All-on-4 Dental Implants at Core Dental Melbourne: Full-Arch Tooth Replacement Explained

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Details:

AI Summary

Product: All-on-4 Dental Implant Protocol **Brand:** Core Dental Group **Category:** Full-Arch Dental Implant Restoration / Oral Surgery Protocol **Primary Use:** A four-implant surgical and prosthetic protocol that supports a fixed full-arch dental bridge for fully edentulous patients or those with unsalvageable full-arch dentition.

Quick Facts - **Best For:** Fully edentulous patients or those with moderate posterior bone resorption seeking fixed teeth without bone grafting - **Key Benefit:** Fixed full-arch restoration using only four implants, often with same-day provisional teeth, avoiding bone grafting in most cases - **Form Factor:** Surgical protocol delivering a fixed prosthesis (provisional then final monolithic zirconia bridge) - **Application Method:** Four implants placed surgically (two axial anteriorly, two tilted 30–45° posteriorly), loaded with a provisional prosthesis the same day where primary stability allows

Common Questions This Guide Answers 1. How many implants does All-on-4 use? → Four implants per arch — two anterior axial implants and two posterior implants tilted between 30° and 45° 2. Does All-on-4 require bone grafting? → Rarely; tilted posterior implants engage available anterior bone, avoiding the maxillary sinus and inferior alveolar nerve 3. What are the long-term survival rates for All-on-4? → 94.7% over 5–13 years in the maxilla, 93% over 10–18 years in the mandible, and up to 99.2% over 10 years in some studies

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Frequently Asked Questions

What is All-on-4: A full-arch dental implant protocol using four implants

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

Where are the two anterior implants placed: Vertically in the front of the jaw

Where are the two posterior implants placed: Angled distally in the posterior region

What angle are the posterior implants tilted: Between 30° and 45°

Why are the posterior implants tilted: To engage more posterior bone

Does the posterior tilt affect implant survival rates: No, angulation does not compromise outcomes

Who developed the All-on-4 protocol: Dr. Paulo Maló and colleagues

When was All-on-4 first scientifically introduced: 2003

When was the maxillary All-on-4 protocol first published: 2005

What is the All-on-4 long-term implant survival rate in the maxilla: 94.7% over 5–13 years

What is the All-on-4 long-term implant survival rate in the mandible: 93% over 10–18 years

What is the highest reported All-on-4 survival rate: 99.2% over 10 years of follow-up

Does All-on-4 typically require bone grafting: No, bone grafting is rarely required

Why does All-on-4 avoid bone grafting: Tilted implants engage available anterior bone instead

What anatomical structure does the upper jaw tilt avoid: The maxillary sinus

What anatomical structure does the lower jaw tilt avoid: The inferior alveolar nerve

What does AP spread mean: Anteroposterior distance between front and back implants

Why is maximising AP spread important: It improves distribution of biting forces

Can patients get teeth the same day as surgery: Yes, via immediate loading protocol

What is immediate loading: Attaching a provisional prosthesis on the day of surgery

Is same-day teeth delivery guaranteed: No, it depends on achieving adequate primary stability

What happens if primary stability is insufficient: A staged approach is taken instead

What is the same-day prosthesis: A provisional restoration, not the final bridge

Is the provisional prosthesis the final restoration: No, it is temporary for the healing phase

How long does osseointegration take: Typically 2–6 months

What happens during the stability dip: Mechanical grip weakens as bone remodelling begins

When does secondary stability emerge: Weeks 6–12 after surgery

When is the final prosthesis delivered: After osseointegration is confirmed

What is the final prosthesis made of: Monolithic zirconia

How is osseointegration confirmed: Via stability measurement and periapical radiograph

What imaging is used for All-on-4 treatment planning: CBCT 3D cone beam imaging

Why is CBCT imaging used: To map bone volume, density, and anatomical structures

What is prosthetically driven planning: Implant positions determined by final tooth position

Does Core Dental Group use digital planning software: Yes, to simulate surgery before incision

How many Core Dental Group locations offer All-on-4 in Melbourne: Seven locations

Is All-on-4 suitable for fully edentulous patients: Yes

Is All-on-4 suitable for patients with moderate posterior bone resorption: Yes

Is All-on-4 suitable for patients with severe anterior bone loss: No, alternative options are needed

Is All-on-4 suitable for patients with severe bruxism: No, All-on-6 or more implants may be preferred

Is All-on-4 suitable for patients with uncontrolled systemic conditions: No

What is the alternative for severe bone atrophy: Zygomatic implants or extensive grafting

What is the alternative for high parafunctional loads: All-on-6 or conventional full-arch restoration

How many implants does conventional full-arch restoration use: 6–8 implants per arch

Does conventional full-arch restoration more often require bone grafting: Yes

What is the treatment timeline for All-on-4: 3–6 months

What is the treatment timeline for conventional full-arch with grafting: 6–18 months

Is All-on-4 less expensive than conventional full-arch: Yes, due to fewer implants and less grafting

What type of prosthesis does All-on-4 support: A fixed full-arch bridge

What are multi-unit abutments: Angled components that compensate for implant tilt

What do multi-unit abutments achieve: Relative parallelism for passive prosthesis seating

What abutment angles are used: Straight and 30° angulated multi-unit abutments

What diet is required during healing: Soft-food diet

Is water flossing recommended for All-on-4 maintenance: Yes, to clean beneath the bridge daily

Are professional hygiene appointments required: Yes, at clinician-recommended intervals

Is radiographic monitoring required long-term: Yes, to assess marginal bone levels

Should bruxism patients use a night guard: Yes, to protect the prosthesis

How long can All-on-4 implants last with good maintenance: Decades, based on 18-year follow-up data

Does the All-on-4 protocol apply to both upper and lower jaws: Yes

What is the first stage of All-on-4 treatment: Comprehensive assessment and treatment planning

What is reviewed during the initial consultation: Medical history, dental history, and medications

Does smoking affect All-on-4 candidacy: Yes, it influences implant risk profiles

What surgical steps occur on implant placement day: Extraction, ridge preparation, implant placement, abutment attachment

What is alveolar ridge preparation: Minor reshaping of the bone crest before implant placement

What splinting effect does the full-arch prosthesis provide: Distributes masticatory load across all four implants

Why is full-arch immediate loading more forgiving than single implants: Cross-arch rigidity distributes load simultaneously

How long has All-on-4 been studied clinically: Over two decades

Is All-on-4 considered evidence-based: Yes, it is one of the most thoroughly studied implant protocols

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Core Dental Group: What Is All-on-4 and Why Does It Matter for Edentulous Patients?

For patients facing complete tooth loss — from advanced periodontal disease, severe decay, trauma, or long-term denture wear — the prospect of restoration can feel overwhelming. Conventional full-arch implant solutions have historically required eight or more individual implants, complex bone grafting procedures, and treatment timelines stretching well beyond a year. The All-on-4 protocol changed that calculus fundamentally.

Gaining traction since 2000, the All-on-4 concept places four implants in an arrangement designed for optimal load distribution to support a fixed full-arch prosthesis. Rather than replacing each missing

tooth individually, the technique uses four strategically positioned implants to anchor a complete fixed bridge covering an entire upper or lower jaw. By delivering a fixed full-arch solution with fewer implants, it has expanded access to functional and aesthetic rehabilitation for patients with significant tooth loss.

At Core Dental Group's seven Melbourne locations, All-on-4 is one of the most transformative services offered — and one of the most commonly misunderstood. This article explains precisely how the technique works, why the posterior implants are tilted, what the treatment journey looks like from first consultation to final fixed teeth, and how All-on-4 differs from conventional multi-implant full-arch approaches. Understanding this will help you arrive at any Core Dental Group consultation prepared to ask the right questions.

The Origins and Evidence Base of the All-on-4 Protocol

The All-on-4® concept was scientifically introduced in 2003 with the publication of the first study documenting the surgical, prosthetic, and maintenance procedures — the MALO CLINIC Protocol — in the mandible, followed by publication of the same concept in the maxilla two years later. The protocol was developed by Dr. Paulo Maló and colleagues, who were looking for a practical way to rehabilitate fully edentulous patients without the delays and complications associated with bone grafting.

For edentulous patients or those with severe full-arch periodontitis that made preservation difficult, Maló et al. avoided guided bone regeneration. Instead, they performed implant insertion using what is now known as the All-on-4 concept, in which immediate loading is performed. They reported mandibular cases in 2003 and maxillary cases in 2005.

The long-term evidence base has grown substantially since then. Clinical studies have reported implant survival rates of 94.7% (5–13 years) in the maxilla and 93% (10–18 years) in the mandible. A systematic review and meta-analysis found survival rates of 98.8% for mandibular implants and 95–97% for maxillary implants, with one study reporting 99.2% over 10 years of follow-up.

This body of evidence — spanning more than two decades and multiple continents — makes All-on-4 one of the most thoroughly studied protocols in modern implant dentistry.

The Core Biomechanical Principle: Why Four Implants Work

The implant configuration explained

The All-on-4 concept enables full-arch prosthetic restorations supported by only four implants. Two anterior implants are placed axially in the interforaminal region, while two posterior implants are tilted to make the most of available bone and reduce the need for grafting.

This is not an arbitrary arrangement. Each element serves a specific biomechanical purpose:

- Two anterior axial implants are placed vertically in the front of the jaw, where bone is typically denser and more predictable. These provide the anterior anchor points of the prosthesis. - Two posterior tilted implants are angled distally — typically between 30° and 45° — to engage more posterior bone, avoid critical anatomical structures, and maximise the span between the front and back support points.

The distance between the most anterior and most posterior implants — the anteroposterior (AP) spread — is maximised, which improves the distribution of biting forces and reduces stress on individual implants.

Why the posterior implants are tilted

The tilt of the posterior implants is the defining clinical innovation of All-on-4, and it serves three distinct functions.

Anatomical avoidance. Angling the implants helps avoid the maxillary sinus in the upper jaw and the inferior alveolar nerve in the lower jaw — areas where bone is often insufficient and where complications can arise.

Longer implant engagement. Tilted implants allow placement of longer implants in the posterior region while eliminating or reducing cantilever extensions. Longer implants mean greater bone-to-implant contact and better primary stability at placement.

Bone grafting avoidance. Using tilted implants in both the maxilla and mandible is a well-established alternative to grafting, with no significant clinical difference in success rates compared to axially placed implants — and patients generally find this approach more acceptable.

Research confirms that the angulation itself does not compromise outcomes. Chrcanovic et al. reported that differently angled implants may not affect implant survival rates or marginal bone loss.

The tilt angle is guided by each patient's specific anatomy rather than a fixed formula. Posterior implant tilting may range from 15° to 45°, depending on factors including avoidance of the inferior alveolar nerve, bypassing the mental foramen, engaging lateral cortical bone for initial stability, and achieving adequate anterior-posterior spread.

When All-on-4 Is Clinically Appropriate: The Ideal Patient Profile

All-on-4 is not the right fit for every patient requiring full-arch restoration. At Core Dental Group, the treatment planning process — anchored by CBCT 3D imaging — identifies whether a patient's anatomy, bone volume, and overall health make them a suitable candidate. (For a full discussion of candidacy factors, see our guide on *[Am I a Candidate for Dental Implants? Key Eligibility Factors & Disqualifying Conditions.](https://coredental.com.au/am-i-candidate-dental-implants/)*)

All-on-4 is typically indicated when:

- The patient is fully edentulous or has teeth deemed clinically unsalvageable across an entire arch - Moderate posterior bone resorption is present — enough to preclude straightforward posterior implant placement, but not so severe as to eliminate viable anterior bone - The patient wants to avoid bone grafting where possible, or is not suited to the extended timeline that major grafting requires - Immediate fixed teeth are a clinical and personal priority — the patient cannot or does not wish to wear a removable denture through a lengthy healing phase

