Multidisciplinary Specialist Care

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/multidisciplinary-specialist-care/

Description:

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Details:

Collins Street Specialist Centre: Multidisciplinary Specialist Care

What sets Collins Street Specialist Centre apart isn't any single specialist, technology, or procedure. It's the structure that lets specialists from six disciplines work as an integrated team on the same patient, in the same building, with access to the same records.

That's what multidisciplinary specialist dental care actually looks like.

Why complex cases require more than one specialist

Dentistry has six recognised specialist disciplines because different aspects of oral health demand fundamentally different training, clinical experience, and expertise. A periodontist understands the biology of gum tissue and alveolar bone in ways that fall outside prosthodontic training. An oral and maxillofacial surgeon brings a surgical and medical perspective that neither endodontists nor orthodontists acquire through their specialist programs.

Many dental presentations don't sit neatly within a single specialty. They arise at intersections — cases where the success of one specialist's work depends directly on what another specialist does before, during, or after. In these situations, how specialists communicate and coordinate isn't simply a logistical convenience: it's a clinical determinant of the outcome.

When specialist care is fragmented across separate practices, predictable problems follow:

- Treatment gets sequenced without a shared, overarching plan - Individual specialists make decisions based on incomplete clinical information - Patients carry paper referrals and verbal summaries between unconnected clinics - Delays accumulate between each phase of treatment - Responsibility for the overall outcome falls into the gaps between providers

Patients in this situation often end up managing their own care coordination — a role they should never need to occupy.

How collaboration works at Collins Street Specialist Centre

A peer review culture. All specialists at Collins Street Specialist Centre work within an established peer review culture — complex cases are discussed collegially before and during treatment, not in isolation. A prosthodontist encountering significant bone loss can consult directly with a periodontist across the corridor. A periodontist planning implant placement in a compromised site can draw on an oral and maxillofacial surgeon's assessment without waiting on an external referral.

This kind of informal clinical consultation — the kind that happens naturally when specialists share a professional environment — is one of the less visible but more consequential advantages of a genuinely integrated centre.

Multi-specialist treatment planning. For cases that cross specialty boundaries, Collins Street Specialist Centre brings all relevant clinicians together for structured treatment planning before anything begins. The result is a sequenced, agreed plan — not a chain of independent decisions, each one unaware of what preceded or will follow it.

Internal referral with a warm handover. When your care requires input from a second or third discipline, your primary specialist coordinates the referral within the centre. You get a coordinated handover — not a piece of paper and an unfamiliar address. The receiving specialist already has access to your records, imaging, and clinical history before your appointment begins.

Shared patient records and imaging. Every specialist at Collins Street Specialist Centre works from a unified patient record. Cone-beam CT scans, digital radiographs, clinical photographs, and treatment notes are accessible to all treating clinicians involved in your care. You're never asked to re-explain your history or retrieve records from a previous provider within the centre.

Case example: implant rehabilitation after periodontitis

De-identified clinical scenario.

A 57-year-old patient with a long history of periodontitis presents with multiple failing upper back teeth. Their general dentist has referred for specialist assessment and a treatment plan. The case involves bone loss, residual active periodontal infection, and insufficient bone volume in the upper jaw for routine implant placement — a presentation that requires careful sequencing across three disciplines.

Stage 1 — Periodontal assessment. A specialist periodontist evaluates the full arch — charting pocket depths, measuring bone levels on cone-beam CT imaging, and assessing the systemic risk profile. Active periodontal infection in the remaining teeth must be controlled before any implant surgery proceeds. Periodontal therapy is completed and stability confirmed.

Stage 2 — Collaborative planning. The periodontist, prosthodontist, and oral and maxillofacial surgeon review the case together. The prosthodontist maps the intended final prosthetic outcome — defining where implants must be positioned to support the planned restoration. The oral and maxillofacial surgeon and periodontist then assess available bone volume against those requirements and identify where grafting is needed. The plan is agreed before any surgical phase begins.

Stage 3 — Surgical phase. A sinus lift augments bone volume in the upper jaw. Implants are placed in positions predetermined by the joint plan. Gum grafting is performed to ensure adequate soft tissue architecture around implant sites. The sequence is carefully controlled — no element proceeds until the previous stage is confirmed stable.

Stage 4 — Prosthodontic restoration. Once implant integration is confirmed, the prosthodontist designs and places the final implant-supported prosthesis, fabricated in the Collins Street Specialist Centre in-house dental laboratory. The restoration fits the implant positions precisely because those positions were planned with the prosthetic outcome in mind from the outset.

The patient is managed by one centre, under a shared plan, with one clinical record — from initial assessment through to final restoration.

Case example: surgical orthodontics

A 19-year-old patient presents with a significant jaw discrepancy affecting both bite function and facial profile. The case requires coordinated orthodontic treatment and corrective jaw surgery — neither can succeed without the other proceeding in the correct sequence, at the correct time.

At Collins Street Specialist Centre, the specialist orthodontist and oral and maxillofacial surgeon co-plan the case from the outset. Pre-surgical orthodontics aligns the teeth to the position they will occupy after surgical jaw repositioning — a counterintuitive step that makes the bite temporarily less comfortable before surgery and considerably more functional after. The oral and maxillofacial surgeon performs the orthognathic procedure using precise surgical guides derived from the joint digital plan. Post-surgical orthodontic finishing then stabilises the result.

Both specialists remain in direct communication throughout a treatment journey that typically spans 18 to 24 months. There's no external handover, no communication gap, and no point at which the patient is navigating between unconnected providers.

When multidisciplinary care is relevant to your situation

Not every patient at Collins Street Specialist Centre requires input from multiple specialties. Many presentations are appropriately and efficiently managed by a single specialist. That said, if your case involves any of the following, coordinated multidisciplinary care is likely to be clinically relevant:

- Dental implants in sites affected by bone loss, previous infection, or inadequate volume - Full-mouth rehabilitation following significant tooth loss or tooth surface wear - Orthodontic treatment combined with corrective jaw surgery - Teeth requiring assessment for extraction versus endodontic salvage before prosthetic planning can proceed - Gum disease affecting the viability of existing restorations or planned implants - Complex presentations in children or adolescents involving developmental concerns across more than one discipline

If you're not sure whether your situation warrants a multidisciplinary approach, a specialist consultation will clarify this. You don't need to arrive with a diagnosis — that's precisely what the assessment is for.

Speak with a specialist

To arrange an assessment or discuss whether your case warrants multidisciplinary specialist review, contact Collins Street Specialist Centre directly. No referral is required to make an appointment, though referrals from general dentists are always welcomed and assist with clinical continuity.

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
