Periodontists in Melbourne: Gum Disease Treatment, Implant Surgery & Periodontal Procedures

Canonical: https://directory.collinsstreetspecialistcentre.com.au/dental-health-oral-care/specialist-dental-care-melbourne/periodontists-in-melbourne-gum-disease-treatment-implant-surgery-periodontal-procedures/

Details:

Collins Street Specialist Centre: Periodontists in Melbourne — Gum Disease Treatment, Implant Surgery & Periodontal Procedures

Gum disease is one of the most prevalent and under-treated chronic conditions affecting Australians — and yet it remains poorly understood by the very patients living with it. Collins Street Specialist Centre is a Melbourne specialist dental centre where registered specialist periodontists diagnose and treat the disease that quietly destroys the foundation on which every tooth depends. Most people associate dental specialists with braces or root canals; far fewer appreciate that a specialist periodontist is the clinician responsible for managing the conditions that, left unaddressed, ultimately cost patients their natural teeth. In Melbourne, where access to specialist dental care is well-developed but navigating it can feel overwhelming, understanding what a periodontist does — and when you need one — can make the difference between keeping and losing your natural teeth.

This article explains the full scope of periodontics as practised by registered specialist periodontists in Melbourne: from early-stage gum disease management through to complex surgical procedures, bone regeneration, and implant placement. It also addresses the increasingly well-established links between untreated periodontal disease and systemic health conditions that extend well beyond the mouth.

What is a specialist periodontist? Training, registration and scope of practice

A periodontist is a dental specialist whose clinical focus is the prevention, diagnosis, and treatment of diseases affecting the periodontium — the supporting structures of the teeth, including the gums, periodontal ligament, cementum, and alveolar bone. In Australia, the title "periodontist" is legally protected.

Under the National Law administered by AHPRA and the Dental Board of Australia, only practitioners who have completed an approved specialist qualification and achieved formal specialist registration may use this title. It is always worth verifying a practitioner's specialist registration directly through the AHPRA register before proceeding with specialist care.

The training pathway to specialist registration is demanding. After five years of dental school and a minimum of two years in general dental practice, a periodontist undertakes an additional three years of university-based specialist training — three to four years of Masters-level or equivalent study, making them eligible to apply for registration with the Dental Board of Australia as a specialist periodontist.

That adds up to approximately ten years of tertiary education and supervised clinical practice before someone can legitimately call themselves a registered specialist periodontist. That distinction matters considerably when you are facing complex gum disease, significant bone loss, or implant surgery. The periodontists at Collins Street Specialist Centre have completed this full pathway and hold formal specialist registration with the Dental Board of Australia.

What does a specialist periodontist treat?

The periodontist provides diagnostic, non-surgical, and surgical services aimed at improving and maintaining periodontal health. Pre-prosthetic surgery can be provided to improve the aesthetics and function of restorations such as crowns and bridges. Implant placement is frequently undertaken by periodontists, particularly where aesthetics are a priority, and they also manage complications associated with implants — including peri-implantitis.

The full scope of a Melbourne periodontist's practice, including the services available at Collins Street Specialist Centre, covers:

- Gingivitis (reversible gum inflammation) - Chronic and aggressive periodontitis (moderate to severe) - Gum recession and mucogingival defects - Bone loss around natural teeth and implants - Peri-implantitis (infection around dental implants) - Crown lengthening for restorative or aesthetic purposes - Gum grafting (connective tissue and free gingival grafts) - Bone grafting and guided tissue regeneration - Dental implant placement - Aesthetic gum recontouring (gum lifts)

(For a side-by-side comparison of what periodontists treat versus what endodontists, prosthodontists, and other specialists manage, see our guide on [Melbourne Dental Specialists Compared: Orthodontist vs Periodontist vs Endodontist vs Prosthodontist](https://collinsstreetspecialist.com.au/melbourne-dental-specialists-compared).)

