedures/oral-maxillofacial-surgery/bone-grafting-oral-maxillofacial-surgery/)

Implant planning technology at CSSC

Precision in implant dentistry begins well before any surgical appointment. Collins Street Specialist Centre uses a dedicated suite of planning technology to maximise accuracy, safety, and predictability of outcomes:

- ****iCam 4D Implant Scanner**** — precise assessment of bone density and soft tissue volume at the implant site - ****Planmeca ProMax 3D Max**** — cone-beam CT (CBCT) imaging providing detailed three-dimensional visualisation of jaw anatomy - ****coDiagnostiX**** — three-dimensional surgical planning software that allows virtual implant placement to be mapped, evaluated, and refined before the operating appointment - ****Exocad DentalCAD**** — implant restoration design software that integrates the prosthodontist's prosthetic plan with the surgeon's placement guides, so both are working from a shared blueprint - ****In-house dental laboratory**** — all prosthetic components are fabricated on-site, enabling close collaboration between clinician and technician and reducing the variables introduced by external laboratory workflows

This technology framework supports the restoration-driven planning model at the core of CSSC's approach: the prosthodontist's intended outcome informs and guides the surgeon's placement strategy, not the other way around.

When implants may not be immediately possible

Not every patient is immediately suitable for implant placement, and a thorough specialist assessment is needed to identify any factors that must be addressed before treatment can proceed. In many cases, a clear pathway exists to resolve them.

Common barriers to immediate implant placement include:

- ****Insufficient bone volume**** — Where the jawbone lacks the height, width, or density to support a stable implant, bone grafting or augmentation is required first. This is a routine part of implant planning at CSSC, not an exceptional complication. - ****Active gum disease or infection**** — Periodontal disease and residual infection must be fully resolved before implant surgery, as they significantly compromise the biological environment needed for successful integration. - ****Uncontrolled systemic conditions**** — Poorly controlled diabetes, osteoporosis, and certain medications (particularly bisphosphonates) require careful specialist consideration and, in some cases, liaison with the patient's medical team before surgery proceeds. - ****Smoking**** — Tobacco use significantly impairs wound healing and osseointegration. Cessation before and after implant surgery is strongly recommended, and the implications of continued smoking will be discussed honestly at the assessment stage. - ****Inadequate**

oral hygiene** — Long-term implant success depends substantially on the patient's ability to maintain them at home. Where hygiene is a concern, this is addressed as part of the preparatory phase of treatment.

The assessment process at Collins Street Specialist Centre is designed to establish your suitability clearly and, where barriers exist, to map a realistic and well-sequenced pathway to address them. Patients will receive an honest account of what is involved — including realistic timeframes and any preparatory treatment required.

Arrange an assessment

Dental implant treatment at Collins Street Specialist Centre is coordinated across the surgical and restorative specialties as a managed whole — not two separate referrals to two separate practices. The surgical team and the prosthodontic team work from a shared plan, communicate directly, and take joint responsibility for the outcome.

No referral is required to begin. To explore whether dental implants are appropriate for your situation, contact us to arrange a specialist implant assessment.

****Phone:**** (03) 9650 2726 ****Email:**** theteam@collinsstreetspecialistcentre.com.au ****Hours:****
Monday–Friday 8:00am–6:00pm | Saturday 8:30am–1:30pm ****Location:**** Level 8 and Level 12 &
Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD
