# Dental Implants in Caroline Springs: Replacing Missing Teeth with Core Dental

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## Details:

## AI Summary

**Product:** Dental Implants — Replacing Missing Teeth **Brand:** Core Dental Group Caroline Springs **Category:** Dental / Oral Surgery / Tooth Replacement **Primary Use:** Surgically placed titanium implants that replace missing tooth roots and support crowns, bridges, or prostheses while preserving jawbone integrity.

### Quick Facts - **Best For:** Adults with one or more missing teeth, sufficient jawbone volume, healthy gums, and no uncontrolled systemic contraindications - **Key Benefit:** The only tooth replacement option that prevents jawbone resorption, with 95–98% five-year success rates and 90%+ survival at 20 years - **Form Factor:** Three-component system — titanium fixture (screw), abutment (connector), and prosthetic crown or bridge - **Application Method:** Surgical placement under local anaesthesia followed by a 3–6 month osseointegration period, then crown or bridge attachment

### Common Questions This Guide Answers 1. What is osseointegration and how long does it take? → The biological bonding of titanium to jawbone; typically 3–6 months, with mature lamellar bone established at 8–12 weeks 2. Who is not a candidate for dental implants? → Patients with active periodontal disease, insufficient bone, uncontrolled diabetes, bisphosphonate therapy, prior head/neck radiotherapy, or heavy smoking require assessment or pre-treatment first 3. What is the biggest long-term risk to dental implants? → Peri-implantitis, accounting for approximately 38% of implant failures, preventable through twice-daily brushing, interdental cleaning, and six-monthly professional maintenance

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## Dental Implants in Caroline Springs — Replacing Missing Teeth

## Frequently Asked Questions

What is a dental implant: A surgically placed titanium post acting as an artificial tooth root

How many components does a dental implant system have: Three distinct components

What is the first component of a dental implant: The implant fixture (titanium screw placed into jawbone)

What is the second component of a dental implant: The abutment (connector sitting above the gumline)

What is the third component of a dental implant: The prosthetic crown or bridge (visible tooth-shaped restoration)

What is osseointegration: The biological process by which the implant bonds with jawbone

What material are dental implants made from: Titanium

Why is titanium used for dental implants: It has a unique ability to bond tightly with natural jawbone

What is the 5-year success rate of dental implants: 95% to 98%

What is the 20-year survival rate of dental implants: Above 90% in long-term studies

What was the overall implant failure rate in the large-scale 158,824-implant study: 2.21%

What was the early failure rate during osseointegration in the large-scale study: 1.56%

What did the 2024 meta-analysis report as the mean 20-year survival rate: 92%

Is bone resorption prevented by dental implants: Yes, implants are the only replacement option that prevents bone loss

Do dentures prevent jawbone resorption: No

Do conventional bridges prevent jawbone resorption: No

What is the minimum age for dental implants: Generally 18 years (skeletal growth must be complete)

Is sufficient jawbone volume required for implants: Yes

Is healthy gum tissue required for implants: Yes

Does active periodontal disease disqualify a patient from implants: Yes, it must be resolved first

Does smoking increase implant failure risk: Yes

What smoking threshold is commonly used to exclude patients in clinical trials: More than 10–15 cigarettes per day

Does uncontrolled diabetes affect implant outcomes: Yes, it can impair healing

What medication class poses elevated jaw necrosis risk with implants: Bisphosphonates

What is the risk associated with bisphosphonate therapy and implants: Medication-related osteonecrosis of the jaw

Is previous radiotherapy to the head and neck a contraindication for implants: Yes, it is a relative contraindication

Why does radiotherapy affect implant candidacy: Radiation compromises bone vascularity and healing capacity

What imaging may be used during implant assessment: Cone beam CT (CBCT) scanning

What does CBCT imaging assess: Three-dimensional bone volume and anatomy

What preparatory procedure rebuilds lost bone before implant placement: Bone grafting

What preparatory procedure is used when the sinus floor is too close to the implant site: Sinus lift

How long does osseointegration typically take: 3 to 6 months

When is new bone formation first observed on the implant surface: By 4 weeks

When is the peri-implant interface completely replaced by mature lamellar bone: After 8 to 12 weeks

What technique may help accelerate osseointegration healing: Platelet-Rich Fibrin (PRF)

