

When someone in my chair asks whether they should choose dentures or dental implants, they are usually not asking about materials or brand names. They are asking how to eat steak again without worry, how to smile in photos without thinking about their teeth, and how to keep costs under control without creating bigger problems later. The right answer depends on health, budget, time, and expectations, and in London Ontario there are a few local realities worth knowing before you decide.

A patient I'll call Raj came to me after struggling with a lower denture for years. He used adhesive daily, avoided certain foods, and still had sore spots. His upper denture was tolerable, his lower never felt secure. He assumed implants were out of reach. After a scan, we found he had enough bone for two lower implants to [Check out this site](#) anchor a snap-in overdenture. Two short surgeries, four months of healing, and he was eating apples again. Another patient, Anne, wanted a fixed full arch, but medical conditions and medication history made multi-implant surgery risky. A carefully planned set of premium dentures with a soft liner restored her smile and speech with far less stress and cost. Both were good decisions for the right person at the right time.

What changes when teeth are lost

Losing teeth is not just about looks. In the first year after a tooth is removed, the supporting bone often shrinks in width and height. That resorption continues slowly over time. With full dentures, the jawbone receives less stimulation, so the bone tends to thin more quickly. That makes an upper denture usually more stable than a lower one, which has less surface area and more muscle movement. Dental implants behave like artificial roots. They transmit chewing forces into the bone, which helps preserve bone volume, stabilizes the bite, and can protect the fit of surrounding prosthetics.

Functionally, most people with complete dentures regain enough chewing ability for a normal diet with a few compromises, but they tend to favor softer foods and cut things smaller. Implant users usually report stronger bite confidence and fewer dietary limits. That experience varies person to person, but it is a consistent pattern I see in practice.

The London Ontario landscape, from referrals to insurance

In our city, you can pursue both options through general dentists who focus on prosthetics and restorative care, and through surgical specialists such as a dental implants periodontist or an oral and maxillofacial surgeon. A periodontist specializes in the supporting structures of teeth and implants, including gum health and bone grafting. An ideal team has a restorative dentist planning the final teeth and a surgeon placing the implants to that plan. Some clinics manage both under one roof.

Dental costs in Ontario are not covered by OHIP. Employer plans vary widely. Many plans offer partial reimbursement for dentures, relines, and specific implant components, but they may exclude surgical steps or cap annual benefits. The Ontario Seniors Dental Care Program can help eligible seniors with basic dentures and maintenance, but implant coverage is rare. If implants are on your radar, ask for a comprehensive treatment estimate that includes surgery, any grafting, abutments, and the final crown or denture. Clarify timelines and staged payments.

Wait times for consults with specialists in London typically range from 2 to 8 weeks, longer in the fall and winter. If you anticipate extractions, consider asking about immediate dentures, which can be made in advance and placed the day teeth are removed. Immediate dentures spare you a toothless gap but require more adjustments and a planned reline after healing.

Comfort, speech, and everyday use

A well-made full upper denture can feel natural after a short adaptation period. The palate coverage helps create suction and stability, but it can slightly affect taste and temperature sensation. The lower denture is more challenging to keep steady because the tongue and cheeks constantly move it. With time, many people adapt, but some never love it, especially if the jaw ridge is narrow or uneven.

Implants change that experience. Even two lower implants with simple snap attachments can transform comfort and function by reducing denture movement. A fixed bridge on four to six implants removes the palate coverage on the upper and takes adhesives out of the equation. You will still need to clean meticulously around a fixed bridge, but the day to day feel is closer to your natural teeth.

Speech usually normalizes within days for dentures, but initial lisps or altered "s" sounds are common. With implant supported options, speech depends on the shape of the prosthetic. A fixed bridge with careful contouring typically preserves normal phonetics. Good labs and good communication matter here. The difference between a good S and a hiss can be a millimeter of acrylic or porcelain.

Aesthetic outcomes and when veneers enter the conversation

If most or all teeth in an arch are missing, the smile result depends on tooth shape, shade, gum support, and lip position at rest and while smiling. Modern dentures can look excellent, especially with layered acrylic, individualized tooth selection, and a try in appointment to preview esthetics. Implants allow for more natural tooth emergence profiles, less acrylic gum display, and, in some cases, pink ceramic that mimics tissue.

Porcelain veneers belong in a different lane. They are an outstanding option when you still have healthy teeth that need cosmetic refinement for color, shape, or minor alignment. If someone comes in asking about dentures or dental implants in London and still has a solid base of natural teeth, we often step back. Sometimes a mix of conservative treatments, such as selective crowns, orthodontics, and porcelain veneers, avoids extractions and keeps your own teeth longer. It is worth having that conversation before you commit to removal.

