Full Mouth Rehabilitation

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/procedures/prosthodontics/full-mouth-rehabilitation/

Description:

--- title: "Full Mouth Rehabilitation" slug: /prosthodontics/full-mouth-rehabilitation/ type: procedure specialty: prosthodontics specialists: ["Prof Vasileios Chronopoulos", "Dr Fotios Angelis", "Dr ...

Details:

--- title: "Full Mouth Rehabilitation" slug: /prosthodontics/full-mouth-rehabilitation/ type: procedure specialty: prosthodontics specialists: ["Prof Vasileios Chronopoulos", "Dr Fotios Angelis", "Dr Jamie Foong", "Dr Simon Hinckfuss"] related: - /prosthodontics/all-on-4/ - /prosthodontics/dental-implants-prostho/ - /prosthodontics/dental-crowns/ - /prosthodontics/dental-bridges/ - /prosthodontics/veneers/ - /prosthodontics/dentures/ - /periodontics/dental-implants-perio/ - /periodontics/bone-grafting-perio/ - /endodontics/root-canal-treatment/ - /oral-maxillofacial-surgery/orthognathic-surgery/ seo_target: "full mouth rehabilitation specialist Melbourne prosthodontist" ---

Full Mouth Rehabilitation

What Is Full Mouth Rehabilitation?

Full mouth rehabilitation — also referred to as full arch reconstruction or comprehensive occlusal rehabilitation — is the systematic restoration of all or most of the teeth in both arches, addressing function, structure, and aesthetics in a coordinated treatment plan.

It is not a single procedure but a series of precisely sequenced interventions, often spanning multiple disciplines. The prosthodontist acts as the treatment coordinator: assessing the existing bite relationship, planning the final restorative outcome, and directing the sequence of surgical, periodontal, endodontic, and orthodontic treatment that may be required before the definitive restorations can be placed.

Full mouth rehabilitation is indicated when a patient's dental situation cannot be adequately addressed by isolated treatment of individual teeth — when the underlying problems affect the bite, the jaw relationship, the bone level, or the structural integrity of the dentition as a whole.

When Might You Need Full Mouth Rehabilitation?

The conditions that lead to a need for full mouth rehabilitation are varied, but they share a common thread: the cumulative effect of damage or change across many or all teeth such that piecemeal repair is not a viable long-term strategy.

Severe Tooth Wear (Erosion, Attrition, Abrasion)

Tooth structure is irreplaceable. When teeth have been worn down through years of bruxism (grinding), acid erosion from reflux or dietary causes, or abrasive habits, the vertical height of the bite decreases — the face "closes down" — and the remaining tooth structure becomes increasingly fragile.

Restoring worn dentition is among the most technically demanding challenges in prosthodontics. The bite must first be reassessed and re-established at a new vertical dimension before definitive restorations can be placed. This requires careful pre-treatment planning, a diagnostic wax-up, and a period of adaptation at the new bite height before any permanent restoration is cemented.

Advanced Periodontal Disease with Tooth Loss

Untreated or inadequately treated gum disease leads to progressive bone loss around the roots of teeth. By the time a patient presents for reconstruction, many teeth may have been lost, remaining teeth may have compromised bone support, and the bone ridges that would normally support implants may have resorbed significantly.

Rehabilitation in this context is a multidisciplinary undertaking: the periodontist addresses active disease and performs bone and gum grafting to create a stable environment; the oral and maxillofacial surgeon may be involved in complex bone reconstruction; and the prosthodontist designs and sequences the final restorative phase, which may combine implants, bridges, and crowns across both arches.

Multiple Failed or Failing Restorations

Patients who have accumulated a history of dental work — large fillings, old crowns, failed bridges, worn partial dentures — over many years may reach a point where individual repairs are no longer the most predictable approach. A comprehensive assessment and a coordinated full-arch rehabilitation plan often produce a more reliable and longer-lasting outcome than ongoing patch-by-patch management.

Developmental or Congenital Tooth Anomalies

Some patients present from a young age with conditions such as amelogenesis imperfecta (defective enamel formation), dentinogenesis imperfecta, or significant congenital absence of teeth. Full mouth rehabilitation in these cases may begin in adolescence and evolve across several stages as the patient's growth completes.

