

Referral and Acceptance Criteria Restorative Dentistry

How to make a referral to the Department

Below is guidance on making referrals to the department of Restorative dentistry and Oral Rehabilitation. It is not an exhaustive list but sets out what you can expect the department to offer in terms of both treatment planning and treatment. It also clarifies what we expect you to have provided for your patients and the information we require in order to accept your referral.

We do not offer comprehensive continuing care for patients. All patients will continue to be under the active care of their referring practitioner. We expect referring practitioners to continue offering care for the patients they refer in conjunction with advice and treatment plans supplied by the department. We may in selected patients offer limited specialist items of treatment. However the patients' overall dental health remains the responsibility of the referring practitioner even if the patient is receiving treatment in the Department. Once treatment has been completed the patient will, in the majority of cases, be discharged.

We expect all referrals to be on a referral Proforma available from the department. There are two proformas one for patients requiring Specialist Restorative Services and one for patients requiring Special Care Services (see below). We will only accept referrals on **completed Proformas** with the information and records requested below for each category. Incomplete Proformas or referrals lacking requested records will be returned.

Most referrals will be on a pooled list and seen by one of the three Consultants in the Department as this makes for the most efficient and timely appointment process. However where a specific Consultant is requested we will endeavour to match the patient to the Consultant wherever possible.

Core Categories of Patients Treated by the Department

The Department of Restorative Dentistry is part of the Maxillofacial Unit and as such its primary role is to provide support and treatment to patients for whom dental and oral health is required in the hospital setting. Such patients briefly comprise the following groups:

1. Oncology patients: e.g. intraoral cancer resections requiring prosthetic rehabilitation, obturators and post-radiotherapy management.
2. Developmental defects: e.g. cleft lip and palate, hypodontia, joint orthognathic and/or orthodontic cases and amelogenesis and dentinogenesis imperfecta cases.
3. Trauma: e.g. such as seen in patients following road traffic accidents and assaults.
4. Severely medically compromised. e.g. for those parts of the treatment where their medical history interferes with their restorative dental needs. e.g. patients with bleeding disorders, compromised immune systems and post-organ transplantation.

Specialist Restorative Services (Periodontics, , Endodontics, Prosthodontics).

The Department provides a treatment planning service for patients with complex dental problems. It also takes on limited numbers of patients for specialist items of treatment. The following sections will highlight the acceptance criteria for such patients and what is required of the referring practitioner prior to, during and following any treatment undertaken within the department.

Periodontics

The following patients are accepted for referral:

Patients with BPE 4 in more than one sextant with good oral hygiene.

Patients with BPE 4 in one sextant with good oral hygiene plus one or more of the following factors:

- Bone loss of more than 2mm in the past year.
- On medication that affects their periodontal condition.
- Anatomical features that affect the periodontal condition.
- Concomitant medical factors such as diabetes or immunosuppressive disease.
- Patients under the age of 30.
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Patients requiring periodontal surgery

What we request from you:

All patients should have received the following minimum treatment prior to referral:

- Oral hygiene instruction with particular emphasis on the appropriate form of interdental cleaning.
- Smoking cessation advice where relevant.
- Supragingival scaling and polishing.
- Subgingival scaling/root debridement to all areas of pocketing.>4mm this will invariably require local anaesthesia.
- Review of periodontal status after 3 months to assess response.

If following your periodontal review the patient is not periodontally stable and oral hygiene is deemed adequate we will accept referral for the above categories. We expect the following minimum information to be supplied on the referral proforma:

Outline of treatment already given
Medical History
BPE scores
Relevant diagnostic radiographs

What the patient can expect from us:

