Oral and Maxillofacial and Oral Surgery

PATIENT PRESENTATION

Children, adolescents and adults of any age who present with the following requirements:

Diagnosis, treatment planning and/or advice for Oral and Maxillofacial Surgery or Oral Surgery issues

Specialist-level Oral and/or Maxillofacial/Oral Surgery treatment

EMERGENCY PRESENTATION C

Does the patient present with any of the following symptoms/signs?

TEACHING AND TRAINING INFORMATION

treatment by undergraduate and postgraduate students. Please see

Acceptance for treatment in these circumstances is dictated by the

Aberdeen Dental Hospital & Institute of Dentistry is a teaching institution able to accept a limited number of patients suitable for

educational needs of students and trainees at the time of

the Student Teaching pathway for referral criteria.

consultation, and availability cannot be guaranteed

Uncontrollable bleeding Swelling where the airway is at risk

Acute trauma

REFERRAL

Consider referring urgently to "Oral & Maxillofacial Surgery" via ARI switchboard on 03454 566000 and ask to page 2340.

CONSIDER

Please consider if the patient is presenting with red flag symptoms/signs that require referral to "Suspicion of Head and Neck Cancer" via Oral and Maxillofacial Surgery via SCI gateway.

No red flag symptoms/signs

INFORMATION FOR REFERRERS

Ahead of identifying patients considered for treatment please read the following information:

All other referrals must be via SCI gateway (paper referrals will not be accepted)

Referrals are vetted according to 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

All referrals must be accompanied by relevant clinical radiographs or clinical images

to facilitate triage. Scans of printed digital images will not be accepted

To request an OPT prior to referral please follow the Dental Radiology pathway

Referrals will be triaged and appointed to the most relevant service. This could include

treatment in secondary care or appointment to primary care services where treatment is

provided subject to SDR charges
If accepted for assessment, initial assessment may be face to face or a remote consultation by telephone or Near Me

CONSIDER

Patients considered for treatment will include those with any of the following requirements.

SUSPICION OF HEAD AND NECK MALIGNANCY

Does the patient present with any of the following symptoms / signs?

A lump on the lip or in the oral cavity consistent with oral cancer

Persistent unexplained head and neck lumps for >3 weeks
An ulceration or unexplained swelling of the oral mucosa persisting for >3 weeks All
red or mixed red and white patches of the oral mucosa persisting for >3 weeks
Unexplained tooth mobility where periodontal disease has been excluded by dental
assessment Persistent, particularly unilateral, discomfort in the throat for >4 weeks

Ear pain without evidence of local ear abnormalities

A non-healing socket in the absence of MRONJ or ORN risk factors

REFERRAL

Consider referral to Oral and Maxillofacial Surgery via SCI Gateway marking it as "Urgent" & "Malignancy Suspected".

DENTOALVEOLAR

Management of oro-antral communications / fistulae / fractured tuberosities

Management of roots in the maxillary antrum

Diagnosis and management of hard tissue or bone lesions including cysts

Surgical exposure or removal of ectopic teeth. Ectopic and supernumerary teeth must be referred with a clear orthodontic treatment plan, or associated with signs or symptoms of disease Pre prosthetic surgery as part of a restorative treatment plan Surgical removal of impacted third molar teeth where there is an increased risk of complications

Removal of routine buried roots that are symptomatic or prohibiting

progression of a treatment plan

Referrals made on the basis of patient medical history will be considered when minor oral surgical treatment is required. If referring for routine extractions, please see the

Special Care Dentistry pathway

TEMPOROMANDIBULAR DISORDER (TMD)

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

Please refer to the Temporomandibular Disorders guidance on Hi-Net (GDPs) or Grampian Guidance

OMFS / ORAL SURGERY

Red flag presentation for suspicious lesions / suspected malignancy should follow the suspected head and neck malignancy box above

Emergency presentations including facial swelling, bleeding etc. should follow the red emergency box above

Management of jaw and facial fractures

Management of congenital and acquired jaw anomalies

Diagnosis and treatment of salivary gland diseases

Treatment of cysts
Diagnosis and management of established

osteoradionecrosis, Medication Related Osteonecrosis of the Jaws (MRONJ), Osteomyelitis Mucosal Disease where malignancy is not suspected but

diagnosis is required e.g. lichen planus or leukoplakia

Non-Odontogenic pain excluding TMD

BENIGN AND SOFT TISSUE LESIONS

Diagnosis and management of benign soft tissue lesions, particularly where there is an increased risk of complication such as nerve damage, scarring or where the surgical site is close to structures that may easily be damaged e.g. salivary gland ducts

Denture hyperplasia which interferes with the construction of a new prosthesis
Referrals should be accompanied by clinical images to allow for triage

Further guidance to support referrals and the attachment of clinical images is available via: Combined Oral Surgery and Oral Maxillofacial Service

OMFS / ORAL SURGERY EXEMPTIONS

If the patient presents with any of the following conditions do not refer to "Oral and Maxillofacial and Oral Surgery", but as indicated below:
Routine extractions. This includes referrals for anxious patients requiring routine dental treatment or routine extractions under IV Sedation or GA Dental Anxiety pathway Routine extractions for patients prescribed NOACS. Please refer to SDCEP guidance

Routine Extractions for patients at risk of MRONJ. Please refer to SDCEP guidance

Removal of implants where implant was not placed by NHS Grampian. Please contact the dentist who placed the implant Failed endodontics. Please refer to published Restorative Dentistry pathway for periradicular surgery / apicectomy criteria

Referrals for dental implants or bone grafting from GDP. Please refer to Restorative Dentistry guidance. Strict criteria apply

RADIOGRAPHS / CLINICAL IMAGING

Nο

All referrals must be accompanied by relevant clinical radiographs or clinical images to facilitate triage. Scans of printed digital images will not be accepted. Incomplete referrals will be returned.

REFERRAL

Consider referral to "Oral Surgery / Maxillofacial Surgery" at Aberdeen Royal Infirmary via Sci Gateway.

Further local guidance is available via the Grampian Combined Oral & Maxillofacial Surgery and Oral Surgery Service – Update and FAQ's document on Grampian Guidance and HiNet.

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All guidance will routinely be reviewed every 24 months from the "last review" date. Information contained in this document is intended as guidance of best practice.