

People rarely wake up excited to shop for an implant surgeon. More often there is a failing molar, a denture that will not stay put, or a gap that has bothered you for years. The decision to replace missing teeth affects how you eat, speak, and present yourself to the world, and it involves an investment of time and money. In London, Ontario, you have strong options, but the quality of your outcome depends as much on the clinician as on the implant itself. As someone who has worked alongside periodontists, restorative dentists, and lab technicians across Southwestern Ontario, I can tell you that a well planned case looks simple only because the hard thinking happened early.

## What a dental implants periodontist actually does

A periodontist is a dentist who has completed advanced specialty training in the gums, bone, and supporting structures of the teeth, followed by certification with the Royal College of Dental Surgeons of Ontario as a specialist in Periodontics. When that training is applied to implants, you get a clinician who understands not only how to place a titanium post, but how to engineer the soft tissue and bone around it so the final tooth looks natural and remains healthy for decades.

Periodontists focus on:

- Grafting bone or soft tissue to create a stable, aesthetic foundation before or during implant placement.
- Diagnosing and treating periodontal disease, which often coexists with tooth loss and can sabotage implant success if left unchecked.
- Working closely with your general dentist or prosthodontist to reverse engineer implant position from the planned crown, bridge, or denture.

In London, oral surgeons also place implants, and many general dentists restore them with crowns or stabilize dentures on implants. All three roles can be appropriate, but a dental implants periodontist tends to be the right call when gum health is compromised, bone is thin, or you want a meticulous, tissue focused result in the front of the mouth where every millimeter matters.

## How implants compare to other options

Replacing a tooth has three mainstream paths: a removable denture, a fixed bridge, or an implant supported crown. Each carries trade offs.

A conventional denture replaces teeth and some lost gum structure with an acrylic appliance. It is the most affordable up front, especially for several missing teeth, and you will find many providers for dentures London Ontario wide. The drawback is movement and bite force. Even a well made lower denture can lift when you chew, and the bone under a denture tends to resorb over time, which makes the fit looser.

A fixed dental bridge uses crowns on neighboring teeth to carry a false tooth in the middle. It feels natural quickly and works well when the adjacent teeth already need crowns. However, **cosmetic dentistry london ontario** the supporting teeth must be reshaped, and if one fails, the entire bridge is at risk.

An implant replaces only the root of the missing tooth, preserving the adjacent teeth and, importantly, giving bone a reason to stay. When the implant is restored with a crown, it looks and functions like a tooth, and you can floss between it and its neighbors. For some patients with cosmetic concerns, porcelain veneers come up in conversation as a way to improve the smile line, but veneers do not replace missing teeth. They can, however, be part of a broader plan to reshape neighboring teeth once the implant restoration is complete.

For extensive tooth loss, implant stabilized dentures or full arch fixed bridges sit between a basic denture and a mouth full of individual implants. Two implants with SNAP style attachments can transform the stability of a lower denture. Four to six implants can support a fixed arch of teeth that does not come out. The best option depends on bone, budget, and hygiene capability.

## When a periodontist is especially valuable

Not every implant case requires specialized grafting or complex staging, but certain scenarios benefit from a periodontist's training:

- A front tooth that must emerge from the gum with a delicate scallop and papillae to match its neighbor. Getting this wrong leads to a dark triangle or a long looking tooth.
- Past periodontal disease with generalized bone loss. The disease must be stabilized first, and implant positioning tightened to areas of denser bone.
- Long standing missing teeth with narrow ridge width. A ridge split or guided bone regeneration can widen the site before implant placement.
- Sinus proximity in the upper back jaw. A sinus lift can create vertical bone height safely if done with careful planning and sterile technique.

- Thin or receded gums. A connective tissue graft around an implant often pays off in long term stability and aesthetics.

## How to evaluate a periodontist in London

London benefits from a strong dental ecosystem. The Schulich School of Medicine and Dentistry at Western University draws clinicians who value continuing education, and many specialists teach part time while maintaining private practices. Even so, fit matters. Some surgeons lean efficient and tech forward, while others emphasize hand skills and conservative staging. Visit, ask questions, and trust your sense of their process and communication.