Health factors that steer the choice

Good candidates for dental implants share a few traits. They have healthy or manageable gums, sufficient bone volume, and medical conditions that allow for minor to moderate oral surgery. Controlled diabetes usually poses no obstacle. Light to moderate smoking raises the risk of early and late implant complications, but success is still possible with strict hygiene and realistic expectations. Heavy smoking and uncontrolled systemic disease tilt the conversation away from implants or toward staged, cautious planning.

Some medications complicate surgery. Long term use of certain osteoporosis drugs and recent intravenous antiresorptives require a careful risk assessment for implant surgery and extractions. Prior radiation to the jaws demands specialist involvement and may alter the plan entirely. Blood thinners can usually be managed without stopping them, but your dentist will coordinate with your physician.

On the denture side, severe gag reflexes, dry mouth, and thin, resorbed ridges make adaptation harder. Soft liners can ease pressure points. Relines can improve fit as the bone remodels. For lower dentures that float no matter how carefully they are made, two implants can be life changing. I have yet to meet a long term lower denture wearer who regretted switching to an implant overdenture when it was feasible.

Timelines you can live with

A complete denture can be made in 4 to 8 weeks, sometimes faster if the lab capacity allows. If extractions are required, you can either place immediate dentures the same day or wait 8 to 12 weeks for gums to settle, then fabricate the final set. Immediate dentures usually need a reline at 3 to 6 months.

Implants take longer because bone integration is a biologic process. From placement to final teeth, expect 3 to 6 months for straightforward cases in the lower jaw, sometimes 4 to 9 months for the upper, where bone is often softer. If bone grafting or a sinus lift is needed, add several months. Same day teeth exist, and they are not a gimmick when done in the right hands. Immediate loading protocols place a fixed provisional bridge on the day of surgery. The key is disciplined planning, a stable bite, and the willingness to avoid hard chewing during the initial healing window.

What it really costs in our area

People often expect a single number, but total investment depends on how many teeth, the need for grafting, the choice of materials, and the lab. In London Ontario, ballpark ranges that I see regularly look like this:

- Complete conventional denture per arch, including standard appointments: roughly CAD 1,600 to 3,500
- Premium denture with advanced tooth aesthetics, customization, and try ins: CAD 3,500 to 6,500 per arch
- Single dental implant with abutment and crown, straightforward case: CAD 3,500 to 6,000 per tooth
- Two implants with a lower snap in overdenture, including attachments: CAD 8,000 to 14,000
- Full arch fixed implant bridge, usually 4 to 6 implants, provisional and final prosthesis: CAD 20,000 to 35,000 per arch

If a clinic quotes well below these ranges, ask what is included and what is outsourced. If a quote is much higher, it may bundle maintenance, extractions, temporary teeth, or premium materials. A thorough estimate should itemize each phase, including follow up, relines, and parts like locator inserts which wear over time.

Maintenance and lifespan

Dentures do not decay, but mouths change. Expect a reline every 2 to 5 years, depending on bone changes and weight fluctuations. Most full dentures last 5 to 8 years before the acrylic and teeth wear enough to justify a remake. Clenching, grinding, and dietary habits influence that timeline.

Implants can last decades, but the prosthetic teeth attached to them will need maintenance. Replaceable components like O rings or inserts on overdentures may need swapping every 6 to 24 months. Fixed bridges sometimes require replacing the hybrid acrylic or ceramic after several years due to wear, chipping, or hygiene challenges. Implants themselves can fail if gum inflammation progresses to peri implantitis, so cleaning is non

negotiable. That means daily home care and regular professional maintenance, often every 3 to 6 months at first, moving to semiannual once stable.

A quick snapshot to orient your decision

- If stability while chewing is your top priority and budget allows, implants, even two for a lower overdenture, offer a big functional jump.
- If medical risks make surgery unwise, or if you want the fastest and most economical path, well made dentures remain a valid, thoughtful choice.
- If you still have sound teeth, explore conservative treatments, including porcelain veneers or partial dentures, before removing teeth.
- If you cannot tolerate a lower denture no matter what, consider at least a two implant solution to anchor it.
- If you value a fixed, non removable feel and a palate free upper, a full arch implant bridge delivers that, but plan for higher cost and diligent hygiene.

What the day looks like for each path

For complete dentures, the process starts with impressions and measurements to capture bite, jaw relation, and lip support. A try in appointment lets you preview teeth in wax. This is where you stare in the mirror, practice speaking, and tweak tooth shade or shape. The final set arrives a week or two later. The first month involves adjustments. Small pressure points are normal and easy to correct.