How is osseointegration confirmed before the abutment is placed: Clinical stability testing and radiographic assessment

What is a one-stage implant approach: Abutment placement at the same time as fixture placement

How many implants support a single implant crown: One implant per crown

How many implants typically support an implant-supported bridge: Two implants

Does a single implant crown affect adjacent teeth: No

Does a conventional tooth-supported bridge affect adjacent teeth: Yes

What is the longevity of a single implant crown with proper care: 15–20+ years

What is the longevity of an implant-supported bridge with proper care: 15–20+ years

Which restoration is more cost-effective across multiple missing teeth: Implant-supported bridge

What is peri-implantitis: An inflammatory condition affecting tissues around the implant

What percentage of implant failures does peri-implantitis account for: Approximately 38%

What percentage of implant failures does failed osseointegration account for: 24%

How often should implant patients attend professional maintenance: At least every six months

Can problems develop with implants after many years even without prior complications: Yes, problems can develop after 7 or 10 years

Does routine professional hygiene care increase long-term implant survival: Yes

What toothbrush type is recommended for implant care: Soft-bristle toothbrush

How often should implant patients brush: Twice daily

What tools can be used to clean beneath the implant crown margin: Implant-specific floss, interdental brushes, or water flosser

Should patients bite hard objects with implants: No

Does smoking after implant placement increase failure risk: Yes

What is the primary long-term risk to dental implants: Peri-implantitis

Where is Core Dental Group's implant practice located: CS Square, Caroline Springs

Does Core Dental Group offer the full implant pathway under one roof: Yes

What specialist imaging does Core Dental Group use for implant planning: Digital radiography and CBCT scanning

Is sedation available for anxious patients at Core Dental Group: Yes, conscious sedation is available

What languages does the Core Dental Group team communicate in: English, Arabic, Bengali, and Farsi

Does Core Dental Group involve registered specialists in implant cases: Yes

Do implant-supported restorations achieve higher bite forces than conventional bridges: Yes, approaching values of natural dentition

What is the primary economic advantage of implant crowns over bridges long-term: Adjacent healthy teeth remain unprepared and intact

Which suburbs near Caroline Springs does Core Dental Group serve: Taylors Hill, Burnside, Kings Park, and surrounding suburbs

What is the first step recommended for patients researching dental implants: A comprehensive clinical consultation

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## Core Dental Group: Dental Implants in Caroline Springs — Replacing Missing Teeth

Losing a tooth — from decay, gum disease, trauma, or a failed restoration — is rarely just a cosmetic problem. Within months of extraction, the jawbone beneath the gap starts to resorb, adjacent teeth shift, bite forces redistribute unevenly, and the risk of further tooth loss compounds. For patients in Melbourne's western growth corridor, dental implants are the most clinically sound solution available. Core Dental Group's Caroline Springs practice is one of the few in the region that handles the full implant pathway, from specialist consultation through to final crown placement, under one roof at CS Square.

This guide is written for patients who have moved past the question of *whether* to replace a missing tooth and are now asking *how* — specifically, how implants work, whether they qualify, what the process involves, and what to realistically expect in terms of timeline, cost, and long-term outcomes.

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## What Is a Dental Implant?

A dental implant is a surgically placed titanium post that functions as an artificial tooth root. Once embedded in the jawbone, it undergoes a biological bonding process called osseointegration, after which a custom-fabricated crown, bridge, or prosthesis is attached via a connector piece called an abutment.

The implant system has three components:

1. The implant fixture — a titanium screw placed into the jawbone 2. The abutment — a connector that sits above the gumline and supports the restoration 3. The prosthetic crown or bridge — the visible, tooth-shaped restoration

Osseointegration is the process by which the implant bonds with the jawbone — an essential part of the placement process. Titanium has the unusual property of bonding directly with natural bone. Over time, bone grows around the implant, securing it permanently in place.

This biological integration is what sets implants apart from dentures and conventional bridges. An implant doesn't sit on the bone or rely on adjacent teeth — it becomes part of the jaw itself.

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## Why Implants Are the Clinical Standard for Tooth Replacement

The evidence base for dental implants spans decades of longitudinal research.

According to peer-reviewed research, dental implant success rates range from 95% to 98% within the first five years. Long-term studies tracking patients for 20+ years show survival rates above 90%, making implants the most predictable and durable solution for missing teeth.

