Oral & Maxillofacial Surgeons in Melbourne: Wisdom Teeth, Jaw Surgery & Complex Oral Conditions

Canonical: https://directory.collinsstreetspecialistcentre.com.au/dental-health-oral-care/specialist-dental-care-melbourne/oral-maxillofacial-surgeons-in-melbourne-wisdom-teeth-jaw-surgery-complex-oral-conditions/

Details:

AI Summary

Product: Oral & Maxillofacial Surgery Specialist Services — Wisdom Teeth, Jaw Surgery & Complex Oral Conditions **Brand:** Collins Street Specialist Centre **Category:** Specialist Dental and Surgical Services (Oral & Maxillofacial Surgery) **Primary Use:** Surgical diagnosis and treatment of diseases, injuries, and defects of the jaws, face, and associated oral structures by dual-qualified dental and medical specialists.

Quick Facts - **Best For:** Patients requiring impacted wisdom tooth removal, corrective jaw surgery, complex dental implants, oral pathology biopsy, TMJ management, or facial trauma care - **Key Benefit:** Dual medical and dental qualification enabling surgical management of complex oral and maxillofacial conditions beyond the scope of general dentistry - **Form Factor:** Specialist clinical practice (in-person consultations, day surgery, and hospital-based procedures) - **Application Method:** Accessed via GP or dentist referral, or direct self-referral; hospital-based procedures available through public and private pathways

Common Questions This Guide Answers 1. What qualifications does an oral and maxillofacial surgeon hold in Australia? → Both a dental degree and a medical degree, plus a minimum four years of specialist surgical training culminating in the FRACDS(OMS); total training is 15 to 17 years 2. When should an impacted wisdom tooth be referred to an OMS specialist rather than a general dentist? → When deep bony impaction, inferior alveolar nerve proximity, sinus proximity, associated cysts, recurrent pericoronitis, or medical complexity is present 3. What is the survival benefit of early oral cancer detection? → Early detection increases the five-year survival rate from approximately 50% to more than 80%; oral cancer is the sixth most common cancer in Australia with a projected 2024 age-standardised incidence rate of 15.8 per 100,000 individuals

---

Frequently Asked Questions

What is oral and maxillofacial surgery: Surgical treatment of diseases, injuries, and defects of the jaws and face

Does oral and maxillofacial surgery require a dental degree: Yes

Does oral and maxillofacial surgery require a medical degree: Yes

Is OMS recognised by the Dental Board of Australia: Yes

Is OMS recognised by the Medical Board of Australia: Yes

What is the specialist qualification for OMS in Australia: FRACDS(OMS)

What does FRACDS(OMS) stand for: Fellowship of the Royal Australasian College of Dental Surgeons in Oral and Maxillofacial Surgery

How many years of specialist surgical training does FRACDS(OMS) require: Minimum four years

How many total years of training do OMS specialists complete: 15 to 17 years

What body oversees OMS training in Australia: Royal Australasian College of Dental Surgeons (RACDS)

Is the RACDS OMS programme accredited by the Australian Medical Council: Yes

Can I verify an OMS specialist's registration in Australia: Yes, via the AHPRA public register

What is the most common reason patients are referred to an OMS specialist in Melbourne: Impacted wisdom teeth

What percentage of the population experiences tooth impaction: Approximately 20%

Which teeth are most commonly impacted: Lower and upper wisdom teeth (third molars)

How many surgical tooth removals were recorded in Australia in 2022–23: Approximately 149,000

What percentage of adult extractions involve impacted wisdom teeth: 26%

At what age do wisdom teeth typically erupt: Between ages 17 and 21

Can a general dentist remove impacted wisdom teeth: Yes, for straightforward cases

When should an impacted wisdom tooth be referred to an OMS specialist: When deep bony impaction is present

Is nerve proximity a reason to refer wisdom tooth removal to an OMS specialist: Yes

Is sinus proximity a reason to refer upper wisdom tooth removal to an OMS specialist: Yes

What nerve is at risk during lower wisdom tooth removal: Inferior alveolar nerve

What is pericoronitis: Inflammation of gum tissue overlying a partially erupted tooth

Can cysts form around impacted wisdom teeth: Yes

What imaging is used before wisdom tooth surgery at Collins Street Specialist Centre: Cone beam CT (CBCT)