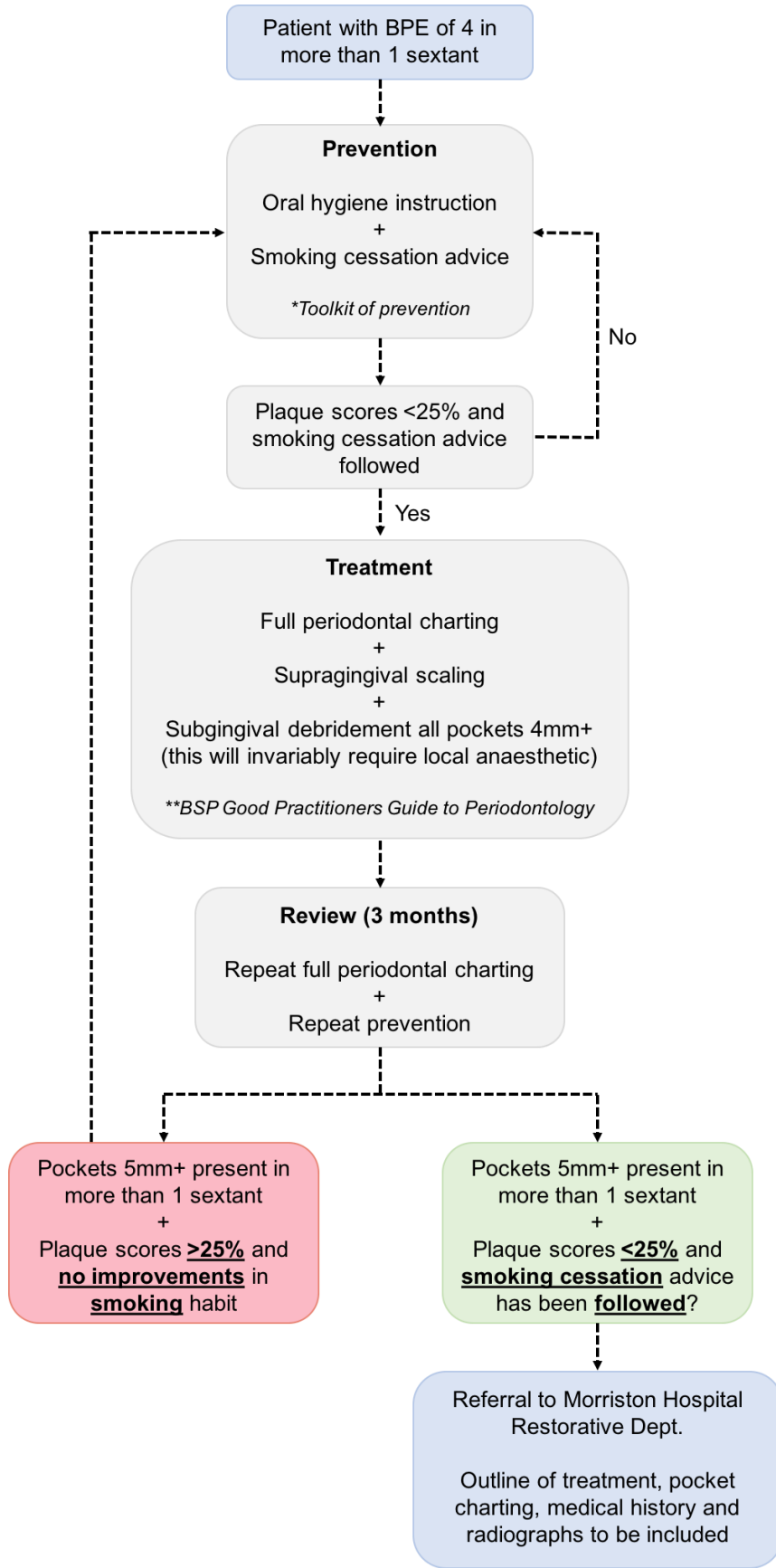
Patients who meet the above criteria accepted for referral. Those requiring further treatment may be seen for a course of non surgical periodontal therapy by our dental hygienists. Those who require periodontal surgery will be placed on a waiting list for treatment by one of the restorative dental team. .

We will communicate our diagnosis and treatment plan to you by letter. This may involve treatment entirely by the referring dentist or shared between the referring dentist and the department.

Patients who are unable to comply with basic periodontal maintenance standards in terms of smoking cessation or oral hygiene will be referred back to the referring practitioner for further support.

Once the patient is deemed periodontally stable they will be discharged back to the referring dentist for maintenance. Patients who are at risk of periodontal disease normally benefit from short interval recalls such as 3 months.

Periodontic Referral Flow Diagram



Endodontics

Initial Management of Periapical Pathology

Orthograde root canal therapy (RCT) should be considered as the first treatment option to treat periapical pathology. Teeth with inadequate orthograde root canal treatment as evidenced on radiographs will be returned if referred until adequate endodontic treatment has been performed.