All-on-4 is less appropriate when:

- Bone resorption is so severe that even anterior bone volume is insufficient for four implants (zygomatic implants or extensive grafting may then be indicated) - The patient has active, uncontrolled systemic conditions that contraindicate implant surgery - The patient's bite pattern or parafunctional habits — such as severe bruxism — create loading conditions that exceed what four implants can reliably manage, in which case All-on-6 or conventional full-arch restoration with more implants may be preferred

(For a structured comparison of All-on-4, All-on-6, and conventional full-arch implant options, see our guide on *[All-on-4 vs. All-on-6 vs. Conventional Full-Arch Implants: Comparing Full-Mouth Restoration Options.](https://coredental.com.au/all-on-4-vs-all-on-6/)*)

All-on-4 vs. Conventional Full-Arch Implant Solutions: A Clinical Comparison

| Feature | All-on-4 | Conventional Full-Arch (6–8 implants) | |---|---|---| | **Number of implants** | 4 per arch | 6–8 per arch | | **Posterior implant angle** | Tilted 30–45° | Typically axial | | **Bone grafting

required** | Rarely | More frequently | | **Same-day provisional teeth** | Standard protocol | Less common | | **Total treatment timeline** | 3–6 months | 6–18 months (if grafting required) | | **Prosthesis type** | Fixed full-arch bridge | Fixed full-arch bridge | | **Ideal bone volume** | Moderate resorption tolerated | Adequate bone preferred | | **Cost** | Lower (fewer implants, less grafting) | Higher (more implants, possible grafting) |

The key clinical distinction is not simply the number of implants — it is the relationship between bone volume, anatomical constraints, and the desired treatment timeline. Where a patient has sufficient posterior bone to support axial implants in ideal positions, a conventional multi-implant approach may offer advantages in load distribution. Where posterior bone is deficient, All-on-4's tilted configuration is a biomechanically sound alternative that avoids the morbidity and delay of major grafting.

(For a broader comparison of implants against dentures and bridges, see our guide on *[Dental Implants vs. Dentures vs. Bridges: Which Tooth Replacement Option Is Right for You?](https://coredental.com.au/dental-implants-vs-dentures-vs-bridges/)*

The All-on-4 Treatment Journey at Core Dental Group Melbourne

Stage 1: Comprehensive assessment and treatment planning

Every All-on-4 case at Core Dental Group begins with a thorough clinical assessment, covering:

- Medical and dental history review, including medications, systemic conditions, and smoking status — all of which influence implant risk profiles - CBCT 3D cone beam imaging to map bone volume, density, and the precise location of anatomical structures including the maxillary sinus, mental foramen, and inferior alveolar nerve canal - Prosthetic planning — working backwards from the desired tooth position to determine optimal implant placement angles and positions

This prosthetically driven planning approach is fundamental. Implant positions are determined by where the final teeth need to be, not simply where bone happens to be available. Digital planning software allows the surgical team at Core Dental Group to simulate the entire procedure before a single incision is made.

Stage 2: Surgical implant placement

On the day of surgery, the procedure typically follows this sequence:

1. Extraction of any remaining teeth in the arch being restored (if not already absent) 2. Alveolar ridge preparation — minor reshaping of the bone crest to create an optimal platform for the prosthesis 3. Placement of two anterior axial implants in the interforaminal or premaxillary region 4. Placement of two posterior tilted implants, angled to avoid anatomical structures and maximise bone engagement 5. Attachment of multi-unit abutments — angled components that compensate for the implant tilt and create a parallel platform for the prosthesis

Straight and 30° angulated multi-unit abutments with different collar heights are placed onto the implants to achieve the correct access, allowing relative parallelism so the rigid prosthesis can be seated passively.

