

Dental Rehabilitation with Subperiosteal Implants

For patients with severely atrophic jaws — where there isn't enough bone remaining to support conventional dental implants — subperiosteal implants offer a route to a fixed, functional set of teeth without extensive bone grafting. I work with experienced implantologists to deliver the most up-to-date, evidence-based treatment for these complex cases.

Overview

Restoring function and a fixed set of teeth in severely atrophic jaws

When significant bone loss has occurred — through long-term denture wear, prior extractions, disease or trauma — there is often not enough jawbone left to place conventional implants without major grafting. A subperiosteal implant is a custom-made framework, designed from your own CT scan, that sits on the surface of the remaining bone rather than within it, secured with fixation screws, with posts passing through the gum to anchor a fixed prosthesis.

Because the framework is individually designed to fit your own bone anatomy, planning is done in 3D before surgery, working closely with an experienced implantologist to plan the case together.

- Restoring a fixed, functional bite in jaws too atrophic for standard implants
- An alternative to extensive bone grafting in appropriate cases
- Multidisciplinary planning between maxillofacial surgery and implant dentistry

At a Glance

- **Focus:** Subperiosteal implant dental rehabilitation
- **Anaesthetic:** General (*confirm — some centres offer this under local/sedation depending on extent*)
- **Hospital stay:** [confirm — day case vs overnight depends on extent of jaw involved]
- **Recovery:** [confirm typical staged recovery — initial healing period before prosthesis loading]
- **Planning:** CT-guided, custom 3D-designed framework
- **Consultation:** By arrangement, working jointly with your implantologist

Is It Right For You

You may be a candidate if...

- You have severe jawbone loss and have been told you're not suitable for conventional implants
- You've been advised extensive bone grafting would be needed, and want to explore alternatives
- You struggle with an unstable or unretentive denture
- You want a joint opinion from a maxillofacial surgeon and implantologist on the options for a fixed solution

"For patients with severely atrophic jaws, I work alongside experienced implantologists to plan and deliver the most up-to-date, evidence-based options — subperiosteal implants included — matched carefully to what each individual jaw needs." — Mr Nabeel Bhatti

The Process

How your treatment unfolds

Assessment & imaging CT imaging maps the full extent of the remaining bone and defines what's possible.

Joint surgical & prosthetic planning The implant framework is custom-designed in 3D, planned together with your implantologist around the final prosthesis.

The surgery The framework is placed on the bone surface and secured, performed by Mr Bhatti in collaboration with your implant dentist.

Recovery, loading & review Structured follow-up supports healing, before the fixed prosthesis is fitted and reviewed.

Recovery & Outcomes

What to expect afterwards

The first days Swelling and discomfort are expected in the operated jaw; this is well controlled.

The first weeks Healing is monitored closely before the fixed prosthesis stage begins.

Longer term Once loaded, the prosthesis is reviewed regularly as part of ongoing joint care with your implantologist.

Common Questions

Subperiosteal Implants, answered

How is this different from a standard dental implant? Standard implants are placed inside the bone. A subperiosteal implant is a custom framework that sits on the surface of the bone, designed for jaws where there isn't enough bone volume left for conventional implants.

Does this avoid the need for bone grafting? In many appropriately selected cases, yes — that's the main appeal of this approach. Whether it's right for you depends on your specific bone anatomy, assessed on CT.

Who is involved in my treatment? Treatment is planned and delivered jointly — Mr Bhatti carries out the surgical placement, working closely with an experienced implantologist on the prosthetic and restorative side of your care.

[Draft — please review before publishing. Flagged for your confirmation: anaesthetic approach, hospital stay, and the recovery/loading timeline, since these depend on the extent of atrophy and the specific implant system/protocol you use, and I didn't want to state a number I wasn't sure of.]