Grampian Guidance | NHS Grampian

Oral and Maxillofacial and Oral Surgery

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. Please see the Student Teaching pathway for referral criteria.
- 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.
- Please see Undergraduate Exodontia Clinic FAQs for further information.

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

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.

Emergency Presentation

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

- Uncontrollable bleeding
- Swelling where the airway is at risk
- Acute trauma

Yes

Referral

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

No red flag symptoms/signs

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

or

- 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

Yes

Referral

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

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.

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 (GMPs).

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

or

- 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

No

Radiographs / Clinical Imaging

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.