All-on-4 vs Traditional Implants — Which Approach Is Best?

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Description:

Compare All-on-4 and traditional dental implants for full-arch replacement. Costs, recovery, candidacy, and pros and cons. Melbourne implant specialists.

Details:

Collins Street Specialist Centre: All-on-4 vs Traditional Full-Arch Implants — Understanding Your Options

When you're facing the loss of most or all of your teeth — or you're already wearing dentures and want something more permanent — two implant-based approaches tend to come up as the main options: traditional full-arch dental implants and the All-on-4 treatment concept. Both can restore your ability to eat, speak, and get through daily life without thinking twice about your teeth, but they differ considerably in surgical approach, treatment timeline, cost, and who they're suited to.

Collins Street Specialist Centre (CSSC) is located in Melbourne's CBD. Our team includes periodontists, prosthodontists, and oral and maxillofacial surgeons who work together to plan and deliver full-arch implant treatment. That integrated model matters because each case is assessed by specialists whose combined expertise shapes every stage of what happens.

This guide explains both approaches in detail, so you can understand the clinical reasoning behind each and which might suit your situation better.

Understanding full-arch tooth replacement

Before comparing the two approaches, it helps to understand the clinical problem they both address. When all — or most — of the teeth in an arch (upper jaw, lower jaw, or both) are missing, the conventional options have historically included:

- **Complete dentures:** Removable prosthetics that rest on the gum tissue. Accessible in terms of cost, but frequently uncomfortable, prone to instability (particularly lower dentures), and they don't stop ongoing bone resorption. - **Implant-supported overdentures:** A removable denture that clips onto two to four implants, offering better retention than conventional dentures, but still removed for cleaning and sleeping. - **Fixed implant bridges:** A permanent, non-removable prosthesis supported by dental implants. Both All-on-4 and traditional full-arch implant approaches fall into this category.

Both All-on-4 and traditional implant bridges aim to give you a fixed set of teeth that look, function, and feel like natural dentition. The real differences lie in the number of implants used, how they're positioned, whether bone grafting is needed, and the overall treatment pathway.

What is the All-on-4 concept?

All-on-4 uses four strategically positioned dental implants to support a complete arch of fixed teeth. The "4" refers to the four implants per arch that anchor the prosthesis.

How All-on-4 works

The defining clinical feature of All-on-4 is the deliberate angulation of the posterior implants. Rather than placing all four implants vertically, the two back implants are tilted at an angle — typically between 30 and 45 degrees. This achieves several things:

- **Using available bone:** By angling the posterior implants, the surgeon can engage denser anterior bone and work around areas of posterior resorption that are common in patients who've been edentulous for some time. This frequently eliminates the need for bone augmentation. - **Longer implant bodies:** The angled trajectory allows for longer implants, increasing bone contact and improving primary stability. - **Better load distribution:** Spreading four implants across the arch distributes chewing forces more evenly across the prosthesis.

The All-on-4 treatment journey

Stage 1 — Comprehensive assessment: Three-dimensional imaging (cone beam computed tomography, or CBCT), clinical photographs, impressions, and a thorough intraoral examination form the basis of your treatment plan. Digital planning software, including guided surgery protocols in many cases, is used to map implant positions precisely before any surgery takes place.

Stage 2 — Surgery day: All four implants are placed in a single session, under local anaesthesia with intravenous sedation, or general anaesthesia where clinically indicated or preferred. In most cases, a provisional fixed bridge is attached to the implants the same day, so you leave with a functional set of teeth.

Stage 3 — Healing period: Over the following three to six months, the implants undergo osseointegration — the process by which bone grows and bonds directly to the implant surface. The provisional prosthesis is functional during this phase, but it's not the final restoration.

Stage 4 — Final prosthesis: Once osseointegration is confirmed, the provisional bridge is replaced with the definitive restoration, custom-fabricated for aesthetics, occlusal function, and long-term durability.