Severe Dental Trauma

Major facial trauma — accident-related or otherwise — can result in the loss of multiple teeth and associated bone and soft tissue. Reconstruction following significant trauma requires the coordination of multiple disciplines including maxillofacial surgery, periodontics, and prosthodontics.

Functional Problems

Patients with long-standing jaw joint (TMJ) pain, chronic muscular jaw pain, or significant bite discrepancies may require rehabilitation to establish a stable, comfortable bite position as part of managing these conditions.

What to Expect: Step-by-Step

Full mouth rehabilitation is a phased process. The exact sequence depends entirely on the clinical situation; the following represents the general framework.

Phase 1 — Comprehensive Assessment

The assessment phase is extensive and is not rushed. It includes:

- Clinical examination of every tooth, the gum tissue, the bone levels, and the jaw joints - Digital intraoral scanning using the 3Shape TRIOS 3 scanner - Photographic records (intraoral and extraoral) - Radiographic assessment — dental radiographs and, in complex cases, cone beam CT (CBCT)

imaging through Collins Street Imaging at Level 9 - Bite and jaw function assessment — recording the position of the jaws in centric relation, measuring the vertical dimension of occlusion, and evaluating the range and quality of jaw movement - Articulated study models, which capture the bite in three dimensions for laboratory analysis

The prosthodontist presents a comprehensive treatment plan that maps every tooth and the proposed restoration or intervention at each site, with a sequenced timeline.

Phase 2 — Preparatory Treatment

Before any definitive restoration begins, the foundation must be stable. Preparatory treatment typically includes:

- **Periodontal treatment** — gum disease must be treated and controlled before restorations are placed. The specialist periodontists at Collins Street Specialist Centre manage this component, providing the stable gum and bone environment that underpins long-term restoration success - **Endodontic treatment** — any teeth requiring root canal therapy are treated by the specialist endodontists before being crowned or used as bridge abutments - **Surgical preparation** — bone grafting, sinus lifts, implant placement, or gum recontouring as required - **Orthodontics** — in selected cases, repositioning teeth orthodontically before restorations are placed can reduce the number of crowns needed and improve the precision of the final occlusal relationship

Phase 3 — Occlusal Stabilisation and Provisional Phase

Before permanent restorations are cemented, the new bite position is established using provisional restorations — temporary crowns and bridges that reproduce the planned final outcome. The patient wears these for a period of weeks to months to confirm that the new bite position is comfortable, functional, and stable.

This provisional phase is critical. It is the safety net of full mouth rehabilitation — a chance to identify and correct any problems before irreversible permanent restorations are made.

Phase 4 — Definitive Restoration

Once the provisional phase is confirmed, definitive restorations are fabricated in the in-house dental laboratory. Depending on the case, this may involve:

- All-ceramic or zirconia crowns across multiple teeth - Fixed bridges (tooth-supported or implant-supported) - Porcelain veneers in the aesthetic zone - Implant crowns and abutments - Full-arch implant prostheses (All-on-4 or similar)

Restorations are seated in a coordinated sequence, maintaining the established occlusal relationships throughout. The CEREC CAD/CAM system (Primscan scanner + Primemill) can be used to mill certain restorations in-house, and the broader laboratory workflow uses Exocad DentalCAD for digital restoration design.

Phase 5 — Maintenance and Review

Completion of the restorative phase is not the end of the treatment relationship. Full mouth rehabilitation requires an ongoing maintenance programme:

- Regular professional review and cleaning - Monitoring of bone levels around implants and at teeth with previous periodontal compromise - Occlusal splint use at night for bruxing patients - Periodic photographs and bite assessments to detect any changes early

---

Recovery and Aftercare

Recovery from full mouth rehabilitation is specific to each phase of treatment — the surgical, periodontal, and endodontic phases each carry their own recovery requirements (detailed on the respective procedure pages). The prosthodontic stages themselves (crown preparation, fitting, cementation) are not significantly uncomfortable for most patients.

The overall timeline of treatment varies considerably. A straightforward full-arch reconstruction may take 6–12 months from initial assessment to final cementation. A complex case involving extensive bone grafting, implant placement and integration, and a full-arch provisional phase may span 18–24 months.