What anaesthesia options are available for wisdom tooth removal: Local anaesthesia or IV sedation or general anaesthesia

How long is recovery after wisdom tooth removal: Typically three to seven days

What is orthognathic surgery: Surgical repositioning of the jaw to correct a misaligned bite

Is orthognathic surgery the same as corrective jaw surgery: Yes

Can orthodontics alone correct all jaw discrepancies: No

What are the four primary indications for orthognathic surgery: Anteroposterior, vertical, transverse discrepancies, and facial asymmetry

Can orthognathic surgery treat obstructive sleep apnoea: Yes

What is the mean AHI reduction after maxillomandibular advancement surgery: 80.1%

What percentage of MMA patients show measurable improvement in AHI: 98.8%

How long is pre-surgical orthodontics before jaw surgery: Typically six to eighteen months

Does pre-surgical orthodontics temporarily worsen bite appearance: Yes

How long is post-surgical orthodontic treatment: Approximately six months

How long are patients admitted to hospital for orthognathic surgery: Approximately three to four days

At what age is jaw surgery performed in males: After approximately age 18

At what age is jaw surgery performed in females: After approximately age 16

Does Collins Street Specialist Centre use virtual surgical simulation for jaw surgery planning: Yes

Do periodontists also place dental implants: Yes, in appropriate cases

When should implant surgery be referred to an OMS specialist: When significant bone loss or grafting is required

Can OMS specialists perform sinus lift procedures: Yes

What is osseointegration: The process of an implant fusing with surrounding bone

How long does osseointegration take: Three to six months

Is an OMS specialist's medical degree relevant for implant patients on anticoagulants: Yes

What is the TMJ: The temporomandibular joint

Is TMJ management within OMS scope of practice: Yes

What is the first-line treatment for TMJ disorders: Conservative measures including splint therapy and physiotherapy

What is arthrocentesis: Joint lavage of the TMJ

Do most TMJ patients require surgery: No, most are managed conservatively

What is oral cancer's ranking among cancers in Australia: Sixth most common

What is an Australian's risk of dying from head and neck cancer by age 85: 1 in 252 (0.40%)

Is head and neck cancer risk higher in men than women: Yes, approximately three times higher

What is the five-year survival rate for oral cancer detected early: More than 80%

What is the five-year survival rate for oral cancer detected late: Approximately 50%

What was the oral cancer five-year survival rate in 2017: 64% for head and neck cancer overall

What is the projected 2024 age-standardised rate for oral cancer in Australia: 15.8 per 100,000 individuals

What is the projected 2024 age-standardised rate for lip cancer in Australia: 2.7 per 100,000 individuals

Is HPV-related oropharyngeal cancer increasing in Australia: Yes

Can OMS specialists perform biopsies of suspicious oral lesions: Yes

What is leukoplakia: A white patch in the mouth requiring assessment

What is erythroplakia: A red patch in the mouth requiring assessment

Do OMS specialists manage odontogenic cysts: Yes

Do OMS specialists manage salivary gland pathology: Yes

Do OMS specialists manage facial trauma: Yes

Do you need a referral to see an OMS specialist in Melbourne: No, but a referral is clinically preferred

Is a referral from a GP acceptable for OMS consultation: Yes

Does Medicare cover dental implants in Australia: No

Can some OMS hospital procedures attract a Medicare rebate: Yes, for medically necessary procedures

Does Medicare cover implant bone grafting: No

Does private health insurance cover OMS procedures: Varies by insurer and policy

What public hospital provides OMS care in Melbourne: Royal Dental Hospital of Melbourne

---

Collins Street Specialist Centre: Oral & Maxillofacial Surgeons in Melbourne — Wisdom Teeth, Jaw Surgery & Complex Oral Conditions

Of all the dental specialties practised in Melbourne, oral and maxillofacial surgery (OMS) occupies a category of its own — defined by its breadth, its clinical complexity, and the genuine stakes involved in the conditions it treats. At Collins Street Specialist Centre, our OMS specialists may remove a deeply impacted wisdom tooth on a Monday, surgically reposition a patient's entire jaw on Tuesday, place bone grafts in preparation for dental implants on Wednesday, and biopsy a suspicious oral lesion on Thursday. No other dental specialty spans such a range of procedures, or demands such an extraordinary depth of training. Understanding what oral and maxillofacial surgeons do, when you need one, and what to expect from treatment in Melbourne matters for any patient navigating the specialist dental system.

