

Implant Dentures - Malvern East | Toorak - Victorian Dental Group

Canonical: <https://www.victoriandentalgroup.com.au/implant-dentures/>

Details:

The most common complaint from long-term denture wearers — particularly with a lower denture — is that it moves. It lifts when eating, shifts when talking, and can come out at the worst moment. An implant-retained denture solves that problem: a small number of implants in the jaw, and a denture that clips onto them.

Why lower dentures are the problem

An upper full denture covers the palate, which gives it a large surface area and good suction. A lower denture has none of that. It sits on a horseshoe-shaped ridge with the tongue on one side and the cheek on the other, both of which push it about, and the ridge itself shrinks over the years.

That is why implant-retained dentures exist, and why two implants in the lower jaw often transform the experience more than any amount of adjusting a conventional denture ever could.

How it works

Usually two implants in the lower jaw (sometimes more, and more are generally needed in the upper jaw) are placed in a minor surgical procedure under local anaesthetic. After they have integrated with the bone — typically three to six months — attachments are fitted, and a denture made or adapted to clip onto them.

The denture is still removable. You take it out to clean it and at night, exactly as with a conventional denture. The difference is that when it is in, it stays put.

The attachments

Stud or locator attachments are the most common. A small abutment sits on each implant, and a nylon insert in the denture clips over it. Inserts come in different retention strengths, so the grip can be adjusted to what you find comfortable.

Bar attachments join the implants with a metal bar and the denture clips over the whole bar. More retentive and more even in load sharing, more expensive, and harder to clean.

Magnetic attachments are gentler and easier for people with limited hand dexterity, at the cost of less retention.

Your practitioner will recommend based on your bone, your dexterity and how much retention you want.

Who provides this treatment here

Victorian Dental Group is a general dental practice, and implant treatment here is provided by our general dentists. None of our practitioners holds specialist registration. Complex cases — significant bone loss, grafting, full fixed-arch work — are referred to a registered oral and maxillofacial surgeon or periodontist. We will tell you at the planning stage which applies.

Is it suitable for you?

You have a full denture, or are about to, and want it stable

Your medical health allows a minor surgical procedure

There is enough bone to hold the implants — assessed with our on-site OPG and 3D imaging where needed

You do not smoke, or are willing to stop; smoking measurably reduces implant success

Gum disease elsewhere in the mouth is under control

You can manage the daily cleaning, or have help available

The sequence

Consultation and imaging. Assessment of bone, existing denture and general health, with a written plan and costs.

Implant placement. A minor surgical procedure under local anaesthetic, usually under an hour for two implants. Your existing denture is often adjusted and relined with a soft material so you can keep wearing it.

Healing. Three to six months while the bone integrates with the implants.

Attachment fitting. The abutments are connected and the denture is either adapted to clip on or a new one is made.

Review and adjustment. A few short visits to settle the fit and the retention strength.

Recovery from the surgery

Swelling and discomfort for a few days, managed with ordinary pain relief. Soft food initially. Do not wear the denture over the surgical sites until told it is safe, usually after the first review, because pressure on healing implants can compromise them.

Call us if bleeding will not stop, if swelling increases after day three, if pain worsens rather than eases, or if numbness in the lip or chin persists.

What it offers

Stability — the denture does not lift, slip or drop, particularly the lower one

Better chewing and a broader diet, which matters for nutrition in older adults

Confidence speaking and eating in company

Slower bone loss around the implants, though bone elsewhere under the denture still shrinks over time

Lower cost than a fixed implant bridge , because far fewer implants are needed

Removable for cleaning , which is easier to keep hygienic than a fixed full-arch bridge

No adhesive , which many people rate as the single biggest improvement

What it does not remove

This is still a denture. It still sits on the gums, needs daily cleaning, and comes out at night. It will still need relining as the gums beneath it change. And the clip components wear — the nylon inserts in the attachments typically need replacing every year or so, and the attachment housings periodically. Ongoing maintenance is part of the deal, not a sign something has gone wrong.

Budget for that maintenance from the start. It is modest per visit and it is not optional.

Removable or fixed?

An implant overdenture clips on and can be removed. A fixed implant bridge is screwed onto four or more implants and stays in permanently. Fixed feels most like natural teeth, costs considerably more, needs more implants and more bone, and is harder to keep clean. The removable option suits people for whom the fixed option is ruled out by bone, medical history, cost or preference — and it is a good solution in its own right, not a consolation prize.

