Dental Check-ups & Professional Cleans — Preventive Care

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Description:

Comprehensive dental check-ups and professional cleans at CSSC Melbourne CBD. Learn what happens, how often to visit and why prevention matters.

Details:

Collins Street Specialist Centre Dental Check-ups & Professional Cleans — Preventive Care

Prevention is the foundation of good oral health. Collins Street Specialist Centre (CSSC) is a multi-disciplinary specialist dental centre in Melbourne where regular check-ups and professional cleans are delivered with a level of clinical depth that goes well beyond what most general practices offer — giving you the best chance of catching problems early and avoiding more complex, costly treatment later.

Our approach to preventive care draws on specialist expertise and advanced diagnostic technology to identify concerns that a standard general practice setting might miss, with the clinical team to address them promptly when they are found.

Why prevention matters

Dental problems rarely resolve on their own. A small cavity becomes a large one. A large cavity can progress to infection, requiring root canal treatment or, eventually, tooth loss. Gum disease — the leading cause of tooth loss in adults — frequently advances without any discomfort or obvious symptoms. By the time a patient notices something is wrong, significant and often irreversible damage may already have occurred.

Regular check-ups allow your dentist to:

- **Detect problems early**, when treatment is simpler, less invasive and considerably less expensive - **Monitor changes over time**, tracking subtle shifts in your oral health that may signal an emerging concern - **Remove plaque and calculus** that brushing and flossing alone cannot adequately address - **Give you practical guidance** on your individual oral health status and how to maintain it at home - **Screen for oral cancer**, which carries a much better prognosis when caught at an early stage

The case for prevention over treatment is nowhere more clinically clear than in dentistry.

What happens during a check-up at CSSC

A comprehensive dental check-up at CSSC involves several key components. Here is what you can expect at each stage.

Medical history review

Your dentist begins by reviewing your medical history in detail. This matters because a wide range of systemic conditions and medications can directly affect your oral health:

- Diabetes increases susceptibility to gum disease and impairs healing - Blood thinners affect bleeding during and after dental procedures - Bisphosphonates (prescribed for osteoporosis) require careful consideration before certain treatments, particularly extractions or implant placement - Medications that cause dry mouth — including antihistamines, antidepressants and some blood pressure medications — significantly raise the risk of dental decay - Certain heart conditions may warrant antibiotic prophylaxis before specific procedures

Let your dentist know about any changes to your medical history, medications or supplements since your last visit, even if those changes seem unrelated to your teeth.

Visual examination

Your dentist conducts a systematic examination of your entire mouth, assessing:

- Each tooth for decay, cracks, wear, erosion and the condition of existing restorations including fillings and crowns - Gum health for signs of inflammation (redness, swelling, bleeding on probing), recession and periodontal pocket formation - Soft tissues — your tongue, cheeks, palate, floor of mouth, lips and throat — for any abnormalities in colour, texture or contour - The way your teeth come together (occlusion), along with your temporomandibular joints (TMJs) for signs of dysfunction or discomfort - The condition of any fillings, crowns, bridges, implants or dentures

Oral cancer screening

An oral cancer screening is part of every check-up at CSSC. Your dentist examines the soft tissues of your mouth — tongue, cheeks, lips, palate and throat — for unusual lumps, patches, persistent sores or changes in colour or texture.

Oral cancer can affect anyone, though established risk factors include tobacco use, heavy alcohol consumption, HPV infection, excessive sun exposure (particularly relevant to lip cancer) and a family history of cancer. Early detection matters: the five-year survival rate for oral cancer identified at an early stage is substantially higher than for late-stage diagnoses.

If your dentist identifies anything of concern, they may recommend further investigation or refer you directly to an oral and maxillofacial surgeon — a specialist available within CSSC itself.

Periodontal assessment

Your dentist or hygienist uses a small calibrated probe to measure the depth of the sulcus — the space between your gum tissue and the tooth — at multiple points around each tooth. This is called periodontal probing, and it gives essential information about the health of the supporting structures around your teeth.

- Healthy sulcus depth: 1–3mm with no bleeding on probing - Gingivitis (early gum disease): slightly deeper pockets (3–4mm), typically with bleeding on probing - Periodontitis (established gum disease): pockets deeper than 4mm, often with bleeding and bone loss visible on radiographs

This assessment is particularly valuable because gum disease is frequently painless in its early stages. Many patients are genuinely surprised to learn they have active periodontal disease, having experienced no discomfort at all. Catching it early means treating it when it's most responsive to intervention.

If advanced gum disease is identified, CSSC's periodontists are available for consultation and treatment within the same centre, without an external referral.

X-rays and imaging

Dental radiographs reveal pathology that simply cannot be seen during a clinical examination. Your dentist will recommend the most appropriate imaging for your clinical needs.

