Implants vs Dentures — Making the Right Choice

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Description:

Dental implants or dentures? Compare stability, bone preservation, cost, longevity, and more to find the right option for you at CSSC Melbourne.

Details:

Collins Street Specialist Centre: Implants vs Dentures — Making the Right Choice

Losing one or more teeth is more common than most people expect, and it affects patients across all age groups, not just older adults. Whether the cause was decay, gum disease, trauma, or something else entirely, the question that follows is both practical and pressing: what's the best way to restore what's been lost?

For most patients, the decision comes down to two well-established treatment pathways: dental implants or dentures. Both are clinically proven, but they differ fundamentally in how they function, how they feel, how they look, and how they affect long-term oral health.

There's no single right answer. The best choice depends on individual circumstances, including how many teeth have been lost, the condition and volume of the jawbone, overall health, lifestyle, and finances.

At Collins Street Specialist Centre, our periodontists and prosthodontists work together to help patients work through this decision clearly and confidently. We offer both implant and denture solutions, and our clinical approach is always guided by what's genuinely in your best interest.

Understanding the two options

What are dental implants?

A dental implant is a small titanium post surgically placed into the jawbone to replace the root of a missing tooth. Once the implant fuses with the surrounding bone — a process called osseointegration, which typically takes three to six months — an abutment and a custom-fabricated crown are secured on top. The result is an artificial tooth that closely replicates the appearance, feel, and function of a natural one.

Implants can replace a single tooth, several teeth via implant-supported bridges, or a complete arch using implant-supported dentures or fixed full-arch prostheses.

What are dentures?

Dentures are removable prosthetic devices designed to replace missing teeth and surrounding soft tissue. They come in two main forms:

- **Full dentures** replace all teeth in the upper arch, lower arch, or both. They rest on the gum ridge and are retained through suction (upper dentures) or gravity and muscular adaptation (lower dentures), sometimes with denture adhesive. - **Partial dentures** replace one or more missing teeth where some

natural dentition remains, typically using a metal or acrylic framework with clasps that grip the remaining teeth.

Modern dentures are made from high-quality materials and can look very natural. That said, they remain a removable appliance, and that distinction carries its own set of clinical advantages and limitations.

Comparing implants and dentures

Stability and security

Implants are anchored directly into the jawbone, so they don't move, shift, or become dislodged. There's no concern about loosening during eating, speaking, or social interaction. Once osseointegration is complete, implants feel and function like natural teeth.

Conventional dentures rely on suction, adhesive, and the contour of the gum ridge for retention. Upper dentures are generally more stable than lower ones, but both can shift over time as the underlying jawbone remodels. This often shows up as clicking, slipping, or difficulty managing certain foods.

Implant-supported dentures, also called overdentures, offer a sound middle ground. Two to four implants are placed in the jaw, and the denture attaches to these fixtures for significantly better retention. The prosthesis is still removable for cleaning, but stays far more secure during wear than a conventional denture.

Bone preservation

This is one of the most clinically significant advantages of implant therapy. After tooth loss, the alveolar bone in the affected area starts to resorb because it no longer receives the mechanical stimulation of a functioning root during chewing. Implants restore that stimulation through osseointegration, preserving bone volume and preventing the progressive facial changes — including the characteristic sunken appearance — that develop without root-form support.

Conventional dentures rest on the surface of the gum ridge and don't transmit stimulation to the underlying bone. Resorption continues, and the compressive forces of the denture against the ridge may actually accelerate it. Over time, the changing jaw architecture causes dentures to fit less predictably, requiring periodic relining or complete remaking.

Eating and speaking

Patients with dental implants can generally eat without restriction — steak, fresh apples, corn on the cob, crusty bread. Because the implants are fixed within the jaw, biting and chewing forces are transmitted much like natural dentition. Speech is unaffected.

Most denture wearers need to modify their diet to some degree. Hard, sticky, or fibrous foods can be difficult. Biting into food with the front teeth, particularly with lower dentures, risks dislodging the appliance. Lower dentures especially can make eating frustrating. Speech may also be affected during the initial adjustment period, with some patients experiencing a mild lisp until they adapt.