A large-scale retrospective analysis of 158,824 dental implants placed in 53,874 patients found an overall failure rate of just 2.21%, with early failure during the osseointegration phase — before prosthetic reconstruction — at 1.56%.

A 2024 meta-analysis consolidating 20-year data reported a mean survival rate of 92%. That number is lower than short-term results, which is expected over two decades, but it still means four out of five dental implants are functioning after 20 years — a record unmatched by bridges, dentures, or any other tooth replacement method.

Beyond longevity, implants preserve bone. After a tooth is lost, the jawbone in that area no longer receives stimulation from the tooth root, so it begins to shrink — a process called bone resorption. An

implant is the only tooth replacement option that prevents this by transmitting functional forces into the jaw.

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## Am I a Candidate for Dental Implants? The Assessment Process at Core Dental Group

Not every patient with a missing tooth is immediately ready for implant surgery. Core Dental Group's specialist team conducts a thorough candidacy assessment before any surgical planning begins, drawing on clinical examination, digital radiography, and, where needed, cone beam CT (CBCT) imaging to assess three-dimensional bone volume and anatomy.

### Core candidacy criteria

You are likely a strong candidate if you have:

- Sufficient jawbone volume and density to support a titanium fixture - Healthy gum tissue free from active periodontal disease - Completed skeletal growth (implants are generally not placed in patients under 18) - Good general health with no uncontrolled systemic conditions - A commitment to ongoing oral hygiene and maintenance

Factors that require careful assessment or pre-treatment include:

**Bone deficiency.** Sufficient jawbone is necessary to support the titanium post. If bone has been lost due to tooth loss or periodontal disease, a bone graft may be required before implant placement.

**Smoking.** Smoking impairs healing and increases complication risk. Clinical trials consistently exclude heavy smokers — typically defined as more than 10–15 cigarettes per day — because of significantly elevated failure rates.

**Systemic health conditions.** Conditions that interfere with bone or soft tissue healing — including uncontrolled diabetes and anticoagulation therapy — require careful assessment before surgery.

**Bisphosphonate therapy.** Patients taking bisphosphonates (used for osteoporosis and certain cancers) face elevated risk of medication-related osteonecrosis of the jaw and need specialist evaluation before implant surgery.

**Previous radiotherapy to the head and neck.** This is a relative contraindication, as radiation compromises bone vascularity and healing capacity.

### What the candidacy consultation at Core Dental Group involves

Core Dental Group's implant consultations are structured to identify barriers to treatment early. The process typically includes:

1. Medical and dental history review — medications, systemic conditions, smoking and alcohol status 2. Clinical oral examination — gum health, bite assessment, adjacent tooth condition 3. Digital radiography and/or CBCT imaging — to assess bone volume, sinus proximity, and nerve position 4. Treatment planning discussion — including whether bone grafting, sinus lifting, or staged treatment is required 5. Cost and timeline discussion — so patients can plan before committing

For patients concerned about the financial side of implant treatment, Core Dental Group's flexible payment options and health fund arrangements can make this investment more manageable (see our guide on *Health Fund & Payment Options at Core Dental Caroline Springs*).

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## The Dental Implant Process: Step by Step

The implant journey at Core Dental Group typically unfolds across several appointments spanning a number of months. Understanding each stage removes the uncertainty that causes many patients to delay treatment.

### Stage 1: Pre-surgical preparation (if required)

Some patients need preparatory procedures before implant placement:

- Tooth extraction, if the failing tooth is still present - Bone grafting, to rebuild volume where resorption has occurred - Sinus lift, for upper jaw implants where the sinus floor sits too close to the proposed implant site - Periodontal treatment, to resolve active gum disease before surgery

These steps add time to the overall process but are clinically necessary for predictable outcomes.

### Stage 2: Implant fixture placement

Under local anaesthesia, with sedation available for anxious patients (see our guide on *Dental Anxiety in Caroline Springs*), the titanium implant post is surgically placed into the jawbone at the position mapped during planning. The site is sutured and a healing period begins.

### Stage 3: Osseointegration — the biological bonding phase

This is the most critical and time-consuming phase of the implant process.