Here is a concise checklist I give to friends looking for dental implants London Ontario providers:

- Confirm specialty status with the RCDSO and ask how many implant cases they complete annually, not just cumulatively.
- Ask to see before and after photos of cases similar to yours, including one to two year follow ups.
- Inquire about the diagnostic workflow, specifically whether they use a CBCT scan and a surgical guide designed from a wax up or digital mock up.
- Clarify who restores the implant. If your general dentist is involved, confirm the coordination plan and timelines.
- Review maintenance expectations, including recall intervals and how peri implant care will be monitored.

## What your first consultation should include

A thorough implant consultation in London should feel like a planning session, not a sales pitch. Expect a review of your medical history, including medications like bisphosphonates or anticoagulants that affect surgical planning. Smoking, uncontrolled diabetes, and active periodontal infection change risk, and an experienced clinician will say so plainly. If you have a denture, bring it. If a tooth is loose or broken, resist the urge to extract it elsewhere on short notice, because preserving the socket with a graft at the time of extraction can make a meaningful difference to your final result.

Diagnosis usually includes:



- A cone beam CT scan to map bone thickness, nerve and sinus position, and the quality of trabecular bone.
- Intraoral photos and digital scans to design the crown first, then position the implant to support that design.
- A periodontal charting to identify residual pocketing or inflammation that could jeopardize healing.

Good surgeons think in three dimensions and in time. They plan where your tooth needs to be in six months, not simply where the bone is today.

## Materials, brands, and why they matter less than planning

Patients often ask about implant brands as if buying a specific car model. In reality, major systems like Straumann, Nobel Biocare, Astra, and BioHorizons all produce high quality, well documented implants. Most use grade 4 or 5 titanium with surface treatments that accelerate osseointegration. Some cases benefit from zirconia abutments or monolithic zirconia crowns for aesthetics and strength.

What matters more:

- Connection design and component availability. If you travel or change dentists, mainstream systems are easier to service.
- Abutment customization. A custom milled abutment can shape the gum precisely. Stock parts may suffice in back teeth, but the front often merits customization.
- Guided surgery when bone is narrow or the prosthetic demand is high. A 1 to 2 millimeter deviation at the crest can translate to a visibly off angle crown.

If a provider seems to lead with brand hype yet glosses over how they will guide tissue contours or protect adjacent teeth, probe deeper.

## Sedation and comfort options

Implant placement is typically done with local anesthetic. Many London clinics offer oral sedation for anxious patients, along with nitrous oxide. Intravenous sedation is available in some periodontal and oral surgery practices with proper permits and monitoring. The right level of sedation balances comfort with safety and cost. For a single implant in dense bone, local anesthetic and calm communication are often all that is needed. For multiple implants, grafting, or a sinus lift, light to moderate sedation can make the experience smoother.

Plan your day accordingly. With oral or IV sedation, you will need an escort home and should not drive for the rest of the day.

## Costs in London Ontario, and how insurance deals with implants

Ontario's public plan, OHIP, does not cover dental implants. Private dental benefits vary widely. Some plans exclude implants but cover the crown as if on a bridge. Others offer a flat annual maximum or a lifetime implant allowance. It is worth having the office send a pre determination to your insurer before scheduling surgery.

Typical private practice ranges in London as of the last few years:

- Single tooth implant surgery, including the implant fixture: roughly 1,800 to 2,500 CAD.
- Abutment and crown by your restoring dentist: approximately 1,500 to 2,500 CAD, depending on materials and lab.
- Bone grafting at the time of extraction or placement: 500 to 1,500 CAD for minor augmentation, more for staged ridge augmentation.
- Sinus lift, lateral window approach if needed: 1,500 to 3,000 CAD per side.
- Two implant overdenture, including attachments and denture: 8,000 to 15,000 CAD for the full package, depending on whether a new denture is fabricated.
- Full arch fixed solutions often marketed as All on 4 or All on X: 22,000 to 35,000 CAD per arch depending on provisionalization, framework type, and whether extractions and grafting are included.

