

# Dental Implant Surgery — Oral & Maxillofacial Surgeon Perspective

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# Dental Implant Surgery — Oral & Maxillofacial Surgeon Perspective

## What Is the Surgical Stage of Implant Placement?

A dental implant is a titanium fixture — essentially an artificial tooth root — that is surgically placed into the jawbone to support a crown, bridge, or prosthesis. The implant process involves two distinct phases, managed by two distinct specialties:

- **The surgical phase** — placement of the titanium implant into bone — is performed by a surgical specialist: an oral and maxillofacial surgeon or a specialist periodontist. - **The restorative phase** — designing, fabricating, and fitting the crown or prosthesis that attaches to the implant — is performed by a specialist prosthodontist.

This page focuses on the **surgical placement** component, as performed by our oral and maxillofacial surgery team. For information on implant-supported crowns, bridges, dentures, and full-arch rehabilitation, please see [Dental Implants — Prosthodontics](/prosthodontics/dental-implants-prostho/). For periodontal maintenance of implants, see [Dental Implants — Periodontics](/periodontics/dental-implants-perio/).

Oral and maxillofacial surgeons are particularly suited to complex implant surgical cases: patients requiring bone grafting prior to or concurrent with implant placement, cases involving proximity to the inferior alveolar nerve or maxillary sinus, zygomatic implants, full-arch reconstructions, and procedures where general anaesthesia or IV sedation is clinically indicated.

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## When Might You Need Implant Surgery with an OMS?

Referral to an oral and maxillofacial surgeon for the surgical component of implant treatment is particularly appropriate when:

- **Significant bone loss** has occurred following tooth extraction, periodontal disease, or trauma, requiring complex grafting before or during implant placement - **Proximity to critical anatomy** — the inferior alveolar nerve in the lower jaw, or the maxillary sinus in the upper jaw — demands precise three-dimensional planning and surgical control - **Multiple simultaneous implants** are planned as part of a full-arch or staged reconstruction - **Sinus floor augmentation** is required to create sufficient bone height for upper jaw implants - **General anaesthesia** is appropriate due to medical history, significant anxiety, or the extent of surgery - **Post-trauma or post-oncology reconstruction** requires implant placement as part of a broader jaw rehabilitation programme - **Paediatric or craniofacial considerations** necessitate specialist surgical oversight - **Prior implant complications** — including failed implants requiring removal and site preparation — require surgical management before re-implantation

In straightforward implant cases with adequate bone volume, periodontal specialists can equally perform this surgical stage; the clinical decision about which specialist is most appropriate is made in consultation with your referring dentist and the treating team.

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## ## What to Expect — Step by Step

**1. Consultation and Three-Dimensional Planning** The surgical consultation includes a thorough clinical examination and review of your medical and dental history. For implant surgery, three-dimensional cone beam CT (CBCT) imaging using the Planmeca ProMax 3D Max is standard. This generates a detailed volumetric image of the jaw, allowing the surgeon to measure available bone height and width, identify the precise location of anatomical structures, and plan implant position, diameter, and angulation before any surgery begins.

At Collins Street Specialist Centre, implant planning is performed using **coDiagnostiX** software, which allows virtual placement of implants within the three-dimensional scan, confirms anatomical clearances, and can generate a surgical guide — a custom-printed template worn during surgery to direct the drill to the precisely planned position with sub-millimetre accuracy.

The **iCam 4D implant scanner** provides high-resolution measurement of bone density and soft tissue architecture at the implant site, informing decisions about timing, technique, and the need for adjunctive grafting.

**2. Anaesthesia Options** Surgical implant placement is typically performed under local anaesthesia with the option of intravenous sedation for patient comfort. When multiple implants are being placed simultaneously, when bone grafting is performed concurrently, or when medical factors indicate, general anaesthesia in a hospital or day surgery facility is arranged by the OMS team.

**3. Surgical Placement** A small incision is made in the gum overlying the implant site. The bone is prepared using a series of precisely calibrated drills — guided by the surgical template where used — and the titanium implant fixture is placed to the planned depth and angulation. The gum is closed with sutures. Where a healing abutment is placed at the same appointment (single-stage surgery), a small collar of the implant may remain visible above the gumline.

Where immediate placement into a fresh extraction socket is planned, this is coordinated to minimise the number of surgical procedures required.

