Dentures

Canonical: https://directory.collinsstreetspecialistcentre.com.au/procedures/prosthodontics/dentures/

Description:

A denture is a removable prosthetic appliance that replaces missing teeth and the supporting gum and bone tissue. Dentures can replace some teeth (partial denture) or all teeth in an arch (complete denture). They are ...

Details:

Collins Street Specialist Centre Dentures

What Are Dentures?

Collins Street Specialist Centre provides specialist-level denture care for patients across Melbourne CBD and beyond. A denture is a removable prosthetic appliance designed to replace missing teeth along with the supporting gum and bone tissue. Depending on the clinical situation, a denture may replace some teeth within an arch (a partial denture) or all teeth in an arch (a complete denture). The materials used — acrylic resin, metal alloy, or flexible polymer — are chosen according to the type of denture and the individual clinical requirements of each patient.

Denture technology has been refined over many decades into a discipline of genuinely high precision. The difference between a denture planned by a specialist prosthodontist and one produced without that level of clinical assessment comes down to the accuracy of the fit, the rigour of the bite registration, and the care given to facial support and aesthetics. Each of these factors directly affects the patient's comfort, day-to-day function, and quality of life.

At Collins Street Specialist Centre, all denture treatment is planned and overseen by Dental Board-registered specialist prosthodontists. Fabrication is carried out in the centre's dedicated in-house dental laboratory, which serves exclusively the centre's own patients.

Types of Dentures

Complete (full) dentures

A full denture replaces all teeth in one or both arches. It rests on the gum ridge and is held in position by suction across the upper arch and by the natural anatomical contours of the jaw in the lower arch. Complete dentures are indicated when all natural teeth have been lost or are planned for removal.

The quality of a full denture depends critically on the precision with which the jaw relationship is recorded — the vertical height between the upper and lower jaws, the horizontal positioning of the teeth, and the way the prosthesis interacts with the surrounding lips, cheeks, and tongue. These are complex occlusal determinations that require specialist training to assess and execute with confidence.

Partial dentures

A partial denture replaces some missing teeth within an arch where natural teeth remain. It is clasped or attached to existing teeth to achieve stability and is a clinically sound, cost-effective option. Partial dentures can also be designed with future changes in mind, readily converted to a full denture should

additional teeth be lost over time.

Acrylic partial dentures use a pink resin base with artificial teeth. They are lighter and less expensive to produce, though somewhat bulkier in the mouth than their metal counterparts.

Cast metal (cobalt-chrome) partial dentures feature a precision-cast metal framework that is thinner, stronger, and considerably more comfortable to wear. The framework is engineered to distribute occlusal forces across a wider area, reducing stress on the remaining natural teeth and the underlying bone.

Flexible resin (Valplast) partial dentures are made from a thermoplastic nylon material, eliminating the need for visible metal clasps. They are more aesthetically discreet — particularly in the visible anterior zone — and comfortable in the mouth, though they provide less rigidity than a metal framework design.

Immediate dentures

An immediate denture is fabricated before the extraction of remaining teeth and inserted on the day of surgery, so the patient is never without teeth during the transition period. As the gum and bone remodel during healing, the immediate denture will need relining or replacement — typically at six to twelve months following extraction. The clinical and psychological advantage is continuity: the patient avoids any period of being edentulous.

Implant-retained and implant-supported dentures (over-dentures)

An over-denture is a removable denture that attaches to dental implants or retained tooth roots, providing substantially better stability than a conventional denture. The implants act as anchors — the denture clips or locks onto them rather than relying on suction and mucosal contact alone.

This is the most meaningful advancement in denture comfort and function currently available. Even two implants placed in the lower jaw dramatically reduces the movement of the lower denture, which is notoriously difficult to stabilise through conventional means.

Implant-retained over-dentures are held in position by the implants but continue to rest partly on the gum tissue for support.

Implant-supported over-dentures (bar-retained) attach to a precision bar connecting multiple implants, distributing occlusal forces entirely through the implants rather than the underlying soft tissue.

At Collins Street Specialist Centre, implant surgery for over-dentures is coordinated with the specialist periodontists or oral and maxillofacial surgeons within the centre. The prosthodontist plans and fabricates the final removable prosthesis and works closely with the surgical team from the outset, ensuring that implant positions are optimal for the intended denture design before a single incision is made.

When might a denture be the right solution?

Dentures may be the most appropriate restorative pathway when:

- Multiple or all teeth in an arch are missing, or are planned for extraction due to advanced decay, fracture, or periodontal bone loss - Implants are not yet indicated due to insufficient bone volume, medical contraindications, or the patient's informed preference - A transitional solution is needed during a period of healing prior to implant placement - Budget considerations favour a removable solution, as dentures carry a lower initial cost than implant-supported fixed restorations - The patient is elderly or medically complex, and surgical intervention carries elevated risk - An immediate denture is required to manage the transition period immediately following tooth extraction

The specialist prosthodontist at Collins Street Specialist Centre will always discuss the full range of available options — including implant-supported fixed alternatives such as All-on-4 — before proceeding with any removable prosthesis. The goal is a treatment plan that genuinely suits each patient's clinical situation, lifestyle, and long-term dental health.

What to expect: step by step

Assessment and planning

The initial appointment involves a thorough clinical examination, a review of existing radiographs, and a careful assessment of the jaw relationship, any remaining teeth, and the contours of the gum and bone. Where implant-retained options are under consideration, appropriate imaging to assess bone volume is arranged at this stage.

For complete dentures, the assessment also involves recording the patient's facial measurements, the correct vertical dimension of the bite, and a range of aesthetic targets — including the position of the lip line, the degree of tooth display at rest and during speech, and the most appropriate shade and mould of the artificial teeth.