Clinical advantages of All-on-4

Four implants per arch simplifies the surgical procedure and reduces overall cost compared to approaches requiring six to eight implants. The angled implant geometry is specifically designed to work with the residual bone that's typically present even in patients with moderate resorption, so bone grafting is frequently avoided. For many patients, leaving surgery with a functional, non-removable provisional prosthesis is both clinically and psychologically significant.

Because bone grafting is often unnecessary, the total treatment duration is considerably shorter than traditional full-arch approaches. The All-on-4 concept has been studied extensively for more than two decades, with cumulative implant survival rates exceeding 95% at ten or more years in peer-reviewed literature. Fewer implants and the frequent elimination of bone augmentation also translate to a lower overall cost.

Clinical considerations

The All-on-4 bridge functions as one continuous unit. If a section sustains damage, the entire prosthesis may need to be removed for repair — worth factoring into long-term maintenance planning. Maintaining hygiene beneath and around a fixed full-arch bridge also requires specific techniques and tools; water flossers and interdental brushes are typically recommended, which is different from caring for individual implant crowns.

Whilst All-on-4 is clinically versatile, patients with very severe bone loss may still require augmentation or an alternative approach. The choice of prosthetic material — high-density acrylic or zirconia are the most common options — has implications for aesthetics, mechanical durability, and cost, and is worth discussing in detail at your consultation.

What are traditional full-arch implants?

The conventional approach to full-arch implant rehabilitation uses more implants — typically six to eight per arch — placed in a predominantly vertical orientation throughout the jaw. Each implant supports a portion of the prosthetic bridge, which may be a single continuous full-arch structure or fabricated in discrete sections.

How traditional full-arch implants work

Stage 1 — Assessment and planning: As with All-on-4, comprehensive three-dimensional imaging and digital planning are used to determine optimal implant positions before surgery.

Stage 2 — Bone grafting (where indicated): Because implants are placed vertically, adequate bone volume — in both height and width — is required at each proposed site. Bone loss is common after prolonged tooth absence or years of denture wear, and augmentation procedures such as ridge augmentation or sinus lift surgery may be necessary before implants can be placed. These grafting procedures typically require four to nine months of healing before implant placement can proceed.

Stage 3 — Implant placement: Six to eight implants are placed per arch. Depending on case complexity and whether grafting has been performed, this may occur in a single session or across staged appointments.

Stage 4 — Healing: A three-to-six-month osseointegration period follows implant placement. During this time, patients typically wear a temporary removable denture.

Stage 5 — Final restoration: Custom-fabricated crowns or bridge segments are attached to the integrated implants to complete the restoration.

Clinical advantages of traditional full-arch implants

More implants provide broader distribution of chewing forces and potentially greater structural support for the prosthesis. Where the bridge is fabricated in sections, damage to one area means repairing or replacing only that segment, not the entire prosthesis. In selected cases, each implant may support its own individual crown, more closely replicating the appearance and hygiene accessibility of natural dentition. A greater number of implant positions also affords more flexibility in prosthetic design. And if an individual implant fails, the remaining implants can often continue supporting the restoration without compromising the overall outcome.

Clinical considerations

Placing six to eight implants is a more involved surgical procedure than placing four, with corresponding implications for operative time and recovery. Patients with significant posterior bone loss — a common presentation — will often need one or more augmentation procedures before implant placement, adding both time and cost. When bone grafting is incorporated, the total treatment duration from first surgical intervention to final prosthesis delivery may extend to twelve to eighteen months or beyond. The combination of additional implants, potential bone augmentation, and more complex prosthetic design generally results in a higher overall cost. Patients requiring bone grafting may also spend a considerable number of months wearing a temporary removable denture before their definitive fixed prosthesis is placed.

Detailed comparison

Number of implants

All-on-4 uses four implants per arch — eight total for both jaws. Traditional full-arch uses six to eight per arch — twelve to sixteen total for both jaws.

Need for bone grafting

All-on-4 frequently doesn't require bone grafting, because the angled posterior implants are specifically designed to work with the bone that's typically available even in partially resorbed jaws. Traditional full-arch commonly does require grafting, particularly in the posterior jaw where resorption is most pronounced after tooth loss. Sinus lift procedures and ridge augmentation are frequently indicated.