Comfort

After the initial healing phase, dental implants are typically experienced as entirely comfortable. They feel like natural teeth — patients tend not to notice them in day-to-day life. There's no extra bulk in the mouth, no palatal coverage, and no pressure on the soft tissues of the ridge.

Dentures require an adjustment period. The appliance can feel unfamiliar, and palatal coverage in upper dentures may temporarily affect taste perception. Pressure-related sore spots are common with newly fitted dentures and often need clinical adjustment. Most patients adapt over time, though some never quite reach a level of comfort that feels entirely natural.

Maintenance

Implant maintenance closely mirrors what's required for natural teeth: thorough brushing, interdental cleaning, and regular professional reviews. Implants can't get cavities, but the surrounding tissue can become inflamed — a condition called peri-implantitis — if oral hygiene slips. Consistent home care and professional monitoring are essential.

Dentures require daily removal for cleaning, overnight soaking, and careful handling to avoid fracture. The soft tissues and any remaining natural teeth also need regular professional attention. Dentures typically need relining every few years and complete remaking every five to ten years.

Longevity

With appropriate care, dental implants are designed to function for decades — many last a lifetime. The crown or bridge attached to the implant may need replacement after ten to fifteen years due to normal wear, but the osseointegrated titanium post itself is intended as a permanent restoration.

A well-made denture typically has a functional lifespan of five to ten years before remaking is needed. During that period, relining and adjustments will likely be required as the jawbone continues to change. The cumulative costs of maintenance, relining, adhesives, and periodic replacement should factor into any long-term financial comparison.

Aesthetic outcome

Because implants support individual crowns or bridges, restorations can be designed to closely match the colour, shape, and proportions of adjacent natural teeth. Gum tissue heals naturally around the crown's emergence profile, and there's no visible hardware or clasping mechanism.

Contemporary dentures can achieve a very pleasing result, but replicating the full naturalness of implant-supported restorations is more difficult. Artificial teeth are set into a pink acrylic base representing the gum tissue, and while modern denture aesthetics have improved considerably, the overall appearance may not match what's achievable with implant-retained restorations. Partial dentures may incorporate visible metal clasps, though tooth-coloured alternatives are available.

Cost

Dental implants carry a higher upfront cost than dentures. The total investment depends on the number of implants required, any preparatory procedures such as bone grafting, the type of prosthetic restoration, and the specialists involved.

When you factor in implant longevity, reduced maintenance requirements, bone preservation, and measurable quality-of-life improvement, implants are frequently more cost-effective over the long term.

Dentures have a lower initial cost, making them the more financially accessible option for many patients. But the ongoing costs of relining, periodic replacement, adhesive products, and managing potential complications deserve careful consideration in any long-term financial comparison.

Candidacy

Not all patients are immediately suitable for implant placement. Adequate jawbone density and volume are required to support osseointegration, though bone grafting can often address deficiencies. Certain systemic conditions — including poorly controlled diabetes, active radiation therapy to the jaw, and heavy smoking — can adversely affect healing and implant success rates. A thorough assessment by your periodontist or specialist oral surgeon will determine your individual suitability.

Dentures are a viable option for virtually all patients, regardless of bone volume or systemic health. This makes them an important pathway for patients who aren't candidates for implant therapy, or who prefer a non-surgical approach.

What about implant-supported dentures?

For patients who want greater stability than conventional dentures can offer, but aren't ready for or don't require fixed implant bridges, implant-supported dentures are a clinically sound and often highly satisfying option.

As few as two implants in the lower jaw, or four in the upper jaw, can substantially improve denture retention, allowing patients to eat, speak, and go about their day with considerably more confidence. The prosthesis remains removable for cleaning but engages securely with the implant attachments during wear.

This option is generally more affordable than a fully fixed implant restoration, while still delivering the bone-preservation benefits of implant therapy and a significant functional improvement over conventional dentures.

Full-arch implant solutions (All-on-4 and similar concepts)

For patients who have lost all or most of their teeth, full-arch implant solutions such as All-on-4 allow a complete arch of fixed teeth to be supported by just four to six strategically positioned implants. The result is a permanent, non-removable prosthesis that closely replicates the appearance and function of natural dentition.