Working impressions and bite registration

Precision impressions of the upper and lower arches are taken using close-fitting custom trays fabricated specifically for the patient. Bite registration records the exact spatial relationship between the jaws. These records are transferred to the in-house dental laboratory at Collins Street Specialist Centre, where the denture is carefully fabricated.

Try-in appointment

Before final processing, the denture is returned at a wax try-in stage — with the teeth set in wax — allowing the patient and specialist to evaluate aesthetics, tooth position, and the bite relationship before the acrylic is permanently processed. Any adjustments are made at this stage without clinical consequence, as the wax is readily modified.

Delivery and adjustment

The final processed denture is fitted at the delivery appointment. Minor pressure spots are adjusted chairside. One or more follow-up adjustment appointments are typically expected in the days and weeks following delivery as the gum tissue accommodates the new prosthesis.

Recovery and aftercare

Wearing in a new denture

All new dentures require an adjustment period. The muscles of the cheeks, lips, and tongue gradually learn to stabilise the prosthesis through normal use — a process that unfolds over several weeks. Sore spots are common and entirely expected; they should be reported to the prosthodontist for adjustment rather than simply tolerated.

Practical guidance for the initial period:

- Wear the denture consistently during the adjustment period to allow the oral musculature to adapt - Begin with soft foods and cut food into smaller pieces to reduce loading on the prosthesis - Reading aloud at home can help accelerate the adjustment to any initial changes in speech

Daily maintenance

- Remove and clean the denture after meals where practical; clean thoroughly with a soft brush and a denture-specific cleaner each evening - Avoid regular toothpaste — it is abrasive and will scratch and dull the acrylic surface over time - Soak the denture overnight in water or a mild denture-soaking solution; the gum tissue benefits from a period of rest without the prosthesis in place - Never expose the denture to boiling water — heat permanently distorts acrylic

Ongoing review

The gum tissue and underlying bone change over time as bone resorbs beneath a denture. Regular specialist review — at minimum annually — allows the fit to be monitored and any changes addressed before they become problems. When a denture no longer fits with adequate accuracy, a reline procedure (adding new acrylic material to the fitting surface) can restore retention without requiring complete replacement. An ill-fitting denture worn without correction will accelerate bone loss over time, making future prosthetic treatment progressively more complex.

Why see a specialist prosthodontist?

Dentures sit among the most technically demanding areas of restorative dentistry. Replacing teeth with a removable appliance that must function reliably across all the forces of chewing, speaking, and swallowing — without the structural anchorage of natural tooth roots — requires a thorough understanding of jaw anatomy, occlusal mechanics, and the biomechanics of both tissue-borne and implant-borne loads.

A specialist prosthodontist has completed three additional years of postgraduate clinical training dedicated specifically to this body of knowledge. The specialist curriculum covers complete denture construction in considerable depth — from the physiological neutral zone theory that underpins tooth positioning, to the precise measurement of facial height, to the aesthetic principles governing tooth selection and arrangement. This is a level of knowledge and technical skill that takes years of focused, specialised practice to develop.

Patients who have had unsatisfying denture experiences with non-specialist providers frequently find that specialist prosthodontic care at Collins Street Specialist Centre resolves longstanding difficulties with retention, comfort, or appearance — problems that had previously been put down to the inherent difficulty of the clinical situation, rather than recognised as addressable with the right expertise.

Our specialists

Dr Fotios Angelis BDS (Hons)(Melb), DClinDent (Melb) Specialist Prosthodontist with expertise across the full range of removable and fixed prosthodontic rehabilitation, including complex denture cases and implant-retained prostheses.

Prof Vasileios Chronopoulos DDS, MS, PhD (Pros) Specialist Prosthodontist with over 30 years of combined clinical and academic experience in prosthodontics, encompassing complex denture cases, implant-retained prostheses, and advanced full-arch rehabilitation.

Dr Jamie Foong BDSc (Melb), DClinDent (Melb) Specialist Prosthodontist with broad clinical experience across both removable and fixed prosthodontic solutions. Dr Foong also serves as a clinical supervisor at the University of Melbourne.

Dr Simon Hinckfuss BDSc, DCD (Pros), Cert.Perio MS (Minn) Dual-registered Specialist Prosthodontist and Specialist Periodontist — a clinically rare combination that allows Dr Hinckfuss to assess both the periodontal and prosthetic dimensions of a case simultaneously. This is particularly valuable when teeth are being extracted in preparation for denture placement, or when the health of the supporting tissues is a primary consideration in treatment planning.

All specialists hold current registration with the Dental Board of Australia. AHPRA specialist registration can be independently verified online at the [AHPRA practitioner register](https://www.ahpra.gov.au/Registration/The-Registers.aspx).

Related treatments

- **[All-on-4 Full Arch Rehabilitation](/procedures/prosthodontics/all-on-4-full-arch-implant-rehabilitation/)** — A fixed, non-removable implant-supported alternative to a full denture - **[Dental Implants (Prosthodontic Restoration)](/procedures/prosthodontics/dental-implants-prosthetic-restoration/)** — Implants that support individual crowns or over-dentures - **[Dental Implant Surgery (Periodontics)](/procedures/periodontics/dental-implants-periodontal-specialist-placement/)** — Surgical placement of implants for denture retention - **[Dental Implant Surgery (OMS)](/procedures/oral-maxillofacial-surgery/dental-implant-surgery-oral-maxillofacial-surgeon-perspective/)** — Complex implant surgery for patients with bone grafting needs - **[Full Mouth Rehabilitation](/procedures/prosthodontics/full-mouth-rehabilitation/)** — Comprehensive treatment planning for patients with advanced tooth loss - **[Bone Grafting](/procedures/periodontics/bone-grafting-guided-bone-regeneration/)** — Rebuilding bone volume prior to implant placement for over-denture support

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