Everything About Dental Implants | Core Dental Melbourne

Canonical: https://www.coredental.com.au/everything-you-need-to-know-about-dental-implants/

Details:

A dental implant is a small post, usually made from titanium, that is surgically placed into the jawbone to replace the root of a missing tooth. Over time it fuses with the surrounding bone in a process called osseointegration, and an artificial tooth or crown is then attached to it. Implants can also anchor a partial or full denture. At Core Dental our dentists assess your mouth, bone and health to explain whether implants may suit you. Suitability and results vary from person to person.

What are dental implants made of?

Dental implants are prosthetic screws made from tested materials such as titanium. Titanium is biocompatible, meaning it is generally accepted by the body, and it can bond with bone to provide a stable foundation for replacement teeth. Zirconia is an alternative material that some dentists use in place of titanium. Your dentist can talk through which material may suit you.

How do dental implants work to replace a missing tooth?

A titanium screw is surgically placed into the jawbone to act as an artificial tooth root. Over a period of healing, the implant fuses with the surrounding bone, so it functions much like a natural tooth root. An artificial tooth or crown is then attached to the implant to restore your smile and your ability to chew. The number of visits and the healing time depend on your mouth and the type of implant treatment, so your dentist will explain the stages for you.

Can dental implants support dentures?

Yes. Implants can also be used as anchors to support a partial or full denture. This can give dentures more stability than removable dentures held in place without implants. Your dentist can explain options such as implant-retained dentures if you wear dentures or are thinking about them.

Why might someone choose dental implants over other tooth replacement options?

People often consider implants for several reasons:

A natural appearance and function.

Stability and comfort, without the shifting that can happen with removable dentures.

Independence from neighbouring teeth, so adjacent teeth are not cut down to support the replacement.

Convenience, because an implant does not need to be removed for cleaning.

Helping to maintain jawbone where a tooth is missing.

Support for chewing and clear speech.

Implants are not suitable for everyone, and other options such as bridges and dentures may suit some people. Risks include infection, healing problems and implant failure. Smoking, some medical conditions and gum disease can affect healing.

How do you plan implant treatment?

A useful first step is to explain your concern and your goals when you book. Bring relevant medical information and a list of your current medicines. The dentist will examine your teeth, gums and bite, request imaging when it is clinically appropriate and explain which options are suitable. Ask what the recommended approach is meant to achieve, whether there are alternatives, what aftercare and maintenance involve, and what risks apply. Time, fees and recovery vary with the diagnosis and complexity of care. A written treatment plan helps you understand the stages and payment arrangements. Fees and finance terms can change, so confirm current written terms before you proceed.

How can we help?

If you are missing a tooth or wearing dentures and would like to explore implants, our team can arrange a consultation at one of our nine Core Dental clinics. We quote before treatment starts and offer interest-free payment plans. You can read more about dental implants at Core Dental or options to replace a missing tooth . Call 13 13 16 or book online.

What an implant is, and what has to be assessed before one is offered

An implant is often described as a replacement tooth. The published description is more specific than that, and the specificity explains why the assessment comes first and why the timeline is what it is.

The Victorian Department of Health: "A dental implant is made of 2 main parts: a titanium screw that fuses with the jaw bone and a ceramic tooth that fits over the screw."

Two parts, doing two different jobs. The screw is the anchor and it is not simply held in place — it fuses with bone. The Department's companion guidance explains why titanium: "Titanium is a safe material that allows bone to grow around it." The ceramic tooth on top is the part you see, and it is the part that can be remade without disturbing the anchor.

What the implant achieves is stated in a way that distinguishes it from the alternatives: "Replaces a missing tooth or teeth, without damaging neighbouring teeth ." That is the structural argument for an implant over a bridge, where the Department notes that bridges "may involve removing a lot of healthy tooth structure on either side of the missing tooth".

The assessment is not a formality. The Department lists what has to be looked at: "The area of the missing tooth needs to be studied to make sure it is suitable for an implant. This includes looking at the gum and bone health, amount of space, your bite, and your general health."

Four things about the site, and one about you. Note "amount of space" and "your bite" — an implant has to fit the gap and function within how your teeth meet, which is why a gap that has been there a long time is not automatically ready for one. And "gum and bone health" is listed first for a reason we will come to.