How common is gum disease in Australia? The case for specialist care

The scale of periodontal disease in Australia justifies treating it as a public health priority — and yet funding and community awareness remain disproportionately low relative to the burden it places on individuals and the health system.

In 2017–18, around 30% of adults aged 15 years and over had moderate or severe periodontitis, up from 23% in 2004–06. The National Study of Adult Oral Health (NSAOH) confirmed that increase, recording a rise from 20.5% in 2004–2006 to 30.1% in 2017–2018. That upward trend carries real clinical weight.

The disease burden worsens with age. Periodontitis prevalence climbs from 8.6% in adults aged 15–24 to 59% in those aged 65 and over, and almost 70% of dentate adults aged 75 and over have the condition.

Globally, the picture is equally sobering. According to the FDI World Dental Federation, roughly a fifth of the world's adult population is affected by severe periodontal disease — more than one billion cases worldwide.

The consequences of leaving periodontitis untreated extend well beyond the mouth. It is one of the major causes of tooth loss, with evidence suggesting more than 30% of tooth extractions are attributed to it.

Perhaps 0.1% of funding in Australia goes to oral health, while the disease burden sits easily within the country's top ten chronic conditions — a significant gap between need and resource. This means specialist periodontal care in Melbourne is predominantly delivered through the private sector, though some access exists through the Royal Dental Hospital of Melbourne for eligible patients. *(For a full comparison of public and private access pathways, see our guide on [Public vs Private Specialist Dental Care in Melbourne](https://collinsstreetspecialist.com.au/public-vs-private-specialist-dental-care).)*

Understanding gum disease: from gingivitis to advanced periodontitis

Stage 1: Gingivitis

Gingivitis is the earliest and only fully reversible stage of gum disease. It presents as inflammation of the gingival tissue — redness, swelling, and bleeding on brushing or probing — without attachment or bone loss. At this stage, treatment by a general dentist or dental hygienist, combined with improved home care, is typically sufficient to restore gum health.

Stage 2: Periodontitis (mild to moderate)

When gingivitis is not resolved, bacterial toxins and the body's own inflammatory response begin to destroy the connective tissue and bone that support the teeth. Periodontitis damages the soft tissue and bone supporting the teeth, which can cause the teeth to become loose and, in turn, lead to tooth loss. Periodontal pockets deepen, creating an anaerobic environment where pathogenic bacteria thrive. At this stage, specialist assessment becomes clinically appropriate, and a referral to Collins Street Specialist Centre may be warranted.

Stages 3–4: Severe and complex periodontitis

Advanced periodontitis involves significant bone loss, deep pockets often exceeding 6 mm, tooth mobility, furcation involvement, and — in Stage IV cases — complex factors such as bite collapse, masticatory dysfunction, or fewer than 20 remaining teeth. These presentations require specialist-level diagnosis and surgical expertise that goes beyond the scope of general dental practice.

Non-surgical periodontal treatment: scaling and root planing

The cornerstone of non-surgical periodontal therapy is scaling and root planing (SRP) — a procedure that goes considerably deeper than a standard dental clean.

In the early stages of gum disease, most treatment pathways begin here: scaling and root planing involves a professional cleaning of the root surfaces to remove plaque and calculus from periodontal pockets, and to smooth the tooth root to remove bacterial toxins. This is followed, where indicated, by adjunctive therapy such as antibiotics and antimicrobials.

The clinical evidence supporting SRP is solid. Clinical trials and systematic reviews demonstrate that SRP reduces probing depths by 1.5–2 mm, gains 0.8–1.2 mm of clinical attachment, and lowers bleeding on probing — translating into slower bone loss and a meaningfully reduced risk of tooth loss.

The Australian and New Zealand Academy of Periodontology and evidence-based clinical recommendations designate SRP as the first-line, non-surgical treatment for chronic periodontitis meeting diagnostic criteria (clinical attachment loss ≥2 mm, pockets >4 mm, radiographic bone loss).