What patients consistently report: that the investment in the process is worthwhile. The ability to chew without pain, to speak clearly, and to present in social and professional settings without self-consciousness about their teeth represents a significant and lasting improvement in quality of life.

Why See a Specialist Prosthodontist?

Full mouth rehabilitation is the most complex domain of dentistry. It requires a clinician with the specific knowledge and experience to:

- Assess and establish the correct jaw position from first principles — a skill that takes years of specialist training to develop - Coordinate treatment across multiple specialties without losing the thread of the overall plan - Design a sequence of treatment that is logical, efficient, and minimises the risk of having to redo earlier work - Communicate the restorative vision to the laboratory with the precision required to produce restorations that fit, function, and look as planned - Manage patients through a lengthy treatment process with consistent clinical standards across every appointment

A specialist prosthodontist has completed a three-year, Dental Board-registered postgraduate clinical degree in which full mouth reconstruction is a core competency. This is not general dental practice with additional training; it is a distinct specialty with a specific scope.

The multidisciplinary structure at Collins Street Specialist Centre means that every component of a full mouth rehabilitation plan can be coordinated internally — from periodontics to endodontics to oral surgery — with specialists who know each other, share digital records, and collaborate as colleagues rather than working in isolation across multiple unconnected practices.

Our Specialists

Prof Vasileios Chronopoulos DDS, MS, PhD (Pros) Specialist Prosthodontist with over 30 years of experience in aesthetic and functional full-mouth reconstructions. Internationally recognised for his work in smile rehabilitation, worn dentition, and complex implant reconstruction. National and international lecturer.

Dr Fotios Angelis BDS (Hons)(Melb), DClinDent (Melb) Specialist Prosthodontist with expertise in complex reconstructive dental care, including multidisciplinary full-arch rehabilitation.

Dr Jamie Foong BDSc (Melb), DClinDent (Melb) Specialist Prosthodontist with experience in occlusal rehabilitation and restorative reconstruction, and a clinical supervisor at the University of Melbourne.

Dr Simon Hinckfuss BDSc, DCD (Pros), Cert.Perio MS (Minn) The only clinician registered in Australia as both a Specialist Prosthodontist and a Specialist Periodontist. This dual expertise is particularly valuable in complex full-mouth cases where periodontal health is foundational to the restorative outcome.

All specialists hold current registration with the Dental Board of Australia. AHPRA specialist registration can be independently verified online.

Related Treatments

Full mouth rehabilitation integrates components from across all dental specialties available at Collins Street Specialist Centre:

Prosthodontics: - **[Dental Crowns](/prosthodontics/dental-crowns/)** — The core restorative unit in most full-arch plans - **[Dental Bridges](/prosthodontics/dental-bridges/)** — Fixed bridges to span gaps within the arch - **[Porcelain Veneers](/prosthodontics/veneers/)** — Aesthetic facings for the front teeth where structure is preserved - **[All-on-4 Rehabilitation](/prosthodontics/all-on-4/)** — Full-arch implant solution for edentulous or near-edentulous arches - **[Dental Implants (Prosthetic Restoration)](/prosthodontics/dental-implants-prostho/)** — Individual implant crowns and bridges as part of the reconstructive plan - **[Dentures](/prosthodontics/dentures/)** — Removable options within a broader rehabilitation plan

Supporting Specialties: - **[Periodontal Treatment](/periodontics/gum-disease/)** — Foundation gum and bone management before reconstruction - **[Bone Grafting (Periodontics)](/periodontics/bone-grafting-perio/)** — Rebuilding bone support for implants - **[Dental Implant Surgery (Periodontics)](/periodontics/dental-implants-perio/)** — Surgical placement by the specialist periodontist - **[Root Canal Treatment](/endodontics/root-canal-treatment/)** — Treating compromised teeth before they are restored with crowns - **[Orthognathic Surgery](/oral-maxillofacial-surgery/orthognathic-surgery/)** — Jaw repositioning in cases where skeletal discrepancy underlies the bite problem - **[Bone Grafting (OMS)](/oral-maxillofacial-surgery/bone-grafting-oms/)** — Major bone reconstruction for severely deficient sites