Then the timeline, which is the part people most want a number for. The Department gives one: "It can take up to 6 months for the bone to fuse strongly to the screw. A temporary tooth may be provided for you to wear in the meantime."

Up to six months for fusion, with a temporary tooth available during it. Afterwards: "When the bone is ready, a mould (impression or digital scan) of the screw's position in your jaw is taken and sent to a lab for the ceramic tooth to be custom-made", and then "the tooth is attached to the screw". Its companion guidance adds that "several dental appointments are required for treatment planning, design and fitting of implants".

That is a published figure for a biological process, and it is worth not mistaking it for anything else. It is not a figure for how long an implant lasts — the published advice gives none of those — and it is not a promise that your own treatment takes six months. "Up to" is the Department's own wording.

On who does it , the published position is that implants "generally have high success rates but they require an additional level of training and expertise so you may need to be referred to another dentist or specialist". Note that the Department declines to put a number on "high success rates", and so do we. It also lists which recognised specialties do implant work — periodontist and oral maxillofacial surgeon — which is a more useful thing to ask about than a percentage.

Sources: Better Health Channel (Victorian Department of Health), Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025); Dental treatment, betterhealth.vic.gov.au (reviewed 3 June 2026). Both accessed 5 November 2026.

The four risks the published advice names — and the one people underestimate

The Department gives implants their own "what are the risks?" list. It is worth reading in full, because three of the four are about the long term rather than the surgery.

One: the ceramic tooth can fail. "The ceramic can chip or break and need replacing." That is the visible part, and replacing it does not mean losing the implant.

Two: the bone may not fuse. "The bone may not fuse to the implant, and the implant will need to be removed." This is the failure mode the six-month wait exists to detect. The Department names who is at greater risk: "People who are at a greater risk include those who: smoke; have diabetes; have some bone conditions such as osteoporosis; are immune compromised."

Four risk groups, and the Department quantifies none of them. We are not going to either — a risk group is not a probability, and converting one into a percentage would be inventing a figure. What it does mean is that these are things to raise before treatment planning, not after, which is why "your general health" is on the assessment list.

Three — and this is the underestimated one: cleaning. The Department's wording: "It is more difficult to clean around an implant than a natural tooth. Gum disease around an implant can be very difficult to treat. If severe, the implant will need to be removed. This area may no longer be suitable for future implants."

Read that last sentence again. A failed implant can leave the site unsuitable for another one. So the consequence of gum disease around an implant is not just losing the implant — it can be losing the option. That makes the daily cleaning routine around an implant a different proposition from cleaning a natural tooth, and it is why the published advice puts "gum and bone health" first in the assessment and says of cosmetic treatment generally that "most cosmetic dental treatment requires extra care at home to prevent tooth decay, gum disease or other problems. Cleaning the area well and having a healthy diet is essential."

An implant cannot decay. The tissue holding it absolutely can.

Four: anatomy. "Depending on your anatomy, there may be some risk of damage to nearby structures like nerves or sinuses." Which is a further argument for the imaging and planning stage, and for asking who is doing the surgery.

What the published advice does not say. It gives no success rate, no failure rate, no lifespan for an implant, and no figure for any of the four risk groups. Its one quantified statement about implants is the fusion time. Where you see an implant success percentage, ask where the number came from — it is not in the Victorian Department of Health's published advice, and a figure without a source behind it is not information.

And one practical note on alternatives, since the choice is rarely implant-or-nothing. The Department describes bridges and dentures on the same page, and is direct about dentures being "the most cost-effective way of replacing multiple teeth" while also being harder to keep stable than natural teeth. The useful conversation compares all three against your own gum health, bone, bite and budget.

Source: Better Health Channel (Victorian Department of Health), Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (page reviewed 12 December 2025; accessed 5 November 2026).

Frequently asked questions

Are dental implants painful?

Implant placement is usually done with local anaesthetic, and sedation may be discussed where appropriate. Some soreness and swelling afterwards is common and your dentist will explain how to manage it. Contact us if pain worsens.

How long do dental implants take?