For dental implants in London Ontario, the first step is a 3D cone beam scan and a clinical exam. If you are a candidate, a surgical guide is often fabricated so the implants go where the final teeth will need them. Placement is usually done with local anesthetic. Discomfort afterward is typically mild to moderate for a few days, managed with over the counter pain relief. Stitches come out about a week later. For single teeth, a temporary may be placed immediately or after a short wait. For full arch cases, a provisional fixed bridge can often be delivered on the same day if stability is adequate and the plan was built for immediate loading. After integration, the final prosthetic is fitted, adjusted, and secured.

Risks, trade offs, and the stuff worth saying out loud

No option is risk free. With dentures, the biggest complaints are looseness, sore spots, and reduced bite efficiency. The lower denture is usually the culprit. Weight loss, new medications that dry your mouth, or natural bone remodeling can change a good fit into a mediocre one over a year or two. Budget for periodic relines.



Implants can fail early if they do not integrate with bone, which happens in a small percentage of cases, often under 5 to 10 percent in healthy non smokers. Late failures usually trace back to poor hygiene, uncontrolled gum inflammation, bite overload, or smoking. If you grind your teeth, discuss protective night guards and prosthetic materials that can handle extra stress. Some cases require bone grafts or sinus lifts. Those steps are predictable in experienced hands, but they add cost, healing time, and, rarely, complications like sinus membrane tears or infection.

Fixed full arch bridges give a solid, natural feel, but cleaning under them is a discipline. If someone cannot reliably use floss threaders, interdental brushes, and a water flosser, I prefer to discuss a removable overdenture on implants which can be taken out and cleaned more easily. The right engineering is the one you can maintain at 10 pm after a long day.

Who should you see for what

If you lean toward implants, consult with a dental implants periodontist or an oral surgeon for surgical planning and risk assessment, and a restorative dentist for the prosthetic design. Ask to see examples of cases similar to yours. Inquire about guided surgery and lab partnerships in London, since consistent teams produce more consistent outcomes. If dentures are likely, choose a practitioner who invites you into the aesthetic try in process, not one who races to finish. A few extra days at the try in stage can save months of annoyance later.

For mixed cases where some teeth can be saved and others cannot, consider a staged approach: preserve key teeth, use a partial denture or temporary bridge, let tissues heal, then decide later if implants are warranted. I have seen many patients grateful they did not rush to remove a tooth that still had years of service left.

How to think about value over five to ten years

If budget is tight and you need a complete solution quickly, dentures make sense. You can always add implants later to improve stability, especially in the lower jaw. If you have the means and prioritize chewing function and bone preservation, implants justify their cost with daily comfort and long term oral health. The midpoint, a two

implant overdenture, often delivers the best cost to benefit ratio for lower jaws that struggle with a conventional denture.

A small but important point about appearance over time: denture teeth wear. Bright white at delivery can fade to a flatter look after years of chewing and cleaning. Implant supported crowns and bridges, particularly ceramic, hold their shape and gloss longer, though they are not immune to wear or chipping. If you drink a lot of coffee or red wine, both solutions require routine polishing and care to keep looking their best.

Practical steps to get started in London

Start with a comprehensive exam and a cone beam scan if implants are under consideration. Bring a short list of foods you want to eat comfortably, not just a photo of a smile you like. Prioritize function and esthetics honestly. Ask for two or three plan options with staged timelines and clear fees. If you are unsure, trial a new denture first, then convert it to an implant overdenture later. Many lower overdentures are designed by plan to clip onto implants added months down the road.

For those researching “dental implants London” or “dentures London Ontario,” focus less on the ad copy and more on the consult experience. Did the clinician examine jaw joints, measure bone, and discuss habits like clenching or smoking? Did they show you how you will clean the final prosthetic? Did the cost estimate match the conversation?

The bottom line, personalized

There is no universal winner between dentures and implants. There is only the solution that aligns with your health, your budget, and how you want to live. If security and chewing power are non negotiable, implants, even a two implant overdenture, will likely make you happiest. If you need a reliable, economical path that avoids surgery, today's well crafted dentures can look natural and work well with realistic expectations. If you still have solid teeth, keep them, and consider selective restorations such as porcelain veneers where appropriate.

Most of my patients know which path feels right by the end of a thoughtful consult. If you are weighing dental implants London Ontario options against a new set of dentures, gather good diagnostics, insist on a candid conversation about maintenance and risks, and choose the plan you can see yourself cleaning, caring for, and smiling with five years from now. That is the plan you will stick with, and the one most likely to make you forget you have dental work at all.

Paradigm Dental — Business Info (NAP)

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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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Socials (canonical https URLs):

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<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.

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

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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- 1) [Victoria Park](#)
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