Where cases do not respond fully to SRP alone, adjunctive therapies including localised antimicrobial agents such as chlorhexidine chips and minocycline microspheres can further target specific periodontal pathogens. Systemic antibiotics — such as amoxicillin and metronidazole — used alongside SRP can also improve clinical outcomes in patients with aggressive or refractory periodontitis. The periodontists at Collins Street Specialist Centre assess each patient's response to non-surgical therapy before determining whether further intervention is required.

Periodontal surgery: when non-surgical treatment is not enough

When SRP alone does not resolve deep pockets, or when significant bone defects persist at re-evaluation — typically 6–8 weeks following treatment — surgical intervention becomes the appropriate next step.

In cases of severe periodontitis, scaling and root planing may be considered the initial phase of treatment prior to surgery. Additional procedures such as bone grafting, tissue grafting, and gingival flap surgery may be necessary for severe cases or for patients with refractory periodontitis.

Periodontal flap surgery (open flap debridement)

The most commonly performed surgical procedure, open flap debridement involves reflecting the gingival tissue to provide direct access to root surfaces and bone defects that cannot be adequately addressed from above the gum line. This allows thorough debridement, reshaping of irregular bone architecture, and primary closure to reduce pocket depth and restore a more maintainable environment.

Bone grafting and guided tissue regeneration (GTR)

In advanced cases involving significant tissue or bone loss, surgical interventions including flap surgery, guided tissue regeneration, and bone grafting are indicated to restore periodontal structure and function.

Guided tissue regeneration uses barrier membranes to exclude faster-healing epithelial cells from a bone defect, allowing slower-growing periodontal ligament and bone cells to repopulate the site. Bone grafts — which may use autogenous bone (from the patient), allograft (donor bone), xenograft (bovine-derived), or synthetic materials — provide a scaffold for new bone formation.

Sites with intrabony defects or furcation invasions generally respond better to bone grafting or guided tissue regeneration than to flap debridement alone. These regenerative procedures are among the surgical services provided by the specialist periodontists at Collins Street Specialist Centre.

Gum grafting (soft tissue augmentation)

Gum recession — the apical migration of the gingival margin that exposes root surfaces — can result from periodontitis, aggressive tooth brushing, or a thin gingival biotype. Soft tissue grafting involves the periodontist taking gum tissue from the palate (or another suitable source) to cover an exposed root. This can be performed on a single tooth or across several teeth to even the gum line and reduce temperature sensitivity.

The most common technique is the connective tissue graft (subepithelial), which predictably achieves root coverage and thickens the gingival tissue to resist future recession.

Crown lengthening

Crown lengthening is a surgical procedure in which the periodontist removes gum tissue and, where necessary, a small amount of supporting bone to expose more of the tooth structure. It is performed either for restorative purposes — to expose sufficient tooth for a crown when a tooth is fractured below the gum line — or for aesthetic reasons, such as correcting a gummy smile. This procedure illustrates the close working relationship between periodontists and prosthodontists, a model of integrated specialist collaboration that Collins Street Specialist Centre is structured to facilitate.

(For more on how periodontists and prosthodontists coordinate on restorative cases, see our guide on [Prosthodontists in Melbourne: Crowns, Implants, Bridges, Veneers & Full-Mouth Rehabilitation](https://collinsstreetspecialist.com.au/prosthodontists-melbourne).)

Implant placement by Melbourne periodontists

Dental implant placement sits firmly within the specialist scope of a registered periodontist. Implants are frequently placed by periodontists, particularly where aesthetics are a priority.

Periodontists are particularly well-placed to treat periodontally compromised patients, given their expertise in bone assessment, soft tissue management, and the long-term maintenance of

implant-supporting tissues. Where bone volume is insufficient for implant placement — a common scenario following tooth loss — the periodontist performs bone augmentation procedures, including sinus lifts and ridge augmentation, prior to or concurrent with implant placement. At Collins Street Specialist Centre, implant placement is undertaken by registered specialist periodontists with specific expertise in managing complex bone and soft tissue requirements.

