

## **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/)

Guidance is available for managing patients who are taking warfarin and undergoing dental treatment at:

[www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60028&](http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60028&).

**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)
- Royal College of Surgeons of England: [www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical\\_guidelines/documents/ncg97.pdf](http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/ncg97.pdf)

#### **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.