Oral and Maxillofacial Surgery (OMFS)

OMFS at the RUH NHS Foundation Trust is a consultant led service and accepts the following referrals:

- Head and neck cancer
- Cutaneous malignancy head and neck lumps
- Salivary gland disorders
- Correction of facial deformity
- Facial trauma surgery
- Oral and dentoalveolar surgery
- Temporomandibular disorder

Further guidance is available from the Royal College of Surgeons: [www.rcseng.ac.uk](http://www.rcseng.ac.uk/)


Patients who are not accepted for treatment include:

**Conditions that should be treated in primary care by the referring dentist, namely:**

- Routine extractions within the scope of a suitably qualified dentist
- Patients taking warfarin with INR < 3.5 to <4.0 for routine exodontia within the scope of a suitably qualified dentist
- Referrals for the initial management of periapical pathology should be directed to a restorative dentist in the first instance

**Referrals will only be accepted on one of the following condition specific referral proforma, with the following information included:**

1. **Head and Neck Cancer Referral Form**
   
   In the case of suspected head and neck cancer please use the Head and Neck Cancer referral form [http://www.ruh.nhs.uk/For_Clinicians/departments_ruh/oncology_services/documents/referral_forms/Head_&_Neck_Cancer_2ww_Proforma.pdf](http://www.ruh.nhs.uk/For_Clinicians/departments_ruh/oncology_services/documents/referral_forms/Head_&_Neck_Cancer_2ww_Proforma.pdf)

2. **Oral and Maxillofacial Surgery Referral Form**
   
   Within the form please include:
   - Details of the presenting complaint.
   - Details of whether or not the patient is suitable for a local anaesthesia.
   - Wherever appropriate a radiograph of diagnostically acceptable quality. A reason must be given if a radiograph is not included with the referral.

3. **Oral Surgery Referral Form (excluding removal/management of third molars and TMD)**
   
   Within the form please include:
   - The procedure required e.g. extraction(s), expose & bond along with the justification e.g. caries, ectopic position etc.
   - If the request is for the extraction of retained roots then the reason for the referral should be provided, such as:
     - removal of the root is difficult e.g. because of proximity to the inferior dental nerve
     - there have been previous attempts at extraction in dental practice which have failed
     - the patient has had radiotherapy to the head and neck.
   - Details of whether or not the patient is suitable for a local anaesthesia.
• Wherever possible a radiograph of diagnostically acceptable quality for any fully or partially erupted tooth should be included. A reason must be given if a radiograph is not included with the referral.

• If the treatment required does not fit into any of the listed categories then please detail in the box provided.

4. Extraction/Management of Third Molars Form

Specific information should be included in the referral, in particular describing how the extraction of the third molar(s)/wisdom teeth complies with the management guidelines published by one of the following:

- Scottish Intercollegiate Guidelines Network: [www.sign.ac.uk/guidelines/fulltext/43/index.html](http://www.sign.ac.uk/guidelines/fulltext/43/index.html)


5. Temporomandibular Disorders (TMD) Form

Accepted referral conditions
The majority of patients with TMD can effectively be diagnosed and managed by the general dentist using straightforward conservative measures such as a combination of explanation, reassurance, remedial jaw exercises and a soft splint. There is now clear evidence that this helps ease the patient’s anxieties during subsequent management.

Advice on diagnosis, patient explanation and jaw exercise sheets can be downloaded from: [www.ncl.ac.uk/dental/AppliedOcclusion](http://www.ncl.ac.uk/dental/AppliedOcclusion)

These measures should be tried before considering a referral. This is because many patients will be readily responsive to treatment and the symptoms may be self-limiting. In the absence of potential dental problems or any evidence provisionally suggesting TMD, patients with chronic facial pain may be referred.

Patients with TMD are accepted with the following conditions:

- Unsuccessful treatment.
- Chronic facial pain.
- Psychological distress.
- Occlusal preoccupation.
- Disc displacement without reduction (closed lock).

Patients will not be accepted for TMD treatment if the following criteria have not been satisfied/completed:

- Patients where the condition has not been initially managed by their dentist.