Treatment timeline

All-on-4 typically runs three to six months from surgery to final prosthesis delivery, with provisional fixed teeth placed on the same day as implant surgery in most cases. Traditional full-arch may range from six to eighteen months or longer, depending on whether bone augmentation is required and the extent of any staged surgical approach.

Same-day fixed teeth

With All-on-4, most patients receive a provisional fixed bridge on the day of implant placement. With traditional full-arch, this generally isn't possible where bone grafting is required — patients typically wear a temporary removable denture throughout the healing phases.

Cost

Full-arch implant rehabilitation is a significant financial commitment regardless of approach. In Melbourne, indicative fee ranges are:

- **All-on-4:** From approximately $20,000–$30,000 AUD per arch for the complete treatment course, covering implant placement, provisional prosthesis, and definitive restoration. - **Traditional (six to eight implants):** From approximately $30,000–$50,000 AUD per arch, particularly where bone augmentation is involved.

These are indicative ranges only. Actual fees depend on your specific clinical presentation, the materials selected for the definitive prosthesis, and the complexity of your case. At CSSC, detailed fee estimates are provided following your initial comprehensive assessment.

Longevity and clinical success rates

Both approaches are supported by solid long-term clinical evidence. Published studies report All-on-4 implant survival rates exceeding 95% at ten or more years. The prosthetic bridge itself may need replacement or refurbishment after ten to fifteen years, depending on material selection and how the occlusion loads it. Traditional full-arch reports comparable implant survival rates in the literature, and the additional implants provide a degree of redundancy — the loss of a single implant is less likely to compromise the overall restoration.

Recovery

Most All-on-4 patients are back to normal daily activities within about a week. Some swelling and postoperative discomfort is expected in the first few days, and a soft diet is recommended for the first three months whilst osseointegration takes place. Recovery from traditional full-arch depends on the extent of surgery. Where bone grafting is involved, there may be multiple distinct recovery periods. The recovery from implant placement itself is broadly comparable to All-on-4.

Candidacy considerations

All-on-4 may suit you if:

- You have moderate bone resorption and want to avoid bone grafting - You want fixed teeth as quickly as possible, including same-day provisional teeth - You're currently wearing dentures and want a permanent, non-removable alternative - Cost-effectiveness is an important factor in your decision - You have failing dentition requiring full-arch extraction and immediate replacement - You prefer a less surgically complex pathway to full-arch restoration

Traditional full-arch may suit you if:

- You have sufficient residual bone and are comfortable with a longer treatment timeline - You prefer individual implant crowns over a continuous full-arch bridge - A segmented prosthetic design is clinically or aesthetically preferable for your case - Maximum structural redundancy across the restoration is a priority - Some natural teeth can be retained and only partial arch replacement is needed

When the clinical picture is more complex

Some patients present with challenges that don't fit a straightforward treatment pathway — severe bone resorption, systemic medical conditions that affect healing, compromised soft tissue, or complex occlusal relationships. This is where CSSC's multidisciplinary model provides a genuine clinical advantage. Our periodontists, oral and maxillofacial surgeons, and prosthodontists review complex cases together, drawing on their respective areas of expertise to develop plans that are genuinely tailored to each patient's anatomy, medical history, and clinical goals.

The role of each specialist

Full-arch implant rehabilitation involves multiple dental specialties. At CSSC, each discipline is represented within a single practice at 220 Collins Street, Melbourne CBD:

Periodontists specialise in the supporting structures of the teeth — the periodontal tissues and alveolar bone. They may place implants, perform bone augmentation, and manage soft tissue architecture to achieve the best aesthetic and functional outcome.

Oral and maxillofacial surgeons manage the more complex surgical aspects of treatment, including implant placement in anatomically challenging sites, bone grafting, sinus lift surgery, and cases requiring general anaesthesia.

Prosthodontists are responsible for designing, fabricating, and delivering the prosthetic restoration — whether a full-arch bridge or individual crowns. Their role covers ensuring the final result is aesthetically refined, occlusally sound, and built for long-term durability.