Following placement, periodontists also manage peri-implantitis — the inflammatory condition affecting the tissues around implants that, left unaddressed, leads to progressive bone loss and implant failure.

(For a detailed stage-by-stage guide to the implant journey — including when a periodontist versus an oral surgeon places the implant — see our guide on [Dental Implants in Melbourne: When You Need a Specialist and What the Full Treatment Journey Involves](https://collinsstreetspecialist.com.au/dental-implants-melbourne).)

Gum disease and systemic health: why your periodontist is also your whole-body advocate

One of the most clinically significant — and frequently under-communicated — aspects of periodontal disease is its relationship with systemic health. The mouth is not an isolated system, and the chronic bacterial infection and inflammation that characterise periodontitis have measurable effects throughout the body.

Cardiovascular disease

There is increasing evidence that gum disease is associated with an elevated risk of cardiovascular events, including heart attack, stroke, atrial fibrillation, heart failure, and cardiometabolic health conditions. This was the conclusion of a December 2025 scientific statement published by the American Heart Association in its flagship journal *Circulation*. According to that statement, effective prevention and treatment of gum disease could potentially decrease the burden of cardiovascular disease.

The underlying mechanism is increasingly well-characterised. The connection centres on inflammation — a biological response that can damage blood vessels and place sustained stress on the heart. Research demonstrates how periodontitis can initiate a systemic immune response that spreads hyperactive inflammatory cells throughout the body.

Australian-specific research reinforces this concern. Tooth loss and self-rated gum issues were found to be indicators of elevated ischaemic heart disease risk in recent Australian research comprising 172,630 adults with cardiovascular disease. The periodontists at Collins Street Specialist Centre are attentive to these systemic connections and work collaboratively with patients' medical teams where appropriate.

Diabetes

Evidence points to a bidirectional relationship between diabetes mellitus and periodontal disease, where each condition can worsen the other. Both have been independently associated with increased cardiovascular risk, pointing to shared systemic inflammatory pathways.

For Melbourne patients managing Type 2 diabetes, specialist periodontal treatment is not merely a dental concern — it is a meaningful component of systemic disease management. Poorly controlled blood glucose impairs the immune response to periodontal pathogens, and untreated periodontitis in turn makes glycaemic control harder to achieve.

Other systemic associations

Periodontitis has been associated with heart disease, stroke, whole-body infections, and low birth weight in premature babies. Emerging research is also investigating links to Alzheimer's disease,

rheumatoid arthritis, and adverse pregnancy outcomes — areas where Melbourne periodontists increasingly collaborate with medical specialists to provide genuinely integrated care.

The periodontal treatment journey: a step-by-step overview

| Phase | Procedure | Provider | Typical timing | |---|---|---|---| | Assessment | Full periodontal charting, CBCT imaging, medical history | Periodontist | Initial consultation | | Non-surgical | Scaling and root planing (by quadrant or full mouth) | Periodontist / hygienist | 1–4 appointments | | Re-evaluation | Probing, radiographs, response assessment | Periodontist | 6–8 weeks post-SRP | | Surgical (if needed) | Flap surgery, bone graft, GTR, gum graft | Periodontist | As indicated | | Implant placement | Surgical placement ± bone augmentation | Periodontist | After healing | | Supportive therapy | 3-monthly periodontal maintenance | Periodontist / hygienist | Ongoing, indefinitely |

The final phase — supportive periodontal therapy (SPT) — is not optional. Periodontitis is a chronic condition that requires lifelong management. Ongoing maintenance every 3–4 months sustains the results achieved through active treatment. Patients who discontinue maintenance after completing their active treatment phase face a high risk of disease recurrence. Collins Street Specialist Centre structures its periodontal care pathways to include long-term supportive therapy as a standard component of treatment, not an afterthought.