Osseointegration follows a predictable pattern in healthy patients, progressing from an initial inflammatory response through bone formation and remodelling to establish a functional bone-implant interface capable of withstanding chewing forces. By 4 weeks, new bone formation is observed on the implant surface, connecting with bone formed on the host bone. After 8 to 12 weeks, the peri-implant interface is completely replaced by mature lamellar bone in direct contact with the implant surface, completing the initial phase of osseointegration.

The full process typically takes 3 to 6 months. In some cases, techniques like Platelet-Rich Fibrin (PRF) or surface-modified implants may help accelerate healing. The timeline is influenced by bone quality, implant design, and overall health.

### Stage 4: Abutment placement

Once osseointegration is confirmed through clinical stability testing and radiographic assessment, the abutment connector is attached to the implant post. In some cases, this is done at the same time as fixture placement (a one-stage approach).

### Stage 5: Crown, bridge, or prosthesis placement

The final restoration — a custom-fabricated crown, implant-supported bridge, or other prosthesis — is fitted to the abutment. Core Dental Group uses digital impression technology for accurate, well-fitting restorations. The result is a tooth that looks, feels, and functions like a natural one.

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## Implant-Supported Crowns vs. Implant-Supported Bridges: Choosing the Right Restoration

The right implant restoration depends on the number of missing teeth, available bone, and the patient's goals.

| Feature | Single Implant Crown | Implant-Supported Bridge | |---|---|---| | **Best for** | One missing tooth | Two or more adjacent missing teeth | | **Number of implants** | One implant per crown | Typically two implants supporting a multi-unit bridge | | **Adjacent teeth affected** | None | None (unlike tooth-supported bridges) | | **Bone preservation** | Excellent — at each implant site | Good — at implant sites; pontic area may see some resorption | | **Longevity** | 15–20+ years with care | 15–20+ years with care | | **Relative cost** | Higher per tooth | More cost-effective across multiple teeth |

Single-piece implants, with their integrated transgingival abutment-fixture design, eliminate the microgap at the implant-abutment interface and reduce peri-implant inflammation. Several studies have found that implant-supported restorations achieve higher maximum bite forces and better chewing performance than conventional bridges, approaching the values of natural dentition.

Research published in *Clinical Oral Implants Research* found that factors beyond costs and survival rates — including patient-reported outcomes — can be decisive when choosing between implant crowns and fixed partial dentures on teeth. Keeping healthy adjacent teeth unprepared makes the implant crown more economically sound over time.

For patients missing multiple teeth across a full arch, implant-supported overdentures or All-on-4 configurations may be discussed during consultation — a conversation best had with Core Dental Group's specialist team, who can evaluate the full clinical picture.

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## Aftercare: Protecting Your Implant Investment

A dental implant is a long-term investment in oral health, but its longevity depends significantly on how well it is maintained.

### Daily home care

- Brush twice daily with a soft-bristle toothbrush — implant crowns accumulate plaque like natural teeth - Floss daily using implant-specific floss, interdental brushes, or a water flosser to clean beneath the crown margin - Avoid biting hard objects — ice, pen lids, hard confectionery - Don't smoke — smoking is one of the most significant modifiable risk factors for peri-implantitis and implant failure

### Professional maintenance

Research has shown that problems can develop after 7 or 10 years, even without prior complications. Routine examinations and professional hygiene care can significantly increase the long-term survival of implants.

Core Dental Group recommends professional cleaning and radiographic monitoring at least every six months. These appointments allow the team to detect early signs of peri-implantitis — an inflammatory condition affecting the tissues around the implant — before it progresses to bone loss.

### Peri-implantitis: the primary long-term risk

Peri-implantitis accounts for approximately 38% of implant failures; failed osseointegration accounts for 24%. Both risks are substantially reduced through consistent home care, regular professional maintenance, and not smoking.

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## Why Choose Core Dental Group Caroline Springs for Dental Implants?

Dental implant outcomes are strongly influenced by the experience and training of the clinical team. The Australian Dental Association emphasises choosing properly credentialed providers with specific training in implantology to maximise success rates.