All referred teeth requiring endodontic treatment should be caries free. They should also have good quality coronal restorations allowing rubber dam placement and providing coronal seal. Any teeth deemed not restorable by the referring dentist should not be referred

Final coronal restoration will be provided by the referring dentist.

Options for the treatment of endodontic failure can be non- surgical or surgical. Referrals for both surgical and nonsurgical endodontics should be made to the Restorative Dentistry Department at Morriston Hospital.

Endodontic acceptance criteria:

We will accept the following types of endodontic case for treatment:

1. Non-surgical root canal retreatment of strategic functional multi-rooted and / or multi-canal teeth
2. Non-surgical root canal retreatment in single rooted / single canal teeth that are abutments for a functional fixed or removable partial prosthesis
3. Non- surgical root canal retreatment in single rooted / single canal teeth where despite retreatment by the referring practitioner and radiographic evidence of a fully extended, well condensed- root canal filling symptoms of apical periodontitis continue.
4. Attempted removal of posts and / or fractured instruments
5. Open apices (>#50), trauma within the last 12 months, root resorption
6. Surgical endodontics (where this is the most clinically appropriate treatment modality)
- 7.

In accepting any of the above please note the Restorative Dentistry Department of the Hospital Dental Services will not be responsible for any prosthodontic work that might arise before, or as a result of the endodontic work. This responsibility remains with the referring clinician / practice. This includes the assessment of restorability of a tooth and should be confirmed by the referring practitioner before referral.

IN ADDITION:

We will accept referrals for ADVICE-ONLY second opinions where there is uncertainty of the diagnosis. The referral will have to be marked "Advice Only" to be accepted and the patient made aware of this. If you wish us to see this patient via the ADVICE-ONLY / second opinion service please re-refer on this basis. It is your responsibility to ensure that the patient is aware that they will not be accepted for treatment. If the referral is not marked ADVICE ONLY it will be returned for clarification

We do not accept referrals for primary root canal treatment unless valid attempts at access have been made (confirmed by radiograph) and due to severe sclerosis access is not possible. In these cases we offer a canal location service where the canal will be identified' marked with a- non sealed GP point and returned to the referring practitioner for completion of treatment.

We do not accept referrals for endodontic treatment under sedation.

What we request from you:

A full referral using our referral protocol with a diagnostic quality intra-oral periapical radiograph of the tooth or teeth in question.

Completion of initial orthograde root canal therapy to an adequate standard as deemed radiographically or radiographic evidence of anatomical factors that make this not possible. Most single rooted anterior teeth would not be retreated in the department unless surgery was indicated.

What the patient can expect from us:

A full diagnosis and treatment plan conveyed to the referring dentist by letter. If there referral need meets the criteria above they will be accepted for treatment as outlined above and placed on a treatment waiting list.

The patient will be discharged back to the referring dentist for restoration of the tooth once the procedure treatment is complete.

Adult Special Care Dentistry

The department works in conjunction with our colleagues in the Community Dental Service in providing care for adults with special care requirements. Patients referred to the department for sedation, general anaesthesia or other medical co-morbidities that interfere with dental treatment are initially assessed on a joint Hospital / Community diagnostic and treatment planning clinic before being allocated to the appropriate treatment list. This is designed to save the patient time and increase efficiency in providing treatment.

Referral for treatment under sedation or general anaesthesia

Patients who have behavioural special needs, significant cognitive impairment or significant dental anxiety can be referred for assessment as to their suitability for treatment under sedation or general anaesthesia. Prior to referral all referring practitioners are expected to use conventional anxiety controlling techniques to treat patients without the need for sedation or general anaesthesia. Attempts at acclimatisation over at least two visits would be expected in the first instance.

Prior to referral a discussion with the patient regarding the options of sedation or general anaesthesia highlighting risks and benefits should be had. This is in line with the GDC guidelines on treatment of this group of patients.

In line with GDC guidance where possible patients will be treated under LA or LA with some form of Conscious Sedation (inhalation/ Oral/ Intra-venous). Healthy patients (ASA I / II) are treated within the community. Patients with significant co-morbidity (ASA II/III) or requiring general anaesthesia are treated in a hospital setting.