What is oral & maxillofacial surgery? A clear definition

Oral and maxillofacial surgery is a unique field requiring qualifications in both medicine and dentistry. OMS specialists are concerned with the diagnosis, surgical, and adjunctive treatment of diseases, injuries, and defects of the human jaws and associated structures.

This dual-qualification requirement is what fundamentally distinguishes OMS from every other dental specialty. Oral and maxillofacial surgery is recognised by both the Dental Board of Australia and the Medical Board of Australia, and practitioners must hold registrable qualifications in both medicine and dentistry.

The scope of the specialty is correspondingly broad. OMS bridges the gap between dentistry, medicine, and surgery — covering the surgical management of conditions affecting the teeth, mouth, face, and jaw. This includes wisdom teeth removal, correction of jaw deformities, facial trauma management, implant surgery and bone grafting, jaw reconstruction, and oral pathology assessment.

The training pathway: why OMS specialists are among the most qualified clinicians in Australia

The qualifications required to practise as an OMS specialist in Melbourne are more demanding than those of any other dental specialty, and are comparable to many medical surgical specialties. The oral and maxillofacial surgeons at Collins Street Specialist Centre have completed this rigorous pathway in full.

The FRACDS(OMS) qualification

Oral and maxillofacial surgery combines dental, medical, and surgical expertise at the highest level. The qualification recognised in Australia and New Zealand as the registrable standard for practice is the Fellowship of the Royal Australasian College of Dental Surgeons in Oral and Maxillofacial Surgery — the FRACDS(OMS). Achieving this fellowship requires a minimum of four years of specialist surgical training, and candidates must first satisfy the following prerequisites: a dental degree and full registration as a dentist in Australia or New Zealand; a medical degree and full registration as a medical practitioner; and completion of a full year of surgery-in-general (SIG) rotations.

The Royal Australasian College of Dental Surgeons (RACDS) is the principal body responsible for training oral and maxillofacial surgeons across Australia and Aotearoa New Zealand. The programme is accredited by the Australian Medical Council, the Medical Council of New Zealand, the Australian Dental Council, and the Dental Council of New Zealand. It equips trainees with advanced clinical skills, surgical expertise, and the professional competencies required for independent specialist practice.

Patients and referring clinicians can verify specialist registration through AHPRA, which maintains the public register of all registered dental and medical specialists in Australia.

Total training duration

Oral and maxillofacial surgeons complete 15 to 17 years of continuous study — earning degrees in both dentistry and medicine, followed by a further four years of specialist surgical training. Depending on their clinical interests, they may also hold postgraduate research qualifications such as a Master's degree in Paediatric Maxillofacial Surgery or Surgical Anatomy.

This training pathway also offers subspecialty credentialling options. Subspecialty Fellowship credentialling, assessed by the RACDS, includes head and neck surgery and cranio-maxillofacial surgery.

Given the breadth of conditions they manage, OMS surgeons work closely with orthodontists, prosthodontists, radiologists, oncologists, ENT surgeons, neurosurgeons, and plastic surgeons to deliver coordinated, comprehensive care. At Collins Street Specialist Centre, this kind of multidisciplinary collaboration is central to how complex cases are planned and managed.

Impacted wisdom teeth: Melbourne's most common OMS presentation

The scale of the problem in Australia

Wisdom tooth impaction is the most frequently encountered reason patients are referred to an oral and maxillofacial surgeon in Melbourne. Tooth impaction is a well-recognised dental anomaly, occurring at a population frequency of approximately 20%, with the vast majority of impacted teeth being the mandibular and maxillary third molars — the lower and upper wisdom teeth.

In 2022–23, the most common dental procedure performed in Australia was surgical tooth removal, with around 149,000 procedures recorded. According to AIHW data, impacted wisdom teeth account for 26% of adult patients receiving tooth extractions.

Young adulthood is when wisdom teeth most commonly cause problems, with eruption typically occurring between ages 17 and 21. Research indicates that approximately 56% of female Australians aged 18–25 received third molar extractions in 2013.