Compare those with conventional dentures London Ontario offices provide. A well made complete denture, upper or lower, commonly costs 1,500 to 3,500 CAD per arch, with relines in later years. That price difference explains why some people choose a staged path: secure a lower denture with two implants now, then add more implants later for a fixed bridge if desired.

Implant maintenance also carries small ongoing costs. Replacement screws, retightening, or reline of an overdenture attachment every few years are normal, and you should budget a few hundred dollars annually for hygiene visits and maintenance beyond routine cleanings.

## The treatment timeline, without surprises

Most implant cases unfold across months, not weeks. Understanding the sequence helps set realistic expectations and lowers stress.

- Planning and site preparation. If a tooth must be removed, a socket preservation graft can be placed immediately. Extraction to implant placement often spans 8 to 12 weeks to allow soft tissue to mature.
- Implant placement and healing. Osseointegration takes roughly 8 to 16 weeks in the lower jaw and 12 to 20 weeks in the upper jaw, depending on bone quality and whether grafting was done.
- Uncovering and shaping. If the implant was buried, a small procedure exposes it and a healing abutment shapes the gum for 2 to 4 weeks.
- Final restoration. Your restoring dentist or prosthodontist takes impressions or a digital scan, then fits the abutment and crown. Adjustments to bite and contour happen here, not during surgery.

Some cases allow immediate placement and even immediate provisional crowns, especially in the front where preserving gum form is critical. The decision rests on primary stability at placement and careful control of bite forces. If your surgeon advises against loading an implant right away, it is usually because the long term risk outweighs the short term convenience.

## What recovery feels like, day by day

Expect mild to moderate soreness for 48 to 72 hours after surgery, managed with alternating acetaminophen and ibuprofen unless contraindicated. Bruising can show up on day two or three, especially after a sinus lift or multiple implants. Stitches, if present, typically dissolve or are removed around one to two weeks. A soft diet for several days is wise. A simple rule I share with patients is this: if your fork can cut it, your implant site likely can handle it.

On the hygiene side, you will be asked to rinse gently with an antimicrobial mouthwash and avoid brushing the surgical site for a few days. After the first week, careful brushing with a soft brush and interdental cleaning around neighboring teeth keeps the site clean without disturbing healing tissue. Smoking, even a few cigarettes, measurably slows healing and increases the risk of infection and long term complications. If you are preparing for dental implants London, set a quit date before surgery and enlist help.

## Success rates and what influences them

Well planned implants placed in healthy, non smoking patients have reported survival rates in the mid to high 90 percent range over 10 years. Success is not binary, though. Peri implant mucositis, **Home page** a reversible gum

inflammation, affects a sizable minority of implants at some point. True peri implantitis, where bone loss progresses around an implant, occurs less often but can compromise long term stability if not addressed.

Risk factors include:

- Smoking, which reduces blood flow and impairs soft tissue response.
- Uncontrolled diabetes, particularly with elevated HbA1c levels.
- History of severe periodontitis, which may increase susceptibility to inflammation around implants.
- Grinding and clenching without protective night guard therapy.
- Infrequent maintenance, which allows plaque and calculus to establish on rough surfaces.

Your periodontist cannot change your biology, but they can stage treatment to reduce risk, insist on disease control before placement, and design a maintenance plan that catches problems early.

## **Maintenance that protects your investment**

An implant crown does not get cavities, but the surrounding tissues still need routine care. Plan to see your hygienist every three to four months during the first year after restoration, then adjust based on stability. Hygienists trained in implant maintenance use instruments that will not scratch the titanium or zirconia surfaces. At home, a soft brush, low abrasion toothpaste, and either floss designed for implants or a water flosser help keep the collar of the implant clean. If your crown is screw retained, your dentist can remove and clean it if inflammation persists, then reseal it with a fresh screw and torque.

Ask your provider how they track bone levels. Baseline radiographs taken at the time of final restoration, then periodic checkups every one to two years, provide a comparison that matters more than a single snapshot.

