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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

## Referral Guidelines For Oral Surgery Procedures

### Guidance for referrals

The GDC Standards for Dental Professionals should be followed when sending and receiving referrals. Abertawe Bro Morgannwg University Health Board will only accept referrals for patients requiring oral surgery on a fully completed oral surgery referral form. Incomplete forms will be returned to the referring GDP which will cause an unnecessary delay in the patient receiving treatment.

In addition please consider where patients may have additional needs such as:

- If a wheel chair user, an indication if they can transfer to the dental chair or if they will need to be hoisted into a dental chair.
- Information concerning any disabilities such as sight or hearing difficulties, special needs etc.
- If there are any communication/language difficulties and whether the patient will be accompanied by an interpreter.

**All requests for extractions should be accompanied by adequate radiographs especially periapical films. If possible, referrals for wisdom teeth extractions should be accompanied by an OPG.**

### ORAL SURGERY: Referrals to Intermediate Primary Care Oral Surgery

#### Acceptance criteria

The acceptance criteria for the intermediate oral surgery service is set out below. Referrals received for patients who do not fall into these categories will be returned to the referring GDP.

#### Third molar surgery

##### Referrals are accepted for:

Referrals should be limited to patients requiring the surgical removal of symptomatic third molars i.e. wisdom teeth that conform to NICE guidelines, namely:

- Unrestorable caries
- Repeated (more than one) episodes of pericoronitis
- Non-treatable pulpal and/or periapical pathology
- Serious infection such as cellulitis and osteomyelitis
- Internal/external resorption of the tooth or adjacent teeth
- Diseases of the follicle such as cysts/tumour
- Fracture of tooth
- Periodontal disease or distal caries of second molar due to third molar impaction.

##### Referrals are not accepted for:

Anterior crowding, if it occurs in the absence of any of the above, is not an indication for third molar removal.

## **Other Dento-alveolar Surgery**

### **Referrals will be accepted for:**

- Surgical removal of grossly decayed teeth
- Unsuccessful attempt at extraction by referring practitioner
- Multiple extractions where surgical skills are beyond the scope of a GDP are required
- Removal of impacted teeth (not third molars). If this is part of an orthodontic treatment plan a copy of the plan or letter advising of the plan from a specialist orthodontist **must** accompany the referral
- Removal of buried/retained roots that are symptomatic or are likely to become symptomatic
- Soft tissue biopsies of NON SUSPICIOUS lesions
- Patients on warfarin with INR <4.0 who require multiple extractions (in line with the protocol attached at *Appendix 2*).
- Patients on bisphosphonates (only when in line with protocol attached at *Appendix 3*)

### **Referrals will not be accepted for:**

- Simple or “routine” extractions in healthy patients even those with a history of difficult extractions or those with anticipated difficult extractions.
- Any tooth (root filled or not) with sufficient crown to apply forceps.
- Root fragments situated wholly in soft tissue.
- Single simple extractions on patients on Warfarin with a stable INR <4.0 or patients taking bisphosphonates (It is recommended that the appropriate protocols (attached) are followed with regard to these patients)
- Multiple extractions in more than 2 quadrants which will likely require more than two visits.

## **ORAL SURGERY SERVICE within ORAL AND MAXILLOFACIAL Department**

### **Referring patients to Secondary Care Surgical Services**

#### **Referrals are accepted for:**

These following patients are appropriate for treatment in secondary care:

- Patients needing general anaesthesia
- Suspected malignant disease
- Intractable or undiagnosed facial pain
- Symptomatic / undiagnosed orofacial disease
- Temporomandibular joint problems
- Treatments of patients with complex medical conditions requiring multidisciplinary medical care e.g Haemophilia, uncontrolled INR.
- Maxillofacial trauma
- Maxillofacial deformity
- Severe orofacial infection
- Lesions of soft or hard tissues that may require ongoing review
- Referral from Primary care Specialist for an Oral Surgery treatment

Patients may be treated:

- under local anaesthesia as outpatients,
- local anaesthesia with or without sedation as day patients,

- day case general anaesthesia; or
- inpatient general anaesthesia.