When does an impacted wisdom tooth require an OMS specialist?

While a general dentist can perform straightforward tooth extractions, complex impactions are appropriately referred to an oral and maxillofacial surgeon. At Collins Street Specialist Centre,

situations that typically warrant specialist involvement include:

- **Deep bony impaction** — the tooth is fully enclosed within the jawbone and requires surgical access through the overlying bone - **Proximity to the inferior alveolar nerve** — removal carries a risk of temporary or permanent altered sensation in the lower lip and chin, requiring careful pre-operative assessment - **Proximity to the maxillary sinus** — upper wisdom teeth may communicate with the sinus on removal, requiring specialist management - **Pericoronitis or recurrent infection** — inflammation of the gum tissue overlying a partially erupted tooth, particularly where episodes are recurring - **Associated pathology** — cysts or tumours forming around the impacted crown - **Medically complex patients** — those taking anticoagulants, bisphosphonates, or immunosuppressants who require hospital-based surgical management and medical oversight

When wisdom teeth fail to erupt fully, they remain impacted beneath the gum line. Signs include pain, redness, and swelling in the gum tissue around the third molars. A partially erupted or hidden wisdom tooth can harbour bacteria, increasing the risk of tooth loss and gum disease over time.

What to expect: wisdom tooth removal in Melbourne

Removal of impacted wisdom teeth by an OMS specialist at Collins Street Specialist Centre typically involves the following stages:

1. **Cone beam CT (CBCT) imaging** — three-dimensional assessment of root morphology, nerve proximity, and bone density before surgery (see our guide on *[Technology in Melbourne Specialist Dental Clinics: CBCT Imaging, Digital Planning & Laser Dentistry](Not specified by manufacturer)*) 2. **Anaesthesia planning** — local anaesthesia for straightforward cases; intravenous (IV) sedation or general anaesthesia for complex presentations, anxious patients, or cases involving multiple teeth (see our guide on *[Dental Anxiety & Sedation Options at Melbourne Specialist Dental Clinics](Not specified by manufacturer)*) 3. **Surgical extraction** — incision, removal of overlying bone where required, tooth sectioning if necessary, and wound closure 4. **Recovery** — most patients return to normal activities within three to seven days; cases involving significant bone removal typically require a longer healing period

---

Corrective jaw surgery (orthognathic surgery) in Melbourne

What is orthognathic surgery?

Jaw surgery — also known as orthognathic surgery or corrective jaw surgery — involves surgically repositioning the lower jaw, upper jaw, or both to correct a misaligned bite (malocclusion). It is performed where the skeletal discrepancy is too significant for orthodontic treatment alone to achieve functional correction and appropriate facial balance.

The four primary clinical indications are anteroposterior discrepancies (overbite or underbite), vertical discrepancies (open bite or deep bite), transverse discrepancies (crossbite), and facial asymmetry. Additional indications include obstructive sleep apnoea and temporomandibular joint (TMJ) dysfunction.

The sleep apnoea indication carries particular clinical significance. Research on maxillomandibular advancement (MMA) surgery shows that mean postoperative changes in the apnoea–hypopnoea index (AHI) after MMA were –47.8 events per hour, a mean AHI reduction of 80.1%, with 512 of 518 patients (98.8%) showing measurable improvement.

The orthognathic surgery treatment journey

Orthognathic surgery is never performed in isolation — it is a multi-phase, multi-specialist undertaking that unfolds over an extended period of time.

Pre-surgical orthodontics, typically spanning six to eighteen months, is a standard component of the conventional treatment pathway. This phase decompensates the teeth in preparation for surgery and temporarily worsens the bite appearance — an expected and normal part of the process that patients should be prepared for. The overall treatment is a close collaboration between the orthodontist and the oral and maxillofacial surgeon across multiple phases: initial evaluation, pre-surgical orthodontics, surgical planning, the surgery itself, and post-surgical orthodontic finishing. Coordination between these roles is essential to achieving the best possible outcome.

Most patients require orthodontic treatment for twelve to twenty-four months before surgery, and approximately six months after, to refine the final occlusal result. The surgery repositions the jaw; the orthodontics ensures the teeth fit together correctly within that new skeletal position.