## **How to read red flags during your search**

Most clinicians are ethical and competent. If something feels off, pause. High pressure sales tactics, steep discounts that expire this week, or promises that everything will be done in a single day regardless of your anatomy are warning signs. So is a lack of transparency around complications and maintenance. Every experienced provider can recount a tough case and how they managed it. If you only hear perfection, you are likely not hearing the full story.

It is also fair to ask: what is plan B if the implant does not achieve primary stability today, or if a graft integrates slowly? A thoughtful answer shows judgment. Silence, or a breezy dismissal, suggests you will be on your own if the timeline stretches.

## **Working with your general dentist or prosthodontist**

Implants work best as a team sport. The surgeon places the fixture, the restorative dentist designs how you bite and smile on top of it, and the lab brings the plan to life with precision. In London, it is common for your family dentist to restore the implant, particularly in molar and premolar sites. For complex aesthetics or full arch work, a prosthodontist may take the lead on the prosthetic design. Either way, coordination is not a courtesy, it is the backbone of a predictable outcome. Treatment that starts with a restorative wax up or digital mock up saves surgical headaches. It also avoids the awkward conversation later when a perfectly integrated implant sits a few millimeters off from where the crown needs to be.

## **Special situations: sinus lifts, ridge augmentation, and immediate front teeth**

Several scenarios come up often enough to warrant a brief map.

Upper back teeth sit close to the maxillary sinus. When a molar has been missing for years, the sinus tends to enlarge into the vacant space, leaving only a thin floor of bone. A sinus lift gently raises the sinus membrane and backfills the space with bone graft, either at implant placement if there is enough native bone for initial stability, or staged if there is not. It sounds more alarming than it feels. Postoperative care includes avoiding nose blowing for several days, sleeping slightly elevated, and using a decongestant if recommended. Done well, a sinus lift creates a vertical runway where none existed.

Narrow ridges in the front usually benefit from guided bone regeneration. The surgeon releases the tissue, places particulate bone and sometimes a small block, secures it with a membrane or pins, and closes the site. After three to six months, the ridge widens enough to accept an implant in the correct orientation. The payoff is a gum line that looks like it grew there, not a crown glued to the front of a ridge.

A broken front tooth can sometimes be replaced immediately. If the socket walls are intact and the implant achieves good primary stability, a provisional crown can be placed the same day to support the gum contour. The key is to keep that provisional out of heavy bite forces. Patients who understand this, and are willing to baby the tooth for a few months, tend to love the result.

## Where London's local context helps

London is a university city with a strong healthcare network. While implants are outpatient procedures in private clinics, complex medical histories can be coordinated with physicians at London Health Sciences Centre when needed. More importantly for most patients, proximity to the Schulich School of Dentistry fosters a culture of study clubs and interdisciplinary case reviews. When you hear your periodontist mention collaborating with your dentist at a local study club, that is not marketing. It is how small details get ironed out before they become problems.

Geography matters less than availability and communication. If your periodontist's office is across town but answers the phone at 8 a.m. The next day when you are worried about a bruise or slight oozing, that convenience is worth more than a ten minute drive time.

## If you are exploring cosmetic upgrades alongside implants

Some patients blend functional and cosmetic goals. For example, you might need an implant to replace a lateral incisor but also want to even out shape and shade across the front. Porcelain veneers on the neighboring teeth can fine tune symmetry and color, but they should be planned around the implant's final emergence profile. Do not let a veneer case dictate a compromised implant position. A dental implants periodontist who collaborates well with a cosmetic dentist will stage the sequence so the implant crown sets the gum architecture first, then veneers harmonize the rest.

## A brief, realistic path to your decision

- Start with a consultation that includes a CBCT and a restorative mock up. If a provider skips these, reconsider.
- Clarify whether you need grafting and what that adds to time and cost. Be wary of one size fits all promises.
- Align the surgical plan with your restorative dentist's design. Insist that both offices communicate before you commit.
- Ask about maintenance and risk. If you smoke, discuss a cessation plan. If you grind, plan a guard.
- Review a written estimate that separates surgical, restorative, and lab costs, and submit a pre determination to your insurer if applicable.

If you keep those steps in order, you will filter out noise and end up with a straightforward choice among a few qualified providers.

