

Losing teeth changes more than your smile. It shifts how you chew, speak, and even how your jaw and facial muscles work together. Traditional dentures solve some problems, yet many people in London Ontario tell me they never feel fully secure with them. The plate lifts when they laugh. Food sneaks under the acrylic. Adhesive becomes part of every meal. Implant-supported dentures were designed to end that tug of war. Properly planned and placed, they lock in, distribute force through the bone like natural roots, and return confidence to everyday routines.

I have helped hundreds of patients transition from loose plates to implant-supported solutions. The relief is real and often immediate. Still, the best outcomes come from careful planning, honest conversations about trade-offs, and a team approach that includes a restoring dentist and, in many cases, a dental implants periodontist. If you are searching for options for dentures London Ontario or looking into dental implants London Ontario, this guide puts the process into clear focus with local context, practical timelines, and the choices that matter.

What “implant-supported” really means

Dental implants are titanium or zirconia posts placed in the bone to act as anchors. An implant-supported denture connects to those anchors, either snapping on and off or staying fixed, so the denture itself does not rely solely on gum suction or adhesive. Two broad families exist.

A removable overdenture snaps to implants through attachments. Think of it as your existing denture with “button” fittings that click onto implant heads. You still remove it to clean, but during the day it locks in place. Overdentures can use two to four implants in the lower jaw and usually four in the upper jaw. Attachment styles vary: locator-type studs, small balls, or a bar that connects the implants and gives the denture a stronger grip. Overdentures are forgiving, cost-effective, and easy to maintain. They still have an acrylic plate, although the upper plate can be made smaller if retention is strong.

A fixed full-arch bridge, sometimes called a hybrid or All-on-4 style prosthesis, is different. It stays in place, and your dentist removes it at maintenance visits. It usually rides on four to six implants per arch and is slimmer in the palate than an overdenture. Chewing feels closer to natural teeth because there is no movement. Fixed bridges look and function beautifully, but they require more precise planning, strong bone, and stricter hygiene routines.

If you already wear full dentures and hate movement most during meals, a lower overdenture on two implants often feels like a revelation. The lower jaw is the trickiest for traditional plates because the tongue and muscles constantly shift them, so stabilizing it first brings the biggest quality-of-life jump. The upper arch, with its natural suction, benefits too, especially for those with a strong gag reflex or a flat palate that never kept suction well.

Why stability changes everything

Patients often talk about food first. Apples, steak, nuts, lettuce wraps, pizza crust. With implant support, bite force transfers down into the jaw instead of pinching the gums. The tissue stops getting rubbed raw. Speech improves because the denture does not lift when you pronounce s, t, or f sounds. Social anxiety fades when you stop worrying that a laugh will unseat the plate in front of friends.

There is also a quieter benefit. Your jawbone stays denser around implants than under a floating denture. Bone responds to force. With no roots to stimulate it, the ridge resorbs year after year, sometimes by millimeters. Over a decade, that resorption changes the lower face and deepens wrinkles around the mouth. Implants slow that process by keeping the bone engaged. They do not reverse previous loss, but they help hold the line.

The choices that matter for London patients

The right path depends on your goals, anatomy, and budget. When I sit with someone considering dental implants London, we cover four questions that shape everything else.



How much movement is acceptable to you? If a tiny bit of flex is fine, an overdenture on two to four implants works very well. If you want zero movement, a fixed bridge is better.

How important is a slim palate? An overdenture can be reduced in the palate when retention is strong, but a fixed bridge offers the thinnest feel and best taste experience.

What is your tolerance for maintenance? Overdentures need attachment inserts changed every year or two, depending on wear. Fixed bridges demand daily water flosser or superfloss use and professional removal and cleaning typically one to two times per year.

What is your budget range? In southern Ontario, fees vary by clinic and complexity. For planning purposes:

- A lower overdenture on two implants often lands in the 8,000 to 14,000 CAD range per arch, including surgery, parts, and a new denture. A four-implant overdenture and bar may range from 14,000 to 22,000

CAD.

- A fixed full-arch bridge typically ranges from 20,000 to 35,000 CAD per arch, sometimes more if grafting, premium materials, or immediate-load protocols are used.

These are broad ranges, not quotes. Complex bone grafting, sedation, provisional restorations, and laboratory choices shift totals. Insurance plans in Canada rarely cover implants fully, though some contribute to parts of the treatment. OHIP does not cover routine dental services. If cost is a serious barrier, London has a teaching clinic at Western University's dental school that may offer care at reduced fees with longer timelines. It is wise to compare two treatment plans so you can weigh not only cost but also approach, lab quality, and follow-up care.