Bitewing X-rays

Bitewing radiographs capture the upper and lower posterior teeth and are particularly useful for detecting:

- Interproximal decay — cavities that form between teeth and cannot be identified visually - Recurrent decay beneath existing restorations, where decay can develop at the margins of older fillings without any visible signs - Early bone level changes associated with gum disease, before they become clinically apparent

Bitewing X-rays are typically recommended every one to two years for most patients, or more frequently for those at higher risk of decay.

Periapical X-rays

Periapical radiographs image the entire tooth from crown to root tip, along with the surrounding bone. They are used to assess:

- Root and periapical health, including infections, abscesses or cysts at the root tip - Bone levels around individual teeth, particularly where localised periodontal disease is suspected - Tooth development in children and adolescents where eruption patterns or root formation need monitoring

Panoramic X-rays (OPG)

A panoramic radiograph (orthopantomogram, or OPG) captures your entire dentition — all teeth, both jaws, the temporomandibular joints and the maxillary sinuses — in a single image. It is particularly useful for:

- Comprehensive initial assessment, identifying missing teeth, impacted teeth (especially wisdom teeth), jaw abnormalities and significant pathology - Treatment planning for orthodontics, implant placement and surgical procedures - Establishing a baseline radiographic record for new patients

3D cone beam CT (CBCT)

For more complex clinical situations, CSSC offers three-dimensional cone beam computed tomography (CBCT) scanning. This imaging provides detailed three-dimensional views of teeth, bone and surrounding anatomical structures, and is particularly valuable for:

- Implant planning, assessing bone volume, density and critical anatomical relationships - Surgical planning for wisdom tooth removal, jaw surgery or complex extractions near vital structures - Endodontic diagnosis, identifying complex root canal anatomy, vertical root fractures or hidden periapical pathology - Orthodontic assessment, evaluating impacted teeth, skeletal relationships and airway analysis

Radiation safety

Modern digital dental radiography uses extremely low doses of ionising radiation — substantially less than the background radiation you encounter in everyday life. Your dentist follows the ALARA principle (As Low As Reasonably Achievable), meaning radiographs are recommended only when clinically indicated, and appropriate protective shielding is always used.

Professional cleaning (scale and clean)

Even with a thorough home care routine, plaque can accumulate in areas that are difficult to reach with a toothbrush or floss. Over time, this plaque mineralises into calculus (tartar) — a hardened deposit that brushing cannot remove and that gives bacteria a foothold for ongoing gum inflammation.

Professional cleaning at CSSC removes both supragingival (above the gum line) and subgingival (below the gum line) plaque and calculus, and involves several distinct steps.

Scaling

Your dentist or hygienist uses a combination of ultrasonic and fine hand instruments to remove calculus deposits from above and below the gum line. The ultrasonic scaler uses high-frequency vibrations and a water coolant to disrupt and remove deposits efficiently and with minimal discomfort.

Polishing

After scaling, your teeth are polished using a rotating rubber cup and a mildly abrasive polishing paste. This smooths the tooth surfaces, removes superficial staining and leaves a cleaner surface that is less prone to rapid plaque re-accumulation.

Fluoride treatment

A concentrated fluoride varnish or gel may be applied after cleaning. Topical fluoride strengthens enamel through remineralisation, helps arrest early areas of incipient decay and provides ongoing protection against acid from dietary sources and bacterial activity.

Oral hygiene instruction

Your dentist or hygienist will review your brushing and interdental cleaning technique, identify areas that are consistently being missed and give you practical, personalised guidance for improving your home care routine. Specific product recommendations — interdental brushes, water flossers, particular toothpaste formulations — will be tailored to your individual needs and anatomy.

How often should you have a check-up?

The traditional "every six months" guideline is a reasonable starting point for many patients, but the right recall interval depends on your individual risk profile, not a one-size-fits-all schedule.

Every six months is generally appropriate for adults with good oral health, low to moderate susceptibility to decay, healthy gums and consistent home care habits.

Every three to four months is recommended for patients with active periodontal disease or a history of significant gum disease, a high rate of new cavities, diabetes or other systemic conditions with established links to oral health, dry mouth (xerostomia) from medication or medical treatment, fixed orthodontic appliances, complex restorative work including implants or multiple crowns, or current or recent tobacco use.

Annually may be appropriate for adults with sustained excellent oral health, very low risk factors and a consistently thorough home care routine.

Your dentist at CSSC will recommend the most appropriate recall interval based on a thorough, individualised assessment of your clinical risk profile.

What specialists look for that others might miss

A multi-disciplinary specialist centre like CSSC offers a depth of clinical assessment that a general practice setting cannot replicate across every discipline.

Periodontists are trained to identify subtle early indicators of gum disease that may not be apparent during a routine check-up. Early intervention can arrest disease progression, preventing bone loss and preserving teeth that might otherwise be lost.