This approach can often be applied even where significant bone loss has occurred, as the implants are placed at carefully calculated angles to maximise engagement with available bone. In selected cases, a provisional set of teeth may be attached on the same day as implant placement — commonly described as "teeth in a day" — providing immediate functional and aesthetic restoration while osseointegration proceeds.

Making your decision

A few questions worth thinking through as you consider your options:

- **How important is stability to you?** If the idea of a removable prosthesis concerns you, or if you want to eat and speak without accommodation or restriction, implants are likely the more appropriate solution. - **What's the current condition of your jawbone?** If teeth have been absent for a long time and significant bone loss has occurred, bone grafting may be needed before implant placement, or the non-surgical pathway of dentures may be preferable. - **What's your overall health status?** Certain systemic conditions can influence your suitability for implant surgery and should be discussed openly during your consultation. - **What are your financial circumstances?** If the upfront cost of implants is a barrier, dentures offer a functional and more immediately accessible alternative. Implant-supported dentures provide a meaningful middle ground. - **How do you feel about surgery?** Implant placement is a surgical procedure, though typically straightforward and performed under local anaesthesia. If you'd prefer to avoid surgery, dentures are the non-surgical alternative. - **What's your long-term perspective?** For patients thinking in terms of decades, the longevity of implants and their bone-preserving properties are clinically significant advantages that compound over time.

Expert guidance at Collins Street Specialist Centre

At Collins Street Specialist Centre, our prosthodontists — specialists in tooth replacement and oral rehabilitation — and our periodontists, who place implants and manage the health of supporting structures, work closely together to help you identify the most appropriate treatment pathway. Whether that's a single implant crown, a full-arch fixed restoration, a carefully crafted denture, or a combination approach, we'll take the time to explain the clinical merits and practical considerations of each option as they apply to your situation.

We don't take a one-size-fits-all approach. We listen carefully to what matters to you, functionally, aesthetically, and practically, and recommend the solution that best aligns with your clinical needs, your

goals, and your circumstances.

We'd encourage you to verify that any specialist you consult holds current registration with the Australian Health Practitioner Regulation Agency (AHPRA) and is recognised as a specialist in their relevant field.

Book a consultation and let us help you find the right path forward for your oral health and your smile.

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Frequently asked questions

What is a dental implant? A titanium post surgically placed into the jawbone to replace the root of a missing tooth.

What is osseointegration? The process by which an implant fuses with the surrounding bone, typically taking three to six months.

Can implants replace a full arch of teeth? Yes, via implant-supported dentures or fixed full-arch prostheses such as All-on-4.

Do dental implants preserve jawbone? Yes. By restoring the mechanical stimulation of a functioning root, implants prevent the bone resorption that follows tooth loss.

Do conventional dentures preserve jawbone? No. Dentures rest on the gum surface and don't transmit stimulation to the bone. The compressive forces of a denture may actually accelerate resorption over time.

Are implant-supported dentures removable? Yes. They attach to implant fixtures for improved stability but are removed for cleaning.

Do dental implants restrict diet? No dietary restrictions are required once healing is complete.

Can implants get cavities? No, but the surrounding tissue can develop peri-implantitis if oral hygiene isn't maintained.

How long do dental implants last? Decades, potentially a lifetime. The implant crown may need replacement after ten to fifteen years; the titanium post is intended as a permanent restoration.

How long do dentures last? Typically five to ten years before remaking is needed, with relining required every few years in between.

Are implants more expensive than dentures? Yes, upfront. Over the long term, implants are frequently more cost-effective when maintenance, relining, replacement, and quality-of-life factors are considered.

Can patients with significant bone loss receive implants? Often yes. Bone grafting can address deficiencies, and All-on-4 solutions are specifically designed for cases with substantial bone loss.

What is "teeth in a day"? A provisional prosthesis attached on the same day as implant placement, providing immediate functional and aesthetic restoration while osseointegration proceeds. It is not the final restoration.

Should I verify my specialist's registration? Yes. Confirm that any specialist you consult holds current registration with the Australian Health Practitioner Regulation Agency (AHPRA) and is recognised in their relevant specialty.

Where is Collins Street Specialist Centre? Level 1, Manchester Unity Building, 220 Collins Street, Melbourne CBD. Phone: (03) 9654 6979.