Timing varies. Healing and fusion with bone take time, and a crown or denture is attached afterwards. Some situations may allow faster stages. Your dentist will explain the likely timeline for your mouth at your consultation.

How do I look after a dental implant?

Clean around an implant carefully every day, as you would natural teeth, and keep up regular check-ups and hygiene visits. Gum disease can affect implants, so good cleaning and review appointments are important.

Can anyone have dental implants?

Not everyone. Suitability depends on your general health, gum health and the amount and quality of bone in your jaw. Your dentist will assess you and may discuss other options if implants are not suitable.

Is there an alternative to titanium implants?

Yes. Zirconia is an alternative material for implants. Your dentist can explain the differences in materials and whether either suits your situation.

What is a dental implant made of?

Two parts. The Victorian Department of Health describes "a titanium screw that fuses with the jaw bone and a ceramic tooth that fits over the screw". Its companion guidance explains the choice of metal: "titanium is a safe material that allows bone to grow around it."

What does the dentist assess before recommending an implant?

The published advice is specific: the site "needs to be studied to make sure it is suitable for an implant. This includes looking at the gum and bone health, amount of space, your bite, and your general health." A long-standing gap is not automatically ready for an implant.

What happens if the bone does not fuse to the implant?

The implant comes out. The Department states that "the bone may not fuse to the implant, and the implant will need to be removed", and names those at greater risk: people who smoke, have diabetes, have some bone conditions such as osteoporosis, or are immune compromised. It does not publish a figure for any of those groups.

Is an implant easier to look after than a natural tooth?

No — harder. The published wording is that "it is more difficult to clean around an implant than a natural tooth", that "gum disease around an implant can be very difficult to treat", and that if it becomes severe "the implant will need to be removed. This area may no longer be suitable for future implants." The implant itself cannot decay; the tissue holding it can still be lost.

Does an implant affect the teeth either side?

That is one of its advantages in the published description: an implant "replaces a missing tooth or teeth, without damaging neighbouring teeth". By contrast, the Department notes that a bridge "may involve removing a lot of healthy tooth structure on either side of the missing tooth".

Related services and further reading

Dental implants

All about dental implants

Conventional implants

Immediate implants

All-on-4 dental implants

Implant-retained dentures

Options to replace a missing tooth

Does smoking affect dental implants?

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

Interest-free payment plans and HICAPS on-site claiming.

Call 13 13 16 or book online.

Contact Core Dental

Phone	13 13 16
Booking	Online at coredental.com.au, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), Sunday closed
Clinics	Southbank , South Melbourne , Caroline Springs , Carrum Downs , Epping , Wyndham , Berwick , Bayside , Glenferrie

This article is general in nature and does not replace advice from a registered dental practitioner who has examined you. Results, recovery times and potential risks vary for each individual. This information is intended for people over 18. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What are dental implants made from?

Dental implants are usually made from titanium, which is biocompatible and can bond with bone. Zirconia is an alternative material. Core Dental dentists can explain which may suit you after an examination.

What is osseointegration?

Osseointegration is the process where an implant fuses with the surrounding jawbone over a period of healing. At Core Dental our dentists explain this stage so you know what to expect before a crown is attached.

Can implants hold dentures in place at Core Dental?

Yes. Implants can anchor a partial or full denture to give it stability. Our Core Dental dentists can discuss whether implant-retained dentures suit your mouth and goals.

What are the benefits people consider with dental implants?

People often consider natural appearance, stability, independence from adjacent teeth and no need to remove the implant for cleaning. Core Dental dentists also explain limitations and risks, as implants do not suit everyone.

What are the risks of dental implants?

Risks include infection, problems with healing and implant failure. Smoking, some medical conditions and gum disease may affect healing. Core Dental dentists review your health and explain the risks before treatment.

Is zirconia an option instead of titanium?

Zirconia is an alternative to titanium for some implants. A Core Dental dentist can explain the differences and whether it suits your situation after an examination.

How do I get a quote for implants at Core Dental?

We quote before treatment starts. Call 13 13 16 or book online for a consultation, where your dentist explains your options and a written treatment plan. Fees and finance terms can change, so confirm them when you book.

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