Endodontists can identify teeth with unusual root canal anatomy, early signs of pulp necrosis or failing previous root canal treatments. A tooth that might be considered unrestorable elsewhere may well be salvageable with specialist endodontic management.

Orthodontists assess not only individual tooth alignment but the broader skeletal relationship between the upper and lower jaws — a relationship that affects aesthetics, temporomandibular joint function and

long-term wear on the dentition.

Oral and maxillofacial surgeons have extensive training in the diagnosis and management of oral pathology. A lesion that might be placed under observation elsewhere can be promptly assessed, biopsied and diagnosed at CSSC, without delay or external referral.

Prosthodontists and oral surgeons can evaluate suitability for dental implants and develop a treatment plan that accounts for both immediate and long-term functional and aesthetic outcomes.

Paediatric dentists are specifically trained to identify developmental concerns in children's teeth and jaws, including anomalies in eruption sequence, spacing irregularities and early orthodontic indicators that benefit from timely intervention.

Children's check-ups

Children should attend their first dental check-up by their first birthday, or when their first primary tooth erupts — whichever comes first. Early dental visits establish a positive relationship with dental care and allow your dentist to:

- Monitor tooth development, confirming that teeth are erupting normally and in appropriate positions - Detect early decay, including early childhood caries and baby bottle tooth decay, before they progress significantly - Assess oral habits such as thumb sucking or prolonged dummy use that may influence dental and jaw development - Advise parents on foods and beverages that support or compromise developing teeth - Apply preventive treatments including fissure sealants and topical fluoride to protect the most vulnerable tooth surfaces - Identify alignment or jaw growth concerns at a stage when interceptive treatment options are most effective

CSSC's paediatric dentists specialise in dental care for children, providing a welcoming environment that helps young patients build a confident, positive relationship with dental visits from an early age.

CSSC's approach to preventive care

What distinguishes preventive care at Collins Street Specialist Centre is the integrated, specialist-supported model that underpins every appointment.

All specialties are under one roof. If your check-up reveals a concern requiring specialist attention, you can be seen by the relevant clinician within the same centre, without an external referral. Advanced imaging — digital radiography, panoramic imaging and 3D cone beam CT — is available on-site, enabling prompt and comprehensive diagnostic workup. Your dental records, imaging and treatment history are maintained centrally, so every clinician who sees you has access to your complete clinical picture. All treatment recommendations are grounded in current research and established clinical guidelines. And the frequency of your check-ups is tailored to your specific clinical needs, not applied as a blanket schedule.

Tips for maintaining your oral health between visits

Brushing

Brush twice daily for a minimum of two minutes each session. Use a soft-bristled toothbrush — medium or hard bristles can cause enamel abrasion and gum recession over time. Use fluoride toothpaste; fluoride is the most evidence-supported agent for preventing dental decay. Clinical studies consistently show that oscillating-rotating electric toothbrushes achieve better plaque removal for most patients than manual brushing. Replace your toothbrush or brush head every three months, or earlier if the bristles start to splay.

Flossing and interdental cleaning

Clean between your teeth every day. Brushing alone misses approximately 35% of tooth surfaces — the spaces between teeth where interproximal decay most commonly starts. Dental floss, interdental brushes and water flossers all work; your dentist or hygienist can advise on the best option for your anatomy and dexterity. Be gentle and methodical — aggressive technique can cause gum trauma.

Diet

Limit sugary and acidic foods and beverages. Fermentable sugars feed decay-causing bacteria, while dietary acids directly erode enamel. Drink water regularly — fluoridated tap water is particularly good for dental health. Wait around 30 minutes after consuming acidic foods or drinks before brushing, because acid temporarily softens enamel and brushing immediately afterwards accelerates erosive wear. Cheese, nuts, raw vegetables and sugar-free chewing gum are all tooth-friendly snack options.

Lifestyle

Avoid tobacco in all forms. Smoking and smokeless tobacco dramatically increase the risk of periodontal disease, oral cancer and impaired wound healing. Limit alcohol consumption, which is an established risk factor for oral cancer. Wear a correctly fitted mouthguard during contact and collision sports. If you grind or clench your teeth during sleep, speak with your dentist about a custom-fitted occlusal splint (night guard).

Book your check-up at CSSC

Whether your last dental visit was six months ago or considerably longer, the team at Collins Street Specialist Centre is here to help. Our clinicians provide thorough, comprehensive check-ups in a modern, well-equipped and comfortable environment.

You do not need to wait for a problem to appear before coming in. Preventive care, delivered consistently and at the right interval for your needs, saves time, reduces cost and avoids discomfort in the long run.

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Preventive dental care at CSSC — protecting your oral health for the long term.