## Final word of practical advice

Implants are not just metal and porcelain. They are decisions layered over time. When you search for dental implants London, you will see glossy photos and clever taglines. Those have their place, but the real tells of quality are quieter: measurements taken without rush, a surgeon who explains trade offs clearly, a restoration that needs a minor tweak because your team prefers perfection to speed. Whether you are moving from a shaky lower denture to an implant supported solution, replacing a single molar that cracked under an old filling, or coordinating porcelain veneers with an anterior implant, London Ontario offers the expertise you need. Choose the periodontist who treats planning as the main event, and the rest will tend to go right.

## Paradigm Dental — Business Info (NAP)

**Name:** Paradigm Dental

**Address:** 532 Adelaide St N, London, ON N6B 3J4, Canada

**Phone:** (519) 672-3232

**Website:** <https://paradigmdental.ca/>

**Email:** [info@paradigmdental.ca](mailto:info@paradigmdental.ca)

### Hours:

Monday: 8:00 AM – 5:00 PM

Friday: 8:00 AM – 3:00 PM

**Open-location code (Plus Code):** XQV8+3Q London, Ontario

### Map/listing URL:

<https://www.google.com/maps/place/Paradigm+Dental/@42.9926997,-81.2356417,17z/data=!4m7!3m6!1s0x882ef3007061d71f:0x772b512bba5c2781.2330668!15sChZQYXJhZGlnbSBEZW50YWwgTG9uZG9uWhgiFnBhcmFkaWdtIGRlbnRhbCBsb25kb26SAQ1kZW50YWxfY2xpbnlj4AEA!16s%2Fg%2F>

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Facebook: <https://www.facebook.com/61577765603392/>

<https://paradigmdental.ca/>

Paradigm Dental is a family dental clinic in London, Ontario providing general dentistry and a range of in-office dental care services.

Patients can request an appointment for routine exams and cleanings, restorative dental work, and other clinic services listed on the website.

The office address is 532 Adelaide St N, London, ON N6B 3J4, Canada.

To contact Paradigm Dental, call (519) 672-3232 or email [info@paradigmdental.ca](mailto:info@paradigmdental.ca).

Hours currently listed are Monday 8:00 AM–5:00 PM and Friday 8:00 AM–3:00 PM.

For directions and listing details, use the map listing:

<https://www.google.com/maps/place/Paradigm+Dental/@42.9926997,-81.2356417,17z/data=!4m7!3m6!1s0x882ef3007061d71f:0x772b512bba5c2781.2330668!15sChZQYXJhZGlubSBEZW50YWwgTG9uZG9uWhgiFnBhcmFkaWdtIGRlbnRhbCBsb25kb26SAQ1kZW50YWxfY2xpbnlj4AEA!16s%2Fg%2F>

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## Popular Questions About Paradigm Dental

**Where is Paradigm Dental located?**

Paradigm Dental is located at 532 Adelaide St N, London, ON N6B 3J4, Canada.

**How do I contact Paradigm Dental?**

Phone: [+1-519-672-3232](tel:+15196723232)

Email: [info@paradigmdental.ca](mailto:info@paradigmdental.ca)

Website: <https://paradigmdental.ca/>

**What are the hours for Paradigm Dental?**

Hours listed: Monday 8:00 AM–5:00 PM and Friday 8:00 AM–3:00 PM.

**What services does Paradigm Dental offer?**

The clinic lists services such as examinations and cleanings, fillings, crowns/bridges, dentures, root canal therapy, orthodontic options, dental implants, and other dental care services (availability can vary).

**How do I get directions to Paradigm Dental?**

Use the Google Maps listing for turn-by-turn directions:

<https://www.google.com/maps/place/Paradigm+Dental/@42.9926997,-81.2356417,17z/data=!4m7!3m6!1s0x882ef3007061d71f:0x772b512bba5c2781.2330668!15sChZQYXJhZGlubSBEZW50YWwgTG9uZG9uWhgiFnBhcmFkaWdtIGRlbnRhbCBsb25kb26SAQ1kZW50YWxfY2xpbnlj4AEA!16s%2Fg%2F>

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