**Referrals are not accepted for:**

- Routine dental services
- Referrals for economic reasons
- Any form of appliance, except diagnostic splints.
- Simple extractions **unless** the patient has a medical condition that means their care cannot be reasonably managed within the dental surgery or a the Intermediate Oral Surgery Service via a Primary Care Specialist Practice.

With regard to simple extractions or a minor oral surgery procedure the referral must clearly state the reason why the referring practitioner feels this treatment should be provided in a hospital environment.

Referrals must be written on the “Maxillofacial Referral Form” and sent directly to the Maxillofacial Department, Morriston Hospital (*Appendix 4*)

**Community Dental Service**

**Referring patients with Special Needs who require Oral Surgical services**

The Abertawe Bro Morgannwg Health Board (ABMUHB) Community Dental Service (CDS) provides dental care for vulnerable people of all ages in the Swansea, Neath, Port Talbot and Bridgend areas in accordance with guidance provided by the Welsh Assembly Government (WAG).

Vulnerable people have been defined as those for whom inequality of healthcare has been demonstrated. For example, people with physical impairment and disability, sensory impairment, social impairment, mental health and medical problems, anxiety and phobia.

Many of these people may have specific special medical and dental problems which may result in some or all of their dental treatment needs not being easily or appropriately provided for within the General Dental Services (GDS).

Patients who are unable to access Specialist Oral Surgery treatment in a Primary Care setting because of a specific disability or impairment may be referred for this treatment within the CDS. Simple extractions and minor oral surgery treatment can be carried out under LA with or without conscious sedation.

The patient will be seen for a consultation initially to ensure they are suitable for treatment and that the complexity of the treatment required can be safely delivered within the CDS setting. For those patients who are found to be unsuitable for treatment within the CDS their referral will be forwarded to the Maxillofacial department for Specialist Oral Surgery services within the Secondary Care setting.

Referrals should be made on the Oral Surgery Referral Form

## **Intravenous Sedation – Important Information**

### **Which patients can be referred to primary care for treatment under sedation?**

Most dental patients are able to accept treatment with local anaesthesia and sympathetic management. Some, however, require additional help and intravenous (IV) sedation is a useful tool in the management of such patients.

The commonest form of IV sedation is Midazolam. This form of sedation can be useful for a variety of oral surgery procedures but there are some patients for whom IV sedation is not appropriate and alternative methods of anxiety management must be considered.

Guidance on appropriate patient assessment is covered below.

For 'non exempt' NHS patients there will be an additional Band 2 charge as sedation is classed as a separate course of treatment. All patients will have to attend for an initial consultation visit so their suitability for sedation can be assessed. They will then be invited back to attend for treatment after a "cooling off" period.

### **Which patients should NOT be referred for sedation in a Primary care setting?**

IV sedation is not appropriate for the following patient groups:

- ASA III, ASA IV including:
- Poorly-controlled Insulin dependent diabetics
- Unstable epilepsy
- Patients with liver dysfunction Recent MI or CVA
- Unstable angina
- Airway problems such as COPD
- Patients with Myasthenia Gravis
- Pregnant women

### **Which other patients can be referred but may be refused sedation?**

The following patient may be considered inappropriate for IV sedation:

- IV drug or alcohol abuser
- Morbidly obese patients (BMI >35)
- Patients over 70 years old with other medical conditions
- Patients unable to arrange suitable escorts

### **What should I tell my patients before referring them for treatment under sedation (i.e. appropriate counselling)?**

- The first visit will be for assessment only and that they will need a second appointment when the treatment will be undertaken
- Explain that they **will not be asleep** but they will feel calm, relaxed and they will not remember much about the visit when IV sedation is used.
- Inform them that they must have an escort (responsible adult) who can transport them to and from the surgery (must be by car or taxi) and who can look after them for the rest of the day and overnight.
- Warn them that they will not be able to drive for or use machinery for 24 hours
- Advise that they should not bring children with them to the appointment
- Advise that they cannot be responsible for children or dependant adults for the rest of the day.
- That they can have a light meal before treatment
- No alcohol or recreational drugs to be taken before treatment