GUIDELINES FOR REFERRAL OF PATIENTS TO ORAL AND MAXILLOFACIAL SURGERY

The department of Oral and Maxillofacial surgery is required to meet Scottish Government Waiting Times of 18 weeks. We are, at current staffing levels, struggling to meet this target and feel that some of the more straightforward work could be carried out in primary care to free up valuable resources for those patients who do require treatment in secondary care We are asking for your help in reducing unnecessary referrals and streamlining our referral pathway.

In order to achieve this we have produced a set of guidelines for GDPs in the area. I would ask you all to read through them carefully and make sure your referrals comply with the guidelines.

Attached please find the guidelines for appropriate referral of:

- Non third molar extractions
- Third molar extractions
- Extraction of retained roots
- Endodontic Surgery/Apicectomies
- TMJ problems
- Abnormal; soft tissue and bony lesions
- Oral Cancer

All referrals that fall outside these guidelines will be returned unless further information is provided which justifies the referral.

NON THIRD MOLAR EXTRACTIONS:

Non third molar extractions should be performed in the referring practitioners' dental surgery under local anaesthetic.

These should only be referred in the following exceptional cases:

- Associated pathology that needs to be submitted for histological examination (e.g. cysts).
- Extractions from abnormal or diseased bone (e.g. patients who have received therapeutic doses of irradiation to the jaws).
- Complicated extractions with special difficulty.
- Failed extractions with an explanation of why, and a 'post- extraction' radiograph.

If a referral is made outside these guidelines the referring dentist must justify the reasons why the treatment cannot be undertaken by them in primary dental care.

It is rare for a patient's medical history to complicate the extraction to such an extent that it needs to take place within the hospital setting.

THIRD MOLARS

In symptomatic patients, palliative treatment should be used as a first option and to provide pain control while waiting for referral.

The wisdom teeth to be removed must fulfil at least one of the following criteria:

- Recurrent episodes of pericoronitis.
- Single severe episode of pericoronitis which showed evidence of spread and infection to facial tissues.
- Caries not amenable to restoration.
- Wisdom tooth contributing to periodontal disease of second molar.
- Associated follicular cystic changes.
- Periapical pathology.
- Prior to orthognathic surgery.
- Associated with cyst or tumour.
- Prior to medical treatment that would increase risk eg radiotherapy, IV bisphosphonates or chemotherapy.

Referral of third molars **cannot be considered as urgent**, unless there is associated pathology or sepsis.

MANAGEMENT OF RETAINED ROOTS

Retained roots should be removed in the referring practitioners' dental surgery under Local Anaesthetic. Long standing retained roots with no symptoms or infection present should not be referred.

Referral to a specialist is necessary only where anatomical or pathology considerations make the extraction especially difficult, where the patient has medical complications or where previous attempts at extraction have failed.

MANAGEMENT OF TEETH REQUIRING ENDODONTIC SURGERY / APICECTOMY:

Orthograde root canal therapy is the first treatment option to treat periapical pathology. Non surgical re-treatment should be the preferred option for endodontic failure. The restorability of the tooth, the health of the supporting bone and periodontal tissue, and anatomical considerations such as position of neurovascular bundle should be assessed before embarking on any form of surgical endodontic therapy.

Referral for apicectomy of a tooth with an inadequate root filling will not be accepted without exceptional circumstances. Re-root filling by the referring dentist or a specialist endodontist is the best solution to most failed root fillings. Significant cyst formation (>5 mm on radiograph) is an indication for apicectomy and establishment of diagnosis.

Referral to a specialist may be necessary where anatomical or pathology considerations make the surgery difficult, where the operator does not have the relevant training or experience, or where previous attempts have failed.

MANAGEMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTION:

The majority of patients presenting with TMJ problems will be suffering from TMJPDS (temporomandibular joint pain dysfunction syndrome) or myofacial pain. These patients can, in most cases, be effectively managed in primary care without referral.

Initial management of temporomandibular joint dysfunction may involve supportive patient education on avoidance of clenching and grinding, relaxation and a soft diet.
We are not funded to provide splints in secondary care.

Patients with TMJPDS who should be referred for management in secondary care:

1. Those with an atypical presentation (e.g. numbness of the face, marked/persistent facial swelling, severe trismus which is unrelated to surgical intervention or injury, sudden onset, patient aged >40 years).
2. Patients who fail to respond to conservative measures, including the provision of a soft splint.

THE MANAGEMENT OF ABNORMAL SOFT TISSUE AND BONY LESIONS:

The Oral & Maxillofacial Surgery service will accept referrals for any soft tissue lesions of the skin in the head and neck region, and abnormal hard and soft intra-oral lesions.

Abnormal lesions should be referred to specialist services when the diagnosis is in doubt or if they interfere with dental treatment. If a clear and adequate history is provided on the referral form, the majority of patients with intra oral lesions can be seen and treated under local anaesthetic during a single appointment.

SUSPECTED ORAL CANCER

Patients with abnormal areas or lesions in the mouth that are suspected of being oral cancer should be referred for an urgent Oral & Maxillofacial Consultation.

- Non healing, often painless ulcer or sore for more than three weeks.
- Persistent soreness of the throat or mouth.
- Difficulty chewing or swallowing.
- Numbness of the tongue or other areas of the mouth.
- Swelling of the jaw which causes the dentures to fit poorly.
- Loosening of the teeth or pain around the teeth or jaw.
- Voice changes.
- A lump or mass in the neck.
- Weight loss.

We are happy to discuss any of these guidelines as we are all working to provide the best service for the patients of Forth Valley.

Please phone 01324 566364/566358/566360 or page 1143 for urgent advice

Referrals should only be marked as Urgent if they relate to a patient with suspected malignancy, acute and intractable pain, sepsis or trauma.