When to self-refer to a Melbourne periodontist

You do not always need a referral from your general dentist to see a registered specialist periodontist in Melbourne — many practices, including Collins Street Specialist Centre, welcome direct bookings. *(For the complete referral pathway, including how to navigate private health insurance, see our guide on [How to Get a Dental Specialist Referral in Melbourne](https://collinsstreetspecialist.com.au/how-to-get-dental-specialist-referral).)*

Consider seeking a specialist periodontal consultation if you experience any of the following:

- Gums that bleed regularly when brushing or flossing - Persistent bad breath (halitosis) that does not resolve with improved oral hygiene - Gum recession (teeth appearing longer than they used to) - Sensitivity to temperature along root surfaces - Loose or shifting teeth - Swollen, red, or tender gum tissue - Pus between teeth and gums - A diagnosis of periodontitis from your general dentist that requires specialist management - A systemic condition (diabetes, cardiovascular disease, immunosuppression) known to interact with periodontal health - An existing dental implant showing signs of inflammation or bone loss around it

If you have been told you have gum disease beyond the earliest stage, if symptoms have persisted despite treatment, or if you are managing systemic conditions that interact with periodontal health, a consultation with a Dental Board of Australia–registered specialist periodontist is not an escalation — it is the appropriate, evidence-based next step. Verifying your treating periodontist's specialist registration through the AHPRA register before proceeding is always a reasonable step.

Key takeaways

- The prevalence of moderate or severe chronic periodontitis increased from 20.5% in 2004–2006 to 30.1% in 2017–2018 in Australia — making it one of the country's most prevalent chronic diseases, yet one of the least funded. - The title "periodontist" is legally protected in Australia; under the National Law administered by AHPRA and the Dental Board of Australia, only practitioners who have completed an approved specialist qualification and achieved formal specialist registration may use this title. - Evidence-based clinical recommendations designate scaling and root planing as the first-line,

non-surgical treatment for chronic periodontitis — but surgical intervention (flap surgery, bone grafting, GTR) is indicated when non-surgical therapy alone cannot resolve deep pockets or bony defects. - Gum disease is associated with an elevated risk of cardiovascular events, including heart attack, stroke, atrial fibrillation, and heart failure — treating periodontitis is a whole-body health intervention, not simply a dental one. - Periodontists in Melbourne place dental implants, manage peri-implantitis, perform bone and gum grafting, and provide long-term supportive therapy — making them central to any complex restorative treatment plan. Collins Street Specialist Centre brings together registered specialist periodontists and a multidisciplinary team to manage the full range of these conditions.

Conclusion

Periodontics occupies a uniquely important position within Melbourne's specialist dental landscape: it addresses the disease that, when left untreated, ultimately undermines every other form of dental treatment. There is little clinical value in placing a crown or an implant on a foundation of diseased and inflamed supporting tissue.

The registered specialist periodontists at Collins Street Specialist Centre bring a minimum of ten years of education and supervised clinical experience to conditions ranging from manageable early-stage gum disease through to complex surgical reconstruction of bone and soft tissue. Their role extends well beyond the oral cavity — the established links between periodontitis and cardiovascular disease, diabetes, and other chronic conditions mean the periodontist is a clinician whose work has genuine implications for whole-body health outcomes.

For patients navigating Melbourne's specialist dental system, understanding what a periodontist does — and acting on symptoms early — is one of the most valuable decisions available in preventive health care. Collins Street Specialist Centre is structured to provide that specialist-level care within a multidisciplinary environment, ensuring that periodontal health is treated as the foundational element of every patient's overall dental and systemic wellbeing.