Modern surgical planning has significantly improved the precision and predictability of outcomes. The surgical planning phase incorporates virtual surgical simulation using CBCT data, allowing the surgical team to model skeletal movements, predict occlusal outcomes, and assess soft tissue profile changes before a single incision is made. Collins Street Specialist Centre integrates this technology as a standard component of orthognathic surgical planning.

Patients undergoing orthognathic surgery are generally admitted to hospital for approximately three to four days. Evidence consistently shows high patient satisfaction and meaningful improvements across physical, functional, and psychosocial quality-of-life domains following surgery.

> **Important:** Orthognathic surgery is only performed after facial growth is complete. Jaw development typically concludes by approximately age 18 in males and age 16 in females. The jaws must have finished growing before surgery can proceed.

For a detailed explanation of the orthodontic component of this treatment, see our guide on *[Orthodontists in Melbourne: Braces, Invisalign & Specialist Teeth Straightening Options Explained](Not specified by manufacturer)*.

Dental implant surgery: when you need an OMS specialist

Dental implants are placed by multiple specialist types in Melbourne — periodontists and prosthodontists also perform implant surgery in appropriate cases. However, complex implant presentations are the domain of the oral and maxillofacial surgeon.

Oral and maxillofacial surgeons hold medical, dental, and surgical qualifications that equip them to operate on the bones, nerves, and soft tissues of the face and jaw. That depth of training matters considerably when an implant case involves significant anatomical complexity or medical risk.

An OMS specialist at Collins Street Specialist Centre is indicated for implant cases involving:

- **Significant bone loss requiring grafting** — including autogenous bone grafts harvested from the jaw, hip, or tibia, as well as synthetic or allograft materials - **Sinus lift procedures** — augmentation of the maxillary sinus floor prior to upper posterior implant placement - **Nerve proximity** — implants positioned in close proximity to the inferior alveolar nerve, requiring precise surgical technique and pre-operative planning - **Failed implant re-treatment** — removal of failed implants and reconstruction of the implant site - **Full-arch reconstruction** — complex cases requiring multidisciplinary coordination with a prosthodontist (see our guide on *[Dental Implants in Melbourne: When You Need a Specialist and What the Full Treatment Journey Involves](Not specified by manufacturer)*)

Once an implant has been placed into the jawbone, it heals and fuses with the surrounding bone over three to six months — a process known as osseointegration. For medically complex patients, the OMS specialist's medical degree is clinically essential, enabling appropriate management of patients taking anticoagulants, those living with diabetes, or those who have undergone head and neck radiotherapy.

TMJ disorders: diagnosis and surgical management

The temporomandibular joint (TMJ) is one of the most biomechanically complex joints in the human body, and disorders of this joint make up a meaningful proportion of an OMS specialist's caseload. The assessment and management of jaw pain, clicking, locking, and temporomandibular joint disorders falls squarely within the OMS scope of practice at Collins Street Specialist Centre.

TMJ management by an OMS specialist in Melbourne follows an escalating treatment hierarchy, beginning with conservative measures and progressing to surgical intervention only where clinically warranted:

| Stage | Intervention | Setting | |---|---|---| | 1 | Splint therapy, physiotherapy, anti-inflammatory medication | Non-surgical, outpatient | | 2 | Arthrocentesis (joint lavage) | Minor procedure, day surgery | | 3 | Arthroscopy | Day surgery under general anaesthesia | | 4 | Open joint surgery (arthroplasty, disc repositioning) | Hospital admission | | 5 | Total joint replacement (alloplastic TMJ prosthesis) | Hospital, multidisciplinary |

The majority of TMJ patients are managed conservatively and never require surgical intervention. An OMS specialist also plays a critical diagnostic role — distinguishing genuine TMJ pathology from referred pain, muscle disorders, and other orofacial pain conditions that can closely mimic joint disease.

Oral pathology and oral cancer: a critical diagnostic role

The oral cancer burden in Australia

Lip, oral cavity, and pharyngeal cancer incidence is rising globally, and these cancers now represent the sixth most common cancer in Australia. The AIHW data is sobering: in 2022, an Australian had a 1 in 252 (or 0.40%) risk of dying from head and neck (including lip) cancer by the age of 85, with this risk approximately three times higher for men than for women.