Stage 3: Immediate loading — same-day provisional teeth

One of the defining features of All-on-4 is the ability to attach a provisional fixed prosthesis on the same day as implant placement. Multiple implants are placed and a provisional full-arch prosthesis is attached the same day, when initial stability and site health allow. You go home with new teeth while the bone heals.

This works because the cross-arch rigidity of the full-arch prosthesis distributes masticatory load across all four implants simultaneously. That splinting effect makes full-arch immediate loading more forgiving than single-implant immediate loading in the same bone quality — which is why same-day teeth are more consistently achievable for All-on-4 than for individual implants.

That said, immediate loading is not unconditionally guaranteed. It requires excellent primary stability; the implant must be stable enough at placement to support a temporary tooth without disrupting osseointegration. If intraoperative stability measurements fall below the required threshold, a staged approach is taken and the provisional prosthesis is delivered once early osseointegration is established.

The provisional prosthesis is specifically engineered for the healing phase — softer materials, reduced cusp angles, no cantilevered forces beyond the implants. It also provides cross-arch rigidity, which stabilises the implants against micromovement during healing.

Stage 4: Osseointegration and the healing period

Same-day teeth are provisional, and biological healing still typically takes 2–6 months. During this time, the titanium implant surfaces undergo osseointegration — the biological bonding of the implant to living bone. (For a detailed explanation of the osseointegration process, see our foundational guide on *[What Are Dental Implants? How They Work, Components & Who They're For.](https://coredental.com.au/what-are-dental-implants/)*)

The integration timeline generally follows this pattern: Weeks 0–2: Primary stability dominates; the provisional prosthesis must be carefully adjusted to minimise cantilever stress. Weeks 2–6: The "stability dip" period, where mechanical grip weakens as bone remodelling begins. Weeks 6–12: Secondary stability emerges as new bone colonises the implant surface. Months 3–6: Mature osseointegration; final prosthesis delivery becomes appropriate.

During this healing phase, patients follow a soft-food diet and specific oral hygiene protocols. (For full aftercare guidance, see our guide on *[Dental Implant Recovery & Aftercare: A Week-by-Week Guide to Healing After Surgery.](https://coredental.com.au/dental-implant-recovery-aftercare/)*)

Stage 5: Final prosthesis delivery

Once osseointegration is confirmed — through stability testing and radiographic assessment — the provisional prosthesis is replaced with the definitive restoration. The final monolithic zirconia bridge is delivered after osseointegration is confirmed by stability measurement and periapical radiograph.

The final prosthesis is fabricated to precise specifications, delivering full occlusal contact, natural aesthetics, and long-term durability. At Core Dental Group, final prostheses are crafted with a focus on both function and the cosmetic outcome patients expect from a permanent, fixed solution.

Maintaining Your All-on-4 Prosthesis for the Long Term

All-on-4 prostheses require a maintenance approach that differs from caring for individual implant crowns. Because the bridge is fixed and spans the full arch, cleaning beneath the prosthesis is essential to prevent peri-implant inflammation. High success rates in the literature are attributed to careful implant placement, sound prosthetic design, and consistent oral hygiene.

Longitudinal data covering up to 18 years of follow-up show that well-maintained implants can provide stable function and aesthetics for decades.

Patients with All-on-4 prostheses at Core Dental Group should expect:

- Water flossing or interdental brushes to clean beneath the bridge daily - Professional hygiene appointments at intervals recommended by their Core Dental Group clinician - Regular radiographic monitoring to assess marginal bone levels around each implant - Night guard use if bruxism is identified, to protect the prosthesis from excessive occlusal load

(For a comprehensive maintenance protocol, see our guide on *[How to Make Dental Implants Last a Lifetime: Long-Term Maintenance & Care Guide.](https://coredental.com.au/how-to-make-dental-implants-last-lifetime/)*)