Who is a candidate, and where a specialist fits

Most healthy adults can receive implants, including many in their seventies and eighties. Medications and medical history call for careful planning. Diabetes that is well managed usually poses no problem. Heavy smoking, active periodontal disease, or untreated bruxism raise the risk of complications. A dental implants periodontist brings deep training in gum and bone management, which pays off in complex cases, thin ridges, or when grafting is needed.

The upper jaw often needs more support because sinus spaces limit implant length. Sinus lifts and bone grafts are routine, though they add months to the timeline. The lower jaw tends to be denser but also resorbs faster after years of denture wear. For very thin lower ridges, ridge augmentation can rebuild width before implants are placed.

I also assess tongue posture and muscle tone. A strong tongue can push a lower denture loose, even on implants, and it may nudge us toward a fixed bridge. For people with a shallow vestibule, the denture flange length matters, and sometimes minor soft tissue recontouring improves long-term comfort.

What the process looks like

Planning starts with a cone beam CT scan. This 3D image maps bone height, width, nerve positions, and sinus anatomy. We take photos, impressions or digital scans, and often make a trial denture or wax setup so we can design tooth position first, then place implants where they will best support that design. This "prosthetic-driven" sequence avoids the common trap of perfect implant placement in the wrong spot for the final teeth.

Surgery time depends on the number of implants. Two lower implants usually take under an hour. Four to six implants per arch may take two to three hours, longer if grafting is performed. Most patients do well with local anesthesia *orthodontic clinic London* and oral sedation. Swelling peaks at day two or three, then fades. Over-the-counter pain control handles most discomfort, though prescription options are available when needed.

Osseointegration follows, the quiet period when bone grows around the titanium. In the lower jaw, we generally wait eight to twelve weeks before attaching the final overdenture or bridge. The upper jaw often needs twelve to sixteen weeks. If initial implant stability is very strong, we sometimes place a provisional fixed bridge the same day, a protocol called immediate load. It feels great to leave with teeth, but not every case qualifies, and you will eat a soft diet while the bone knits.

When the implants are ready, we place abutments and attachments, then pick up those attachments inside the denture or seat a custom-milled bridge. We confirm occlusion, polish the prosthesis, and walk through hygiene. That first bite back into a crisp apple usually happens in the chair. It is a good day.

What it feels like to live with them

Two quick stories, anonymized but typical.

A retired teacher from Byron had worn an upper denture since her forties and always hated the palate. She could not taste wine the same, and soup felt like it stuck. We placed four upper implants and transitioned to a palateless overdenture. She cried when she realized she could feel the roof of her mouth again. She now cleans the attachments daily and comes in yearly for new inserts. Her notes to our office often mention farmers' market apples in September.

A millwright from east London fought with a lower denture for six years. Adhesive, sore spots, and constant fear it would lift during shop talk. We restored him with a fixed bridge on five implants. He is meticulous, uses a water flosser nightly, and returns every six months. He says the biggest change is not chewing steak, it is not thinking about his teeth at all during the day.

Materials and aesthetics

Prosthesis materials run from conventional acrylic gums and nano-hybrid composite teeth to monolithic zirconia. Acrylic is kinder to opposing teeth and simple to repair. Zirconia is strong and resists staining, with a glassy polish that looks sharp in photos. It transmits sound differently, so some people notice a faint click when they tap teeth together. In the anterior zone, we shape emergence profiles and gum contours carefully to avoid black triangles

and to support phonetics. If you are comparing to porcelain veneers for a few worn or stained front teeth, know that veneers are a conservative cosmetic option for teeth that are otherwise healthy. For full-arch tooth loss, implant-supported dentures or bridges are the functional path. We sometimes combine these worlds in partial cases, placing implants where needed and using porcelain veneers on remaining teeth so the final smile reads as one.

Hygiene, maintenance, and the real cost of ownership

Implants fail most often from inflammation around them, known as peri-implantitis. It usually starts silently with plaque left at the interface of the prosthesis and the gums. There is no cushion of a periodontal ligament to warn you, so vigilance matters.

Your daily routine should include a soft brush along the gum line, a water flosser with a low-angle tip under the bridge or around attachments, and antiseptic mouth rinse if recommended for your case. Overdentures come off to clean, which many people appreciate. Fixed bridges require commitment, but the technique becomes second nature within two to three weeks. Set a reminder, and pair the habit with something you already do, like evening skincare or a favorite show.

Attachments wear. Expect to replace locator inserts roughly every 12 to 24 months, depending on how often you remove the denture and how strong your bite is. For bars, nylon clips last longer but still need periodic replacement. Fixed bridges should be removed in the office once or twice a year for a thorough clean, screw torque check, and soft tissue assessment. Plan for this maintenance as part of the investment.

