**Referrals**

Oral Surgery Undergraduate Treatment Clinic Acceptance Criteria

The service provides treatment for patients who require dental extractions and fulfil the criteria:

· Multiple or Single Straight forward extractions on adult patients, not planned to be surgical but it might involve risk to became surgical. (i.e., Last standing upper molar extraction)

· Radiograph should be included

· This includes patients on low risk for MRONJ, Patients on anticoagulants and antiplatelets or other complicated medical histories EXCLUDING THE FOLLOWING.

Exclusion Criteria

· Extractions/Surgical procedures for patients who are undergoing or who have undergone radiotherapy to the jaws

· Extractions/Surgical procedures for patients who are undergoing or who have undergone treatment with IV anti-resorptive or anti-angiogenic drugs for malignant disease.

· Extractions/Surgical procedures for patients who are undergoing chemotherapy for malignant disease

· Extractions/Surgical procedures for patients under the care of a haemophilia service

· Patients who have behavioural, intellectual, mental, emotional or physical impairment (PLEASE REFER TO SPECIAL CARE DENTISTRY)

· Patients who required extractions/Surgical procedures under Intravenous Sedation (IV) or General Anaesthetic (GA).

To Refer: Please email the form to bartshealth.ugoralsurgeryreferrals@nhs.net

Oral Surgery Service

Details of complexity levels can be found in the [guide for commissioning oral surgery and oral medicine.](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf)

“We can only accept electronic referrals via NHS mail. A completed referral form should be emailed.

Please note that we no longer accept postal or fax referrals. All referral forms must be electronically completed and hand written forms will be returned.

* Referrals will be accepted for advice, treatment planning and, for those patients meeting our acceptance criteria, they will be accepted for comprehensive treatment.
* Patients who are not dentally fit will not be accepted and should not be referred in the first instance unless they are fit for treatment.
* Those patients who are accepted for treatment will be expected to continue to be registered with a general dental practitioner.
* Patients can only be accepted where we have capacity to care for them.
* NHS England is committed to monitoring for the quality of referrals to secondary care.

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| Level of complexity |
| **Level 1 complexity** | Procedures/conditions to be performed or managed by a clinician commensurate with a level of competence as defined by the Curriculum for Dental Foundation Training or its equivalent. This is the minimum that a commissioner would expect to be delivered in a primary care contract. |
| **Level 2 complexity** | Procedures/conditions to be performed or managed by a clinician with enhanced skills, and experience who may or may not be on a specialist list. This care may require additional equipment or environment standards but can usually be provided in a primary care setting. |
| **Level 3a complexity** | Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list; **OR** by a consultant. |
| **Level 3b complexity** | Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, MCNs and deliver specialist training. The consultant team may include trainees and SAS grades. Oral Surgery to also be delivered by Consultants in Oral and Maxillofacial Surgery who have the necessary competencies. |

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| Level of complexity |
| **LEVEL 1 procedures/conditions**Extraction of erupted tooth/teeth including erupted uncomplicated third molars* Effective management, including assessment for referral unerupted, impacted, ectopic and supernumerary teeth
* Extraction as appropriate of buried roots (whether fractured during extraction or retained root fragments),
* Understanding and assistance in the investigation, diagnosis and effective management of oral mucosal disease
* Early referral of patients (using 2-week pathway) with possible pre-malignant or malignant lesions
* Management of dental trauma including re-implantation of avulsed tooth/teeth
* Management of haemorrhage following tooth/teeth extraction
* Diagnosis and treatment of localised odontogenic infections and post-operative surgical complications with the appropriate therapeutic agents
* Diagnosis and referral patients with major odontogenic infections with the appropriate degree of urgency.
* Recognition of disorders in patients with craniofacial pain including initial management of temporomandibular disorders and identification of those patients that require specialised management
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| **LEVEL 2 procedures/conditions*** Surgical removal of uncomplicated third molars involving bone removal
* Surgical removal of buried roots and fractured or residual root fragments
* Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth)
* Management and surgical exposure of teeth to include bonding of orthodontic bracket or chain
* Surgical endodontics
* Minor soft tissue surgery to remove apparent non-suspicious lesions with appropriate histopathological assessment and diagnosis.eg: Fibroepithelial polyp & mucocele
* Failed extraction (attempted extraction not completed)
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| **LEVEL 3 procedure/conditions*** Procedures involving soft/hard tissues where there is an increased risk of complications (such as nerve damage, displacement of fragments into the maxillary antrum and fracture of the mandible)
* Management and/or treatment of salivary gland disease
* Surgical removal of tooth/teeth/root(s) that may involve access into the maxillary antrum
* Management of temporomandibular disorders and craniofacial pain that have not responded to initial therapy
* Treatment of cysts
* Management of suspicious/non-suspicious oral lesions
* The placement of dental implants (that are eligible under the NHS) requiring complicated additional procedures such as bone grafting, sinus lifts etc.
* Treatment of complex dentoalveolar injuries
* Management of spreading infections and incision of abscesses (or abscess) requiring an extra-oral approach to drain

 ***Depending on the complexity of the procedure, consultant-led care may be required to manage any of the above and, in addition, is required for the procedures listed below. These procedures will be delivered within a team (which may include specialist trainees, specialists and SAS grades) who have appropriate ability and facilities to provide high quality care for patients:*** * management of jaw and facial fractures
* management of congenital and acquired jaw anomalies
* advanced oral implantology and bone augmentation
* diagnosis and treatment of anomalies and diseases of the TMJ
* diagnosis and treatment of salivary gland diseases.
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| Third molars |
| **THIRD MOLARS** |
| **Strict adherence to the NICE guidelines will be observed.****For clarity these include:** * **Unrestorable caries**
* **Restorable caries in the adjacent tooth that necessitates extraction of third molar to restore the caries**
* **Non-treatable pulpal/periapical pathology**
* **Cellulitis**
* **Abscess**
* **Osteomyelitis**
* **Internal/external resorption of the tooth or adjacent tooth**
* **Fracture      of  tooth**
* **Disease of follicle (cyst/tumour)**
* **Documented pericoronitis on more than one occasion requiring medical or surgical treatment**
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