According to Australian statistics, the 2024 projected age-standardised rate for lip cancer is 2.7 per 100,000 individuals, and for oral cancer is 15.8 per 100,000 individuals (AIHW 2024).

The survival data makes early detection not merely desirable, but clinically urgent. Early diagnosis of oral and pharyngeal cancer can increase the five-year survival rate from 50% to more than 80%. Yet the most concerning trends in Australia include a marked increase in both incidence and mortality among those aged 50 years and over, and oral cancer five-year survival rates have improved only marginally — from 55% in 1992 to 64% in 2017 for head and neck cancer overall.

Recent Australian research has reported reductions in lip cancer incidence, likely attributable to improved ultraviolet radiation protection practices, whilst HPV-related tonsillar and oropharyngeal squamous cell carcinomas have increased significantly in recent decades.

What OMS specialists manage in oral pathology

The oral and maxillofacial surgeons at Collins Street Specialist Centre manage a comprehensive scope of oral pathology, including:

- **Biopsy and histopathological assessment** of suspicious mucosal lesions, persistent ulcers, and white or red patches (leukoplakia, erythroplakia) - **Odontogenic cysts and tumours** — including dentigerous cysts, odontogenic keratocysts, and ameloblastoma - **Salivary gland pathology** — stones, infections, and tumours of the parotid, submandibular, and minor salivary glands - **Surgical management of oral cancer** — resection, neck dissection, and reconstruction in collaboration with head and neck oncology teams - **Facial trauma** — management of mandibular fractures, zygomatic fractures, orbital floor fractures, and panfacial trauma

Treatment outcomes are meaningfully improved when cancer is detected at an early stage, and dental practitioners play an important role in this process. Cancers of the lip, tongue, mouth, salivary glands, and oropharynx are detectable during an oral examination. Early detection is consistently associated with better survival outcomes, and the OMS specialist's capacity to perform prompt biopsy and histopathological assessment is a genuinely life-saving clinical function.

How to access an OMS specialist in Melbourne: referral pathways

Do you need a referral?

Unlike most dental specialists, oral and maxillofacial surgeons in Melbourne can be accessed with or without a formal referral. That said, a referral from your general dentist or GP is the most common — and clinically preferred — access pathway. A referral ensures the specialist receives your clinical history, relevant imaging, and a clear explanation of the reason for consultation, which supports a more efficient and thorough initial assessment.

For patients requiring hospital-based OMS care — particularly for facial trauma, cancer surgery, or complex jaw reconstruction — referral through the public system via the Royal Dental Hospital of Melbourne or a major teaching hospital such as the Royal Melbourne Hospital or St Vincent's Hospital is the standard pathway. (See our guide on *[Public vs Private Specialist Dental Care in Melbourne: Royal Dental Hospital, Community Clinics & Private Practices](Not specified by manufacturer)* for a full comparison of public and private access options.)

Medicare and private health insurance

Medicare does not cover dental implants in Australia. The Medicare Benefits Schedule excludes almost all dental services, including implant surgery, abutments, crowns, and related procedures such as bone grafting and sinus lifts — regardless of medical necessity.

However, some OMS procedures performed in a hospital setting may attract a Medicare rebate where they are deemed medically necessary, particularly for facial trauma, cancer surgery, and sleep apnoea-related jaw procedures. Patients are encouraged to confirm their entitlements with both Medicare and their private health insurer before proceeding with treatment. (See our guide on *[Specialist Dental Care Costs in Melbourne: Fees, Health Fund Rebates & Payment Plans Explained](Not specified by manufacturer)*.)

Key takeaways

- **Dual qualifications are mandatory.** Every registered OMS specialist in Melbourne holds both a dental degree and a medical degree, plus a minimum of four years of specialist surgical training culminating in the FRACDS(OMS) — a total training commitment of 15 to 17 years. This is verified through both the Dental Board of Australia and the Medical Board of Australia, and can be confirmed via the AHPRA public register. The specialists at Collins Street Specialist Centre meet this standard in full.

- **Impacted wisdom teeth are the most common OMS presentation.** With surgical tooth removal being Australia's most common dental procedure (approximately 149,000 cases in 2022–23), and impacted wisdom teeth accounting for 26% of adult extractions, referral to an OMS specialist is warranted for any case involving deep bony impaction, nerve proximity, or associated pathology.