This integrated specialist model is uncommon in Australian dental practice. Rather than being referred between multiple independent practices across Melbourne, patients at CSSC receive coordinated specialist care within a single environment. Treatment planning decisions are made collaboratively, and communication between treating clinicians is direct and ongoing.

Questions worth raising at your consultation

1. Based on my bone levels and general health, am I a suitable candidate for All-on-4, traditional full-arch implants, or both? 2. Is bone grafting likely in my case, and if so, how would that affect the timeline and overall cost? 3. What prosthetic material options are available for the definitive restoration, and what are the trade-offs of each? 4. Is it likely I'll be able to receive provisional fixed teeth on the day of implant surgery? 5. What is the total estimated fee for my specific case, inclusive of all treatment

stages? 6. What does the ongoing maintenance schedule look like after treatment is complete? 7. What's the recommended course of action if an implant fails after treatment?

Life after full-arch implant treatment

Regardless of which approach is selected, the quality-of-life outcomes associated with implant-supported fixed teeth are consistently meaningful. Patients commonly report:

- **Restored dietary freedom** — being able to eat steak, fresh apples, and corn on the cob that were uncomfortable or impossible to manage with conventional dentures - **No more adhesives or removable appliances** — the prosthesis is fixed in place and doesn't move during eating or speaking - **Natural appearance** — contemporary prosthetic materials and techniques replicate the look of natural teeth and gingival tissue with a high degree of fidelity - **Improved speech clarity** — stable, well-fitting teeth eliminate the slurring and clicking that can accompany ill-fitting dentures - **Better nutritional intake** — restored chewing function supports more effective digestion and general health - **Greater social confidence** — patients frequently describe relief at no longer worrying about prosthetic movement during conversation or social interaction

Maintaining the long-term health of implant-supported teeth requires a consistent oral hygiene routine — daily brushing, specialised interdental cleaning tools such as water flossers — along with professional maintenance appointments every three to six months and periodic clinical reviews to monitor implant health and prosthetic integrity.

Taking the first step

If you're currently managing the limitations of conventional dentures, living with failing dentition, or dealing with the impact of missing teeth on your confidence and daily function, full-arch implant rehabilitation offers a clinically sound and durable path to restoration. The right starting point is a comprehensive assessment, where the treating team can evaluate your specific clinical presentation and recommend the approach most likely to deliver the best long-term outcome for your situation.

We invite you to book a consultation at Collins Street Specialist Centre, where our periodontists, oral and maxillofacial surgeons, and prosthodontists will assess your clinical situation in detail and outline a recommended treatment pathway, with multidisciplinary input at every stage.

Collins Street Specialist Centre is located in the Manchester Unity Building, 220 Collins Street, Melbourne CBD.

Frequently asked questions

What is All-on-4? A full-arch dental implant treatment using four implants per arch.

What does the "4" in All-on-4 refer to? The four implants used to support one complete arch.

How many implants does traditional full-arch use per arch? Six to eight implants.

How many implants does All-on-4 use per arch? Four implants.

Are All-on-4 teeth fixed or removable? Fixed and non-removable.

Are traditional full-arch implant teeth fixed or removable? Fixed and non-removable.

Can you get teeth the same day with All-on-4? Yes, a provisional fixed bridge is placed the same day in most cases.

Can you get teeth the same day with traditional implants? Generally not possible.

Does All-on-4 require bone grafting? Frequently not required.

Does traditional full-arch require bone grafting? Commonly required.

Why does All-on-4 often avoid bone grafting? The posterior implants are angled to use available bone rather than requiring augmented sites.

At what angle are the posterior All-on-4 implants tilted? Typically 30 to 45 degrees.

Why are All-on-4 posterior implants angled? To engage denser anterior bone and work around resorbed areas.

What is the All-on-4 treatment timeline? Typically three to six months from surgery to final prosthesis.

What is the traditional full-arch treatment timeline? Six to eighteen months or longer.

Does bone grafting extend the treatment timeline? Yes, by four to nine months before implant placement can proceed.

How long does osseointegration take? Three to six months.

What is osseointegration? The process by which bone bonds directly to the implant surface.