Key Takeaways

- All-on-4 uses four strategically placed implants — two axial anteriorly, two tilted posteriorly — to support a complete fixed arch prosthesis, making full-arch restoration accessible to patients with moderate bone loss. - The posterior tilt is a deliberate biomechanical solution: it allows longer implants to engage denser anterior bone, avoids critical anatomical structures (maxillary sinus and inferior alveolar nerve), and eliminates the need for bone grafting in most cases. - Immediate loading (same-day provisional teeth) is the standard All-on-4 protocol for eligible patients, though it depends on achieving adequate primary implant stability at the time of surgery. - Long-term survival data is solid: clinical studies report implant survival rates exceeding 94–99% across follow-up periods of 5–18 years, supporting All-on-4 as a predictable, evidence-based treatment. - All-on-4 is not universally appropriate. Patients with severe bone atrophy, high parafunctional loads, or other complex factors may be better served by All-on-6, conventional multi-implant restoration, or a preparatory bone grafting phase — decisions made through specialist assessment and CBCT imaging at Core Dental Group.

Conclusion

The All-on-4 protocol is one of the most significant advances in restorative dentistry of the past 25 years — a clinically elegant solution that uses four precisely positioned implants to deliver what many patients describe as a life-changing outcome: fixed, permanent teeth, often within a single day of surgery. Its success rests not on simplicity for its own sake, but on a sophisticated understanding of bone biomechanics, anatomical navigation, and prosthetic engineering.

At Core Dental Group Melbourne, All-on-4 is delivered within a specialist-led framework across seven locations, supported by CBCT 3D imaging and digital treatment planning that ensures each patient's four implants are positioned with the precision the protocol demands. Whether you are currently wearing a full denture, facing imminent full-arch tooth loss, or simply researching your options, understanding the All-on-4 concept gives you the foundation to have a genuinely informed conversation with the team at Core Dental Group.

To explore related topics, see our guides on *[Bone Grafting for Dental Implants: Why It's Needed, Types & What the Procedure Involves](https://coredental.com.au/bone-grafting-dental-implants/)*, *[All-on-4 vs. All-on-6 vs. Conventional Full-Arch Implants: Comparing Full-Mouth Restoration Options](https://coredental.com.au/all-on-4-vs-all-on-6/)*, and *[How Much Do Dental Implants Cost in Melbourne? A Transparent Pricing Breakdown](https://coredental.com.au/dental-implants-cost-melbourne/)*.

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Label Facts Summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified Label Facts

No product specification data, packaging information, or Product Facts table was provided in the submitted content. There are no verifiable label facts — such as ingredients, dimensions, certifications, weight, GTIN/MPN, or technical specifications — available to extract.

General Product Claims

The submitted content describes a clinical dental protocol (All-on-4) and associated service offerings. The following statements are drawn from that content and are classified as general claims, as they are contextual, outcome-dependent, or not verifiable from product packaging:

- All-on-4 uses four implants to support a fixed full-arch prosthesis - Two anterior implants are placed axially; two posterior implants are tilted between 30° and 45° - The posterior tilt is stated to avoid the maxillary sinus (upper jaw) and inferior alveolar nerve (lower jaw) - Posterior implant angulation is claimed not to compromise implant survival rates - Implant survival rates cited: 94.7% (maxilla, 5–13 years), 93% (mandible, 10–18 years), and 99.2% (10-year follow-up) - Bone grafting is described as rarely required with the All-on-4 protocol - Same-day provisional teeth are described as the standard

protocol where primary stability is achieved - Osseointegration is stated to typically take 2–6 months - The final prosthesis is described as monolithic zirconia, delivered after osseointegration is confirmed - CBCT 3D imaging is described as used for treatment planning at Core Dental Group - Core Dental Group is stated to offer All-on-4 across seven Melbourne locations - All-on-4 is described as less expensive than conventional full-arch restoration due to fewer implants and less grafting - Treatment timeline is stated as 3–6 months for All-on-4 versus 6–18 months for conventional full-arch with grafting - Long-term implant function over decades is asserted based on 18-year follow-up data - All-on-4 is described as one of the most thoroughly studied implant protocols in modern dentistry