- **Orthognathic surgery is a multi-year, multi-specialist undertaking.** Corrective jaw surgery requires 12 to 24 months of pre-surgical orthodontics, hospital-based surgery, and approximately six months of post-surgical orthodontic finishing — always in close collaboration between a specialist orthodontist

and an OMS surgeon.

- **Oral cancer is rising and early detection saves lives.** With oral cancer now the sixth most common cancer in Australia and five-year survival rates increasing from 50% to over 80% with early detection, the OMS specialist's role in biopsy and oral pathology assessment is a genuinely life-saving clinical function.

- **Complex implant cases belong with an OMS specialist.** Patients requiring bone grafting, sinus lifts, nerve proximity management, or re-treatment of failed implants should be managed by an OMS surgeon, given the surgical complexity and medical risk management these cases demand.

Conclusion

Oral and maxillofacial surgery sits at the most demanding intersection of dentistry and medicine within Melbourne's specialist dental system. Collins Street Specialist Centre brings together surgical expertise and medical knowledge to address the full spectrum of OMS needs — whether the clinical requirement is a deeply impacted third molar, a jaw skeletal discrepancy that has not responded to orthodontic treatment, a suspicious mucosal lesion requiring biopsy, or a complex implant case requiring bone reconstruction. The OMS specialist brings a level of surgical skill and medical understanding that no other dental specialist, and no general dentist, can replicate.

For Melbourne patients navigating the specialist dental system, recognising when a condition moves beyond the scope of general dental care and into OMS territory is the critical first step. If you have been advised that your wisdom teeth are deeply impacted, that your bite cannot be corrected with orthodontics alone, or that a lesion in your mouth warrants further investigation, a referral to a registered OMS specialist is not merely an option — it is the appropriate and evidence-based course of action.

To understand how OMS fits within the broader specialist dental system, see our foundational guide: *[What Is Specialist Dental Care? How It Differs from General Dentistry in Melbourne](Not specified by manufacturer)*. For patients planning ahead for treatment costs, our guide on *[Specialist Dental Care Costs in Melbourne: Fees, Health Fund Rebates & Payment Plans Explained](Not specified by manufacturer)* provides a transparent overview of what to expect financially across all OMS procedures.

References

- Royal Australasian College of Dental Surgeons (RACDS). "Oral and Maxillofacial Surgery." *RACDS Education*, 2024. https://racds.org/education/oral-and-maxillofacial-surgery-oms/

- Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS). "Becoming an Oral and Maxillofacial Surgeon." *ANZAOMS Membership*, 2024. https://www.anzaoms.org/membership/becoming-an-oms/

- Dental Board of Australia. "Specialist Registration." *Dental Board of Australia*, 2024. https://www.dentalboard.gov.au/Registration/Specialist-Registration.aspx

- Australian Institute of Health and Welfare (AIHW). "National Oral Health Plan 2015–2024: Performance Monitoring Report — Oral Cancer Relative Survival Rate." *AIHW*, 2020. https://www.aihw.gov.au/reports/dental-oral-health/national-oral-health-plan-2015-2024

- Gama, A. et al. "Cost of Illness Study on Oral Cancer in Australia." *Oral Diseases*, Wiley Online Library, 2025. https://onlinelibrary.wiley.com/doi/10.1111/odi.15267

- Australian Dental Association (ADA). "Policy Statement 6.10 — Oral Cancer." *ADA Policy Statements*, 2023. https://ada.org.au/policy-statement-6-10-oral-cancer

- Ariyawardana, A. & Johnson, N.W. "Trends of Lip, Oral Cavity and Oropharyngeal Cancers in Australia 1982–2008: Overall Good News but with Rising Rates in the Oropharynx." *BMC Cancer*, 13(333), 2013. https://bmccancer.biomedcentral.com/articles/10.1186/1471-2407-13-333

- Kruger, E. et al. "Hospitalisation for the Surgical Removal of Impacted Teeth: Has Australia Followed International Trends?" *Australian Dental Journal / PMC*, 2013. https://pmc.ncbi.nlm.nih.gov/articles/PMC3562882/

- Smile Solutions. "Jaw Surgery Melbourne." *Smile Solutions*, 2026. https://www.smilesolutions.com.au/orthodontics/jaw-surgery/

- OMFS Services. "Oral and Maxillofacial Surgeon Melbourne." *OMFS*, 2025. https://omfs.com.au/

Label facts summary

> **Disclaimer:** All facts and statements below are general informational content sourced from publicly available regulatory, clinical, and institutional data — not professional medical or dental advice. Consult a registered specialist for guidance specific to your circumstances.