What diet is recommended during osseointegration? Soft diet for approximately the first three months.

How long until normal activities resume after All-on-4? Approximately one week.

What is the All-on-4 cost per arch in Melbourne? From approximately $20,000 to $30,000 AUD.

What is the traditional full-arch cost per arch in Melbourne? From approximately $30,000 to $50,000 AUD.

Why does traditional full-arch cost more? More implants and frequent bone augmentation procedures.

Are the cost figures guaranteed? No, they are indicative ranges only.

What affects the final cost of treatment? Clinical presentation, materials selected, and case complexity.

What is the All-on-4 implant survival rate at ten years? Exceeding 95%.

What is the traditional full-arch implant survival rate? Comparable to All-on-4 in published literature.

How long does the All-on-4 prosthetic bridge last? It may require replacement after ten to fifteen years.

What material is the All-on-4 bridge made from? High-density acrylic or zirconia.

Is the All-on-4 bridge one continuous unit? Yes.

What happens if the All-on-4 bridge is damaged? The entire prosthesis may need to be removed for repair.

Can the traditional full-arch bridge be repaired in sections? Yes, if fabricated in discrete segments.

What redundancy does traditional full-arch offer? Loss of one implant is less likely to compromise the overall restoration.

Does All-on-4 offer the same redundancy? No, it uses fewer implants.

What hygiene tools are needed for All-on-4? Water flossers and interdental brushes.

Can you brush All-on-4 teeth normally? Yes, daily brushing is still required.

How often should professional maintenance occur after implants? Every three to six months.

What specialists are at Collins Street Specialist Centre? Periodontists, prosthodontists, and oral and maxillofacial surgeons.

What does a periodontist do in full-arch treatment? Places implants and manages bone and soft tissue.

What does a prosthodontist do in full-arch treatment? Designs and delivers the prosthetic restoration.

What does an oral and maxillofacial surgeon do? Manages complex surgery, grafting, and sinus lifts.

Where is Collins Street Specialist Centre located? 220 Collins Street, Melbourne CBD.

Is CSSC a multidisciplinary practice? Yes, all specialists operate under one roof.

Is multidisciplinary implant care common in Australia? No, it is uncommon in Australian dental practice.

Who is All-on-4 best suited for? Patients with moderate bone loss who want to avoid grafting.

Who is traditional full-arch best suited for? Patients with sufficient bone who prefer more implants or a longer timeline.

Can existing denture wearers get All-on-4? Yes.

Can patients with severe bone loss always get All-on-4? Not always — augmentation may still be required.

What imaging is used for treatment planning? Cone beam computed tomography (CBCT).

Is digital planning used for All-on-4? Yes, including guided surgery protocols.

What anaesthesia is used for All-on-4 surgery? Local anaesthesia with IV sedation, or general anaesthesia where indicated or preferred.

Does All-on-4 eliminate the need for denture adhesives? Yes.

Does All-on-4 restore the ability to eat steak or apples? Yes.

Does All-on-4 improve speech clarity? Yes, by providing stable fixed teeth.

Does All-on-4 improve social confidence? Yes, patients report reduced preoccupation with prosthetic movement.

Does full-arch implant treatment arrest bone resorption? Yes, unlike conventional dentures.

Do conventional dentures arrest bone resorption? No.

What is an implant-supported overdenture? A removable denture attached to two to four implants.

Is an overdenture the same as All-on-4? No, overdentures are removable.

What is a sinus lift? A bone augmentation procedure for the upper jaw.

When is a sinus lift needed? When posterior upper jaw bone volume is insufficient for vertical implant placement.

Can All-on-4 be done on both jaws? Yes, requiring eight implants total.

How many implants are needed for both jaws with traditional full-arch? Twelve to sixteen implants total.

Is a comprehensive assessment required before treatment? Yes.

What does the initial assessment include? CBCT imaging, clinical photographs, impressions, and examination.

Can individual implant crowns be used with traditional full-arch? Yes, in selected cases.

Does CSSC provide fee estimates after assessment? Yes, detailed and transparent estimates are provided following the initial assessment.