Medically Compromised Patients

Patients whose conditions preclude treatment in the GDS will be accepted for treatment. These would include but is not exhaustive:

Severe bleeding disorders or other treatment that would need to be provided in liaison with the Haematology or Haemophilia Unit. (Note patients on Warfarin can normally be treated in the GDS if the INR is below 4)

Profound immuno-suppression such as recent transplantation, anti-cancer therapy and auto-immune disease.

HIV patients who have significant oral manifestations such as aggressive periodontitis or significant immuno-suppression (this increasingly less common).

Patients who are likely to require a general anaesthetic for restorative dental treatment due to physical or learning disability.

What we request from you;

Full referral on the special care proforma. This must include details of the patients social circumstances- care arrangements, transport needs etc. Detailed medical history. Outline of attempts

at treatment and acclimatisation. If this has failed evidence of need for GA or Sedation has been discussed with the patient/parent or carer.

What the patient can expect from us:

Assessment by special care specialists with access to appropriate treatment facilities in both the Hospital and Community setting. A detailed assessment and diagnosis communicated to the referring dentist by letter.

Once treated patients will be discharged back to the referring dentist for continuing care under a 'shared care' arrangement.

Prosthodontics including implants

Removable prosthodontics

The Department provides a diagnosis, treatment planning and advice service for patients registered with a general dental practitioner who require removable prosthesis. All patients referred to the Department should have good oral health; that is, dentate patients should have a good level of oral hygiene and have no active caries or incompletely restored teeth.

A limited number of patients may be accepted for specialist treatment and/or postgraduate training but only after the initial treatment by the referring practitioner has not been successful. **It is expected that all referred patients will have at least one prosthesis made by the referring practitioner. In these instances the referring practitioner is expected to provide all other dental care for the patient.**

Once treatment is completed all patients will be referred back to their general dental practitioner for maintenance care.

What we request from you:

A full referral from you on our referral proforma including outline of treatment carried out to date and the nature of the problem(s). All relevant radiographs

What the patient can expect from us:

Patients who cannot wear a removable prosthesis successfully will be seen for assessment. Following this they will either be referred back with an appropriate treatment plan or placed on our waiting list for treatment. A small number may be considered for implant stabilisation and retention if this is deemed the only appropriate treatment option.

We will convey our diagnosis and treatment plan in a letter. We will return radiographs.

Fixed Prosthodontics

The department provides a diagnostic and treatment planning service only for fixed prosthodontics. **In general terms we do not provide fixed prosthetic treatment including implants to any patients other than the core groups (1-4) listed on page 1.** All patients should have any dental pathology such as periodontal treatment and caries treated and stabilised prior to referral. Patients referred for this category of treatment should be made aware that it is highly unlikely that they will be taken on for treatment in the department.

We DO NOT provide any maintenance or replacement treatment for implant retained prostheses not placed on an NHS contract

What we request from you:

A full referral on our referral proforma requesting advice only unless the patient falls into one of the core groups. Relevant radiographs

What the patient can expect from us:

A full diagnosis and treatment plan returning the patient for treatment to the referring dentist.

We will return all radiographs.

Tooth Wear

What we request from you;

All patients should have any dental pathology such as periodontitis or caries treated and stabilised prior to referral. Patients should have diagnostic study models taken as a baseline record. Younger patients should have a dietary analysis undertaken with appropriate advice and a fluoride mouthwash prescribed.

A full referral on our referral proforma should be completed. This should include the diet analysis and study models taken.

What the patient can expect from us:

A full diagnosis and treatment plan will be conveyed to the referring dentist.

Patients requiring more straightforward treatment will be returned to the referring practitioner with a treatment plan.

Patients requiring complex occlusal rehabilitation or surgical crown lengthening procedures will be accepted for the specialist element of the treatment and placed on a waiting list for treatment.

Patients receiving initial treatment within the Restorative Department will require maintenance with their dentists. This will include replacement and repair of any direct or indirect restorations. With tooth wear patients this may involve fairly regular remedial work. **This will not be undertaken in the Restorative unit.**

Tooth Whitening.

The Department only uses tooth whitening techniques on patients with congenital developmental defects (see core patient groups) where other techniques are deemed inappropriate. We do not perform routine tooth whitening.