

Restorative Dentistry

TEACHING AND TRAINING INFORMATION

Aberdeen Dental Hospital & Institute of Dentistry is a teaching institution able to accept a limited number of patients suitable for treatment by undergraduate and postgraduate students.

Acceptance for treatment in these circumstances is dictated by the educational needs of students and trainees at the time of consultation, and availability cannot be guaranteed.

PATIENT PRESENTATION

Patients aged 16 years or over requiring one of the following:

- Diagnosis, treatment planning and advice for Restorative Dentistry issues
- Specialist-level Restorative Dentistry treatment (limited capacity)

PRIORITY GROUPS

The primary role of the Department is to provide diagnosis and treatment to priority groups, which include:

- Head & Neck Cancer patients
- Patients with acquired defects due to surgery and trauma
- Developmental and congenital abnormalities

INFORMATION FOR REFERRERS

- Referrals are vetted according to the description of the problem and the urgency with which the patient needs to be seen
- If the referral contains inadequate detail to allow this to take place, the referral will be returned for clarification
- Not all patients can be seen for treatment, although most patients will be accepted for advice and treatment planning according to the criteria below
- Patients accepted for treatment should continue to be seen in practice for routine examinations, treatment and emergency care
- All patients will be discharged on completion of treatment for maintenance and revision of the treatment in due course

PERIODONTICS

Patients considered for treatment will include those with:

- Significant medical problems which put them at increased risk of periodontal disease
- Aggressive forms of periodontal disease
- A requirement for surgery including crown lengthening and mucogingival procedures
- Chronic forms of periodontitis that have not responded to a full course of non-surgical management in primary care (BPE 4)

Note:

- Patients must be motivated with a good level of oral hygiene
- A full course of non-surgical periodontal treatment should have been completed (for NHS patients this would correspond to Item 10c of the SDR)
- Referrals for chronic forms of periodontitis must include a recent 6-point periodontal pocket chart

ENDODONTICS

Patients considered for treatment will include those with:

- Complex root canal anatomy, open apices, resorption, trauma
- Iatrogenic damage including separated instruments, fractured posts and perforations
- Repeat orthograde treatment where a reasonable attempt has already been made
- Surgical endodontics

Note:

- Referrals must include a diagnostic quality radiograph
- The restorability of the tooth must have been assessed, including the removal of extra-coronal restorations and provision of a well-fitting temporary restoration
- Treatment will often be limited to a troubleshooting service
- Treatment of second and third molars will not be carried out unless there is a compelling need

DENTAL IMPLANTS

Patients considered for treatment will be limited to those in the Department's priority groups (see above):

Management of acute infection or significant problems such as fracture of implants or components will be offered where appropriate. However, given the large number of systems available, this is not always possible.

Note:

Dental implants are not provided to patients who have:

- Poor oral hygiene
- Active dental or periodontal disease
- A smoking habit

Care is not provided for patients seen elsewhere in order to:

- Complete treatment
- Rectify surgical or prosthodontic problems
- Maintain implants or prostheses

PROSTHODONTICS

REMOVABLE PROSTHODONTICS

Patients may be accepted for treatment within the capacity of the service where:

- All efforts have been made by the referring practitioner to address the patient's issues
- The treatment plan provided has been accurately followed

Note:

If it is felt that the provision of treatment is within the scope of primary care, the patient will be returned to their practitioner with a treatment plan and advice.

FIXED PROSTHODONTICS

Advice on appropriate methods of removal and management of fixed restorations will be provided.

Note:

Patients referred for replacement of fixed prosthodontic work provided out-with the Hospital cannot be accepted for treatment.

TOOTH WEAR

Patients with tooth wear will be seen for assessment, diagnosis and treatment planning and will be returned to the referring dentist for treatment.

DO NOT REFER

Referrals will not be accepted for the following:

- Treatment requests on financial grounds alone
- Routine primary dental disease management
- Dental anxiety or phobia (the Department does not offer treatment under sedation or General Anaesthetic)
- Patients with special needs who do not have a specialist Restorative Dentistry problem

All other patients

REFERRAL

Consider referral to "Restorative Dentistry" at Aberdeen Dental Hospital via Sci Gateway.

A full description of the Referral Guidance for the Department on [Page 2](#).

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Aberdeen Dental Hospital & Institute of Dentistry

Department of Restorative Dentistry

Referral Guidelines

The primary role of the Department of Restorative Dentistry is to provide comprehensive diagnostic and treatment services to priority groups of patients which include:

- Head and neck cancer patients requiring rehabilitation following resection, post-radiotherapy changes or due to altered anatomy.
- Patients with other acquired defects due to surgery and orofacial trauma
- Developmental and congenital abnormalities including cleft lip and palate, joint orthognathic and/or orthodontic cases, hypodontia and other disturbances in tooth development

In addition, the Department also provides a diagnostic, treatment planning and advice service to referring practitioners. Where appropriate, a limited amount of specialist level treatment is carried out for non-priority groups. In the majority of cases both the patient and referring dentist should expect all treatment other than specialist level care to be carried out in the practice setting. The intention of the Department is to work in partnership with the referring practitioner. This means that the patient may be referred back to primary care for specific items of treatment or all of the recommended treatment with a detailed treatment plan.

Patients accepted for a specific course of treatment are expected to continue to see their General Dental Practitioner for routine dental examinations, treatment and emergency care. All patients will be referred back to the referring practitioner on completion of treatment for maintenance and revision of the treatment in due course.