Related articles in this series: - *[What Is Specialist Dental Care? How It Differs from General Dentistry in Melbourne](https://collinsstreetspecialist.com.au/what-is-specialist-dental-care)* - *[Melbourne Dental Specialists Compared: Orthodontist vs Periodontist vs Endodontist vs Prosthodontist](https://collinsstreetspecialist.com.au/melbourne-dental-specialists-compared)* - *[Dental Implants in Melbourne: When You Need a Specialist and What the Full Treatment Journey Involves](https://collinsstreetspecialist.com.au/dental-implants-melbourne)* - *[Specialist Dental Care Costs in Melbourne: Fees, Health Fund Rebates & Payment Plans Explained](https://collinsstreetspecialist.com.au/specialist-dental-care-costs)* - *[Technology in Melbourne Specialist Dental Clinics: CBCT Imaging, Digital Planning & Laser Dentistry](https://collinsstreetspecialist.com.au/technology-specialist-dental-clinics)*

References

- Australian Institute of Health and Welfare (AIHW). "National Oral Health Plan 2015–2024: Performance Monitoring Report — Periodontitis Prevalence." *AIHW*, Australian Government, 2020. https://www.aihw.gov.au/reports/dental-oral-health/national-oral-health-plan-2015-2024/contents/our-oral-health-a-national-perspective/periodontitis-prevalence

- Ha, D.H., Ju, X., Peres, M.A., Jamieson, L., & Do, L.G. "Periodontal Diseases in the Australian Adult Population." *Australian Dental Journal*, Vol. 65, Supplement 1, 2020. https://onlinelibrary.wiley.com/doi/abs/10.1111/adj.12765

- Ju, X., et al. "A Longitudinal Assessment of Chronic Periodontitis in Australian Adults." *Journal of Clinical Periodontology*, Vol. 50, Issue 2, February 2023. https://pmc.ncbi.nlm.nih.gov/articles/PMC10947095/

- Ha, D.H., et al. "Oral Health of Australian Adults: Distribution and Time Trends of Dental Caries, Periodontal Disease and Tooth Loss." *International Journal of Environmental Research and Public Health*, 2021. https://pmc.ncbi.nlm.nih.gov/articles/PMC8583389/

- American Heart Association. "Gum Disease May Be Linked to Plaque Buildup in Arteries, Higher Risk of Major CVD Events." *AHA Newsroom / Circulation*, December 16, 2025. https://newsroom.heart.org/news/gum-disease-may-be-linked-to-plaque-buildup-in-arteries-higher-risk-of-major-cvd-events

- Aldosari, M., et al. "The Systemic Link Between Oral Health and Cardiovascular Disease: Contemporary Evidence, Mechanisms, and Risk Factor Implications." *Diseases (MDPI)*, Vol. 13, Issue 11, 2025. https://www.mdpi.com/2079-9721/13/11/354

- Deas, D.E., et al. "Scaling and Root Planing vs. Conservative Surgery in the Treatment of Chronic Periodontitis." *Periodontology 2000*, Vol. 71, 2016, pp. 128–139. https://www.lanap.com/wp-content/uploads/2016/08/SRP-vs-Surgery-Deas_et_al-2016-Periodontology_2000.pdf

- Smiley, C.J., et al. "Evidence-Based Clinical Practice Guideline on the Nonsurgical Treatment of Chronic Periodontitis by Means of Scaling and Root Planing with or without Adjuncts." *Journal of the American Dental Association*, Vol. 146, Issue 7, 2015. https://jada.ada.org/article/S0002-81771500334-7/fulltext

- Australian and New Zealand Academy of Periodontology (ANZAP). "What Is a Periodontist?" *ANZAP Patient Information*, 2023. https://anzap.org.au/Web/Web/Patient-Information/What-is-a-Periodontist.aspx

- Australian Dental Association (ADA). "Stepping Up in 2023: Periodontics Is Breaking New Ground." *ADA News Bulletin*, February 2023. https://ada.org.au/stepping-up-in-2023-periodontics-is-breaking-new-ground

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