Risks, realities, and how to avoid trouble

No surgical treatment is risk-free. Common short-term issues include swelling, bruising, temporary numbness, and sore spots. In the mandible, the inferior alveolar nerve sits close to implant sites, so careful imaging and guided surgery reduce the risk of altered sensation. Smokers face higher rates of early failure and slower healing. If you smoke, even cutting down for two weeks before and four weeks after surgery helps, although a full quit is best.

Long term, I watch for three things. First, hygiene challenges under full-arch bridges. If dexterity is limited or caregiving is inconsistent, an overdenture might be safer. Second, night grinding. We often prescribe a night guard to protect the prosthesis and reduce load on the implants. Third, unrealistic expectations. Implants feel solid and strong, but they are still prosthetics. Acrylic can chip, screws can loosen, and gums can change with age. A committed maintenance plan keeps these events rare and manageable.

Timeline and what to expect in London Ontario

From first consult to final teeth, most patients finish in three to six months if no grafting is needed. With sinus lifts or ridge augmentation, nine to twelve months is typical. Here is a compact road map that reflects how I sequence care in our region:

- Diagnostic phase: records, CBCT scan, smile design, and provisional planning, usually two visits over two to three weeks.
- Surgery: implant placement with or without extractions and grafting. If immediate load is planned and stability allows, you leave with a provisional bridge the same day.
- Healing: eight to sixteen weeks, soft diet for the first week and then gradual return to normal textures. For immediate-load cases, stick to soft foods until we confirm integration.
- Restoration: abutments, impressions or scans, try-in, and delivery of the overdenture or fixed bridge across two to four short appointments.

Parking, accessibility, and follow-up are practical considerations. Many London clinics near Wonderland Road, Fanshawe Park Road, and downtown have ground-floor operatories or elevators. If mobility is a challenge, ask in advance about chair transfer support and appointment lengths. For anxious patients, oral sedation is often enough. Intravenous sedation is available in select offices and with a periodontist or oral surgeon.

Comparing implant overdentures and fixed bridges, side by side

People often want a clean comparison without sales gloss. If your priority is affordability, easy cleaning, and a big upgrade from a floating plate, an overdenture on two to four implants delivers excellent value. It remains removable, it is resilient if a clip or insert wears, and repairs are straightforward. If your priority is maximum chewing efficiency, no daily removal, and the most natural feel, a fixed bridge wins. It costs more, demands stricter hygiene, and becomes part of you in a way an overdenture never quite can.

There is also a middle ground. Some patients begin with an overdenture, then upgrade to a fixed bridge later by adding implants and reusing the original ones in the plan. This staged path spreads cost and lets you learn what you value most. I recommend designing with the end in mind so early implant positions can serve a future fixed solution.

What about single or partial tooth loss?

Not everyone needs a full-arch solution. If you are missing a few back teeth and struggle with a partial denture, individual implants with crowns or a short implant-supported bridge may tackle the problem simply. Front teeth with chips, cracks, or discoloration can often be reshaped with porcelain veneers when roots and support are healthy. The decision tree shifts from full-arch biomechanics to preserving natural structure. Talk to a dentist who places both implants and restores them, or to a team that includes a periodontist and a restorative dentist, so you hear balanced guidance across options.

The feeling you are after

The best moment in this process is not the surgical milestone or the lab delivery, it is when you forget about your teeth during life's ordinary joys. You order ribs at a family barbeque without thinking. You bite into an apple at the market on Richmond Row and do not scan for a napkin. You laugh hard, and nothing shifts. That freedom is the real product of dental implants London Ontario patients talk about later.

If you are weighing dentures London Ontario or looking to stabilize a plate that never felt right, schedule a comprehensive assessment with a dentist who collaborates closely with a dental implants periodontist. Bring your denture history, your hopes, and a list of the foods you miss. Ask to see examples of cases like yours. Get two plans if you can, with photos and models, not just numbers on paper. The right plan will fit your anatomy, your routines, and your budget, and it will give you the stable, natural, secure bite you came for.

Paradigm Dental — Business Info (NAP)

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<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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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.

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!15sChZQYXJhZGlubSBEZW50YWwgdG9uZG9uWhgiFnBhcmFkaWdtIGRlbnRhbCBsb25kb26SAQ1kZW50YWxfY2xpbnlj4AEA!16s%2Fg%22>

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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?

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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!15sChZQYXJhZGlubSBEZW50YWwgdG9uZG9uWhgiFnBhcmFkaWdtIGRlbnRhbCBsb25kb26SAQ1kZW50YWxfY2xpbnlj4AEA!16s%2Fg%22>

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- 1) [Victoria Park](#)
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