Overdentures also give good lip and facial support where that has been lost, which a fixed bridge sometimes cannot.

Overdenture	Fixed full arch	---	---	---	Implants needed	Usually 2–4	Usually 4–6	
Removable	Yes	No	Cleaning	Easier, out of the mouth	Harder, in place	Lip support	Good	
Sometimes limited	Cost	Lower	Considerably higher					

Risks

Those of any implant surgery: infection, pain and swelling, failure of an implant to integrate (with a further attempt possible), nerve injury with lower implants near the nerve to the lip and chin — usually temporary, occasionally permanent — and, in the long term, peri-implantitis, gum disease around an implant, which is the main reason implants are lost and which good cleaning largely prevents. Your dentist will go through the risks relevant to your case before you consent.

Daily care

Take the denture out and clean it with a soft brush and denture cleaner, not toothpaste and not hot water

Clean around each implant attachment with a soft brush every day. They collect plaque exactly as teeth do, and this is what prevents peri-implantitis

Rinse or gently brush the gums and palate

Leave the denture out overnight in water or a denture solution

Keep regular check-ups, at least six-monthly, so the implants, gums, fit and attachments can be assessed

Bleeding around an implant is not normal. Mention it rather than waiting.

Cost

The total depends on the number of implants, whether your existing denture can be adapted or a new one is needed, the attachment type, and any preparatory treatment. You receive a written plan with all costs before anything begins.

Health fund cover for implants varies widely and is often limited, with waiting periods of up to twelve months; ask us for the item numbers to check. Afterpay and Zip accepted. See payment options .

Read more about dentures , dental implants or implants versus dentures .

Victorian Dental Group — 291 Wattletree Road, Malvern East VIC 3145 · (03) 9088 5808 · Monday to Friday, 8:00am–5:00pm · [book online](#)

This page is general information and does not replace advice from a registered dental practitioner about your own circumstances. Any surgical or invasive procedure carries risks; outcomes vary between individuals. Please see our [Disclaimer](#) .

What are implant dentures?

Implant dentures, also known as implant overdentures or implant-retained dentures, are a dental treatment that uses a limited number of strategically placed dental implants anchored in the jawbone

through a minor surgical procedure. A special attachment system allows the denture to clip on and off the implants for cleaning and maintenance.

What is the biggest problem long-term denture wearers face that implant dentures address?

The biggest problem long-term denture wearers encounter is a lack of retention and denture movement, which can cause difficulty eating, gum irritation, or the dentures easily falling out of the mouth—issues that can significantly affect quality of life.

Who might be a good candidate for implant-retained dentures?

Implant overdentures may be suitable for patients who desire improved denture retention and stability, have a medical health status that allows for a minor surgical procedure, and have sufficient bone (as determined through specialized x-rays) to accommodate the implants.

How do implant dentures differ from fixed implant options in terms of removability?

Unlike fixed implant options, implant dentures remain removable—the denture clips onto the implants via a special attachment system but can still be taken out for cleaning and maintenance.

What benefits do implant dentures offer over traditional complete dentures?

Implant dentures offer enhanced retention and stability, removability for cleaning, improved ability to chew (allowing a broader array of food choices with positive impact on nutrition), and improved appearance and quality of life due to increased stability.

Does getting implant dentures require surgery?

Yes, implant dentures involve a minor surgical procedure to place a limited number of dental implants in the jawbone, which then anchor and support the denture.

Where is Victorian Dental Group, the provider of this implant dentures service, located?

We are located at 291 Wattletree Rd, Malvern East, VIC 3145, Australia, and also serves the Toorak area.

How can existing dentures be adapted for implant support?

According to the page's knowledge base, careful planning is undertaken and an existing denture may need to be remade before implants are placed to support it with a special attachment system.

Can I have this on the upper jaw?

Yes, and it usually needs more implants. It also allows the palate to be cut away on some designs, which many people find a considerable improvement to taste and comfort.

What if an implant fails?

An overdenture can often still function on the remaining implant while a replacement is planned.

Do I still need to see the dentist?

Yes, at least every six months. Implants need monitoring and the components need servicing.

How hard is it to clip in and out?

It takes a little practice and then becomes automatic. Retention can be adjusted if it is too tight or too loose.

Can I use my existing denture?

Often yes, if it is in good condition and fits well. Sometimes a new one gives a better result.

Will it feel like real teeth?

More than a conventional denture, less than a fixed bridge. The biggest change most people report is being able to eat without thinking about it.