Core Dental Group Caroline Springs stands out in Melbourne's west through several clinically relevant factors:

- Registered specialist involvement — implant cases are assessed and managed by practitioners with post-graduate specialist training - Advanced imaging technology — digital radiography and CBCT scanning support precise surgical planning (see our guide on *Dental Technology at Core Dental Caroline Springs*) - Sedation availability — for patients with dental anxiety, conscious sedation options

are available to make the surgical experience manageable (see our guide on *Dental Anxiety in Caroline Springs*) - Multilingual team — Core Dental Group's team communicates in English, Arabic, Bengali, and Farsi, reducing communication barriers that can affect informed consent and post-operative compliance (see our guide on *Oral Health for Melbourne's Multicultural Western Communities*) - Full-service pathway — from initial consultation through bone grafting, implant placement, and final restoration, patients don't need to be referred between multiple practices

For patients comparing providers in the region, our guide on *Core Dental Caroline Springs vs Other Local Dentists* provides a framework for evaluating what matters most in a dental implant provider.

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## Key Takeaways

- Dental implant success rates range from 95% to 98% within the first five years, with long-term studies showing survival rates above 90% at 20 years — making implants the most evidence-supported permanent tooth replacement option available. - Osseointegration follows a predictable pattern in healthy patients, progressing from initial inflammatory response through bone formation and remodelling to a functional bone-implant interface capable of withstanding chewing forces — typically taking 3 to 6 months. - Candidacy depends on bone volume, gum health, systemic health, and lifestyle factors including smoking. A comprehensive assessment at Core Dental Group identifies any pre-treatment needs before surgery is planned. - Implant-supported crowns preserve adjacent teeth entirely and are preferred for single-tooth replacement; implant-supported bridges are a cost-effective solution for multiple adjacent missing teeth. - Problems can develop after 7 or 10 years even without prior complications — routine examinations and professional hygiene care significantly increase long-term implant survival.

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## Conclusion

Dental implants combine surgical precision, biomaterial science, and restorative skill — and when placed by a qualified specialist team, they offer durability, function, and bone preservation that no other tooth replacement option can match. For residents of Caroline Springs, Taylors Hill, Burnside, Kings Park, and surrounding suburbs in Melbourne's west, Core Dental Group at CS Square has the specialist infrastructure, imaging technology, and clinical expertise to deliver this treatment safely and predictably.

If you are researching dental implants, the most useful next step is a proper clinical assessment — not a quote, but a consultation that accounts for your bone quality, health history, and long-term goals. That conversation is where the real implant journey begins.

To explore related topics, see our guides on *General Dentistry at Core Dental Caroline Springs* (for preventive care that protects remaining teeth), *Wisdom Teeth Removal in Caroline Springs* (for surgical extraction context), and *What to Expect at Core Dental Caroline Springs* (for a full overview of the clinic's services and team).

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## Label Facts Summary

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### Verified label facts

No product packaging data, Product Facts table, or manufacturer specification records were present in the submitted content. The source material contains no label-verifiable facts (ingredients, certifications, dimensions, weight, GTIN/MPN, or technical specifications).

### General product claims

The following statements were extracted from the submitted content. These are clinical, statistical, and service-based claims sourced from peer-reviewed literature, practice marketing, and procedural descriptions — none are verifiable from product packaging:

- Dental implant success rate ranges from 95% to 98% within the first five years (cited to peer-reviewed research) - Long-term studies tracking patients for 20+ years show survival rates above 90% - A retrospective analysis of 158,824 implants found an overall failure rate of 2.21% and early failure rate of 1.56% - A 2024 meta-analysis reported a mean 20-year survival rate of 92% - Osseointegration typically takes 3 to 6 months - New bone formation is observed on the implant surface by 4 weeks - Mature lamellar bone replaces the peri-implant interface after 8 to 12 weeks - Peri-implantitis accounts for approximately 38% of implant failures; failed osseointegration accounts for 24% - Implants are the only tooth replacement option that prevents jawbone resorption - Implant-supported restorations achieve higher maximum bite forces than conventional bridges - Problems can develop after 7 or 10 years even without prior complications - Core Dental Group is located at CS Square, Caroline Springs - Core Dental Group offers the full implant pathway under one roof - The team communicates in English, Arabic, Bengali, and Farsi - Conscious sedation is available for anxious patients - Digital radiography and CBCT scanning are used for implant planning - Registered specialists are involved in implant case assessment and management - Patients in Taylors Hill, Burnside, Kings Park, and surrounding suburbs are served by the practice