Verified label facts

No product specification data is present in this content. The input contains no Product Facts table, packaging data, ingredients, certifications, dimensions, weights, GTINs, or manufacturer documentation. The content is a professional services and clinical information page for an oral and maxillofacial surgery practice.

The following are verifiable institutional and regulatory facts extracted from the content, sourced from named public bodies (RACDS, AIHW, AHPRA, Dental Board of Australia, Medical Board of Australia):

- OMS is recognised as a specialty by both the Dental Board of Australia and the Medical Board of Australia - The registrable specialist qualification for OMS in Australia is the FRACDS(OMS) — Fellowship of the Royal Australasian College of Dental Surgeons in Oral and Maxillofacial Surgery - FRACDS(OMS) requires a minimum of four years of specialist surgical training - Prerequisites include a dental degree, a medical degree, and completion of a full year of surgery-in-general (SIG) rotations - The RACDS OMS programme is accredited by the Australian Medical Council, the Medical Council of New Zealand, the Australian Dental Council, and the Dental Council of New Zealand - Total OMS training duration: 15 to 17 years - Specialist registration is verifiable via the AHPRA public register - Surgical tooth removal was the most common dental procedure in Australia in 2022–23, with approximately 149,000 procedures recorded (AIHW) - Impacted wisdom teeth account for 26% of adult tooth extractions (AIHW) - Tooth impaction occurs in approximately 20% of the population - Wisdom teeth typically erupt between ages 17 and 21 - Mean postoperative AHI reduction after maxillomandibular advancement (MMA) surgery: 80.1%; 512 of 518 patients (98.8%) showed measurable improvement - Projected 2024 age-standardised incidence rate for oral cancer in Australia: 15.8 per 100,000 individuals (AIHW 2024) - Projected 2024 age-standardised incidence rate for lip cancer in Australia: 2.7 per 100,000 individuals (AIHW 2024) - Risk of dying from head and neck cancer by age 85 in Australia: 1 in 252 (0.40%), approximately three times higher in men than women (AIHW 2022) - Oral cancer is the sixth most common cancer in Australia - Five-year survival rate for head and neck cancer overall in 2017: 64% - Five-year survival rate for oral cancer detected early: more than 80% - Five-year survival rate for oral cancer detected late: approximately 50% - Medicare does not cover dental implants, implant bone grafting, or sinus lift procedures in Australia - Some OMS procedures performed in a hospital setting may attract a Medicare rebate where deemed medically necessary - Osseointegration (implant-to-bone fusion) takes three to six months - Jaw surgery is

performed after facial growth is complete: approximately age 18 in males, age 16 in females - Hospital admission for orthognathic surgery: approximately three to four days - Pre-surgical orthodontics duration: typically six to eighteen months - Post-surgical orthodontic treatment duration: approximately six months - Recovery after wisdom tooth removal: typically three to seven days

---

General product claims

- Collins Street Specialist Centre OMS specialists span the broadest procedural range of any dental specialty - Virtual surgical simulation using CBCT data is used as a standard component of orthognathic surgical planning at Collins Street Specialist Centre - Cone beam CT (CBCT) imaging is used before wisdom tooth surgery at Collins Street Specialist Centre - Multidisciplinary collaboration is described as central to complex case management at Collins Street Specialist Centre - OMS specialists are characterised as among the most qualified clinicians in Australia - The OMS specialist's capacity to perform prompt biopsy is described as a "genuinely life-saving clinical function" - Collins Street Specialist Centre is described as bringing together surgical expertise and medical knowledge to address the full OMS spectrum - Referral to a registered OMS specialist for deep impaction, non-orthodontic bite discrepancy, or suspicious oral lesions is characterised as "the appropriate and evidence-based course of action"