**4. Osseointegration Period** The implant must integrate with the surrounding bone — a biological process called osseointegration — before loading with a prosthesis. This typically takes 8–12 weeks in the lower jaw and 12–16 weeks in the upper jaw, depending on bone density and whether grafting was required. During this period, a temporary solution is often provided by the prosthodontic team.

**\*\*5. Handover to Prosthodontics\*\*** Once integration is confirmed, care transitions to the specialist prosthodontist for the restorative phase: impression-taking, crown or prosthesis design, and final fitting. At Collins Street Specialist Centre, this handover occurs within the same building, facilitating direct communication between the surgical and restorative teams.

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## ## Recovery and Aftercare

Healing following implant placement surgery is generally well-tolerated:

- **\*\*Days 1–3:\*\*** Mild to moderate swelling and discomfort are expected. Soft diet, prescribed analgesics and anti-inflammatories, and diligent oral hygiene around the site (without direct brush contact) are important. - **\*\*Week 1–2:\*\*** Swelling resolves progressively. Non-resorbable sutures are removed at a follow-up appointment. Normal diet can usually resume gradually. - **\*\*Osseointegration phase:\*\*** No specific restriction beyond avoiding heavy impact to the area. Implant sites must be kept clean; the hygienist will provide specific instruction. - **\*\*Review:\*\*** The surgeon monitors integration with clinical and radiographic assessment before clearing the case for the prosthetic phase.

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## ## Why See an Oral & Maxillofacial Surgeon for Implant Surgery?

The surgical precision required for implant placement — and the stakes involved when working adjacent to nerves, sinuses, and adjacent teeth — demands the highest level of surgical training. Oral and maxillofacial surgeons complete 15–17 years of continuous education including a full dental degree, a medical degree, and a four-year postgraduate surgical specialty. This medical foundation is particularly relevant in complex implant cases where anatomical risk, anaesthesia selection, and systemic health factors intersect.

The integration of digital planning tools — virtual implant positioning, surgical guides, and volumetric bone assessment — with specialist surgical execution offers patients a level of precision that significantly reduces the risk of nerve injury, sinus perforation, implant malpositioning, and prosthetic misfit.

At Collins Street Specialist Centre, the surgical and prosthetic teams collaborate across disciplines under one roof, enabling seamless coordination from first consultation through to the final restoration.

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## ## Our Specialists

**\*\*A/Prof Patrishia Bordbar\*\*** — Specialist Oral & Craniomaxillofacial Surgeon. BSc, MBBS (Hons), MSc (OMS), FRACDS (OMS), FRCS (Edinburgh). Clinical A/Professor, University of Melbourne. Past President ANZAOMS. Chair, AOMI Board Oceania. A/Prof Bordbar applies digital and virtual planning technologies across her implant surgical work, and manages complex cases including full-arch implant reconstruction, bone-deficient sites, and cases requiring GA.

**\*\*Dr Ricky Kumar\*\*** — Specialist Oral & Maxillofacial Surgeon. BHB, MBChB, BDS, FRACDS (OMS). Fellowships at the Royal Children's Hospital Melbourne and Oxford University Hospitals. Broad experience across implant surgery and complex dento-alveolar cases. \*Please confirm Dr Kumar's availability at the time of booking.\*

Our OMS team consults from **\*\*Level 12 & Tower, Manchester Unity Building, 220 Collins Street, Melbourne CBD\*\***.

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## ## Related Treatments

- **Dental Implants — Prosthodontics** (/prosthodontics/dental-implants-prostho/) — Crown, bridge, and prosthesis design and placement after surgical integration - **All-on-4 Full Arch Rehabilitation** (/prosthodontics/all-on-4/) — Full-arch prosthetics supported by a fixed number of implants - **Bone Grafting (OMS)** (/oral-maxillofacial-surgery/bone-grafting-oms/) — Where bone volume must be rebuilt before or during implant placement - **Bone Grafting (Periodontics)** (/periodontics/bone-grafting-perio/) — Smaller-scale grafting for implant site development - **Sinus Lift** (/periodontics/sinus-lift/) — Sinus augmentation for upper jaw implants - **Dental Implants — Periodontics** (/periodontics/dental-implants-perio/) — Periodontal-phase implant placement and maintenance