All referrals to the Department are vetted according to the description of the problem and the urgency with which the patient needs to be seen. If it is felt that the referral contains inadequate detail to allow this to take place, the referral will be returned to the referring practitioner for clarification, resulting in a delay in the patient being seen. The reasons for not accepting the referral will be identified. Other than the reason for referral, it is expected that patients should be dentally fit at the time of referral.

Please note that if a patient fails to attend an appointment for a consultation without prior notice, the patient will be discharged back to the referring practitioner and a new referral will be required. The consultant involved does have discretion to provide another appointment, but this will only be exercised in exceptional circumstances.

Most patients will be accepted for advice and treatment planning, however not all patients can be seen for treatment.

The following categories of patients may be considered for some or all of their treatment:

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PERIODONTICS

It will be expected that all patients will have satisfactory oral hygiene and have undergone a full course of non-surgical periodontal treatment in General Dental Practice (For NHS patients this treatment would fall under Item 10c of the Statement of Dental Remuneration).

Patients who can be considered for treatment will include those with:

- Significant medical problems which may put them at increased risk of periodontal disease
- Aggressive forms of periodontal disease
- A requirement for periodontal surgery, including crown lengthening and mucogingival procedures
- Chronic forms of periodontitis that have not responded to treatment in primary care, as outlined above
- Referrals for chronic forms of periodontitis must include a recent 6-point periodontal pocket chart

Patients who will not normally be accepted for treatment are those who:

- Are unable to demonstrate prior to referral a satisfactory level of oral hygiene and whose motivation remains poor
- Have BPE scores of 3 or less (unless they meet one of the above criteria for acceptance)

ENDODONTICS

The referral must include a digital radiograph of diagnostic quality forwarded to grampian.dentalinstitute@nhs.net. Treatment will often be limited to a 'troubleshooting' service that aims to overcome immediate challenges and allow treatment to be completed in primary care (e.g. identification of canals, removal of fractured instruments).

Patients who will be considered for treatment will include those requiring:

- Management of complex root canal anatomy, open apices, resorption and trauma
- Treatment of iatrogenic damage including separated instruments, fractured posts and perforations
- Repeat orthograde root canal treatment of failed root canal therapy where a reasonable attempt at carrying this out in practice has already been made. It is expected that prior to referral, extra-coronal restorations will have been dismantled and an assessment of the restorability of the tooth made by the referring practitioner.
- Surgical endodontics

Patients who will not normally be accepted for treatment are those requiring:

- Uncomplicated primary root canal treatment
- Repeat orthograde root canal treatment if an attempt has not been made in practice
- Treatment on teeth judged to be unrestorable or of poor prognosis
- Complex treatment of teeth in poorly maintained mouths e.g. active caries, periodontal disease
- Primary or repeat orthograde root canal treatment of second or third molars, unless there is a compelling need for their preservation. This would include the tooth being a key abutment or to avoid extractions in patients who would present a surgical risk e.g. following radiotherapy to the head and neck region or IV bisphosphonate therapy.

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REMOVABLE PROSTHODONTICS

The Department is not able to provide treatment of a routine nature. If having assessed the patient's existing prostheses it is felt that the provision of treatment is within the scope and expertise of a general dental practitioner, with appropriate advice, it is expected that the patient will return to their practitioner with a treatment plan. Where alternative options exist (e.g. acrylic or cobalt-chromium partial dentures) these will be identified, and the practitioner and patient may elect which option to pursue.

Where it is clear that all efforts have been made by the referring practitioner to address the patient's issues, or in the case of re-referral, where the treatment plan provided has been accurately followed, patients may be accepted for treatment within the capacity of the service.

FIXED PROSTHODONTICS

Patients referred for the rectification of problems or replacement of fixed prosthetic work provided out with the Hospital will not be accepted for treatment. Advice on appropriate methods of removal and management of fixed restorations will be provided

TOOTH WEAR

Patients with tooth wear will be seen for assessment, diagnosis and treatment planning and will be returned to the referring dentist for treatment.

DENTAL IMPLANTS

The following categories of patients may be considered for treatment depending on the circumstances of the individual case:

- Malignancy or other pathological lesions resulting in altered oral anatomy
- Congenital conditions such as clefts or hypodontia, normally involving multiple teeth
- Missing teeth as a result of dentoalveolar and facial trauma

Dental implants are not provided to patients that have:

- Poor oral hygiene
- Active dental or periodontal disease
- A smoking habit

Please also be aware that the Department is normally not able to offer treatment for the following:

- Completion of implant treatment commenced elsewhere
- Rectifying prosthodontic problems in relation to implant treatment carried out elsewhere
- Maintenance of implants and implant restorations provided elsewhere

Management of acute infection or the initial management of significant problems such as

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fracture of implants or components will be offered where appropriate. However, given the very large number of implant systems available, this is not always possible, and patients should be made aware of this at the time of referral.

PATIENTS WHO ARE NOT ACCEPTED FOR TREATMENT

In addition to the above, the following categories of patients are not accepted for treatment:

- Referrals on financial grounds alone
- Routine primary dental disease management
- Patients with dental anxiety or phobia. The Department does not offer treatment under sedation or GA.
- Patients with special needs who do not have a specialist Restorative Dentistry problem

In the case of the last two categories, referrals should be made to the PDS Adults with Anxiety Service or Special Care Dentistry.

ACCEPTANCE OF PATIENTS FOR TEACHING AND TRAINING

Notwithstanding the above, Aberdeen Dental Hospital & Institute of Dentistry is a teaching institution able to accept a limited number of patients suitable for treatment by undergraduate and postgraduate students. Acceptance for treatment in these circumstances is dictated by students' and trainees' educational needs at the time of consultation and cannot be guaranteed to be available.

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