Restorative Dentistry Referral Guidelines

The role of the Restorative Dentistry service is to provide a diagnostic and treatment planning service to referring practitioners. We are not able to provide primary care treatment; a small number of cases are accepted for undergraduate training but otherwise treatment not requiring specialist care is returned to the referring practitioner for completion. Note that the lack of ability to pay for treatment is not an indication for a referral and all patients with active primary disease will be returned to the referring practitioner for remedial treatment.

A consultation appointment does not necessarily mean that further treatment will be undertaken at the Dental Hospital. Our aim is to work in partnership with the primary care practitioner, which means that the patient will almost always be referred back for specific items of treatment or all of the recommended treatment with a detailed treatment plan. At the Dental Hospital, only certain cases are selected for treatment by undergraduates, postgraduate trainees or training staff, when appropriate to meet their educational needs. In such cases, there may be a significant delay before treatment can be commenced. For those patients accepted for treatment, it is expected that the referring practitioner will continue to see the patient for routine examinations and treatment, continuing to provide all other aspects of dental care. It is expected that stabilisation of the oral health will have been carried out as outlined in the Greater Manchester Local Dental Network (GM LDN) “Healthy Gums Do Matter” Practitioner’s Toolkit.

Patients considered high priority
The following patients will normally be accepted for treatment:
- Those who have or have had oral cancer (e.g. pre-treatment planning, post-resection rehabilitation)
- Those who have congenital dental abnormalities (e.g. hypodontia, cleft lip & palate and dentinogenesis /amelogenesis imperfecta)
- Those who have suffered severe orofacial trauma
- Patients requiring treatment of a multi-disciplinary nature

Advice only referrals
Referrals for advice only, with appropriate supporting clinical and radiographic information, will always be accepted. The request should be clearly highlighted as such in the correspondence. Advice may be made on the basis of information provided without the patient being offered an appointment; patients seen for a consultation include those needing assessments for strategic planning of restorative dental treatment.

Medically compromised patients
Patients with a mental or physical disability, patients who are infirm and patients who present with non-anxiety related management difficulties are not, in general, accepted for treatment within the Department unless the dental situation is seen as requiring specialist management. These patients should be referred using the Special Care Dentistry referral form in the first instance.
Endodontics

We are unable to accept referrals for molar endodontics (either primary or retreat) unless the tooth is of strategic importance – this would, for example, include teeth that are supporting essential bridgework.

The following are acceptable reasons (in non-molar teeth) for referral:

- A second opinion is required.
- A treatment plan is required.
- There is a specific problem with the tooth, which cannot otherwise be treated in general practice. For example - management of open apices, resorption and trauma.
- Where the medical history supports endodontic therapy rather than extraction (e.g. risk of osseonecrosis due to bisphosphonate medication or previous radiotherapy).
- Where conventional endodontics has failed and a surgical approach may be required on any tooth other than a molar.

In addition to the above reason for referral, the following criteria must be met:

- The patient is a regular attender in practice and is well motivated with no active caries or periodontal disease.
- The letter of referral contains an indication of the history of the problem and of the treatment carried out to date.
- The tooth must be restorable and functional.
- A recent (within three months) high quality periapical radiograph of the tooth in question must be sent with the referral letter. Digital print-outs must be of diagnostic quality.
Periodontics

Patients with more complex periodontal conditions may require specialist treatment. Any referred patient should have received appropriate periodontal care (detailed in the referral along with a recent BPE /other detailed periodontal record), in keeping with Greater Manchester LDN Healthy Gums DO Matter Practitioner’s Toolkit and the British Society of Periodontology Parameters of Care: (www.bsperio.org.uk/publications)

As there is limited access to specialist periodontal services referrals will only be accepted if the patient has engaged with a process of improving their periodontal health and there is a specific problem with the periodontal tissues, which is beyond the scope of general dental practice. For example:

- A concurrent medical factor that is affecting the periodontal tissues
- Patients requiring complex restorative treatment planning
- Patients with combined periodontal and endodontic lesions
- Patients requiring combined periodontal and orthodontic treatment
- Patients either at risk of or having been identified with aggressive periodontitis
- A strong family history of early tooth loss due to periodontitis in a patient with periodontal disease
- Advanced periodontitis in a young patient
- Patients with desquamative gingivitis
- Where residual chronic periodontitis persists after periodontal treatment
- Patients requiring periodontal surgery, such as crown-lengthening procedures, and for the surgical management of mucogingival problems (e.g. treatment of gingival recession or gingival overgrowth)
- Recent high quality radiographs must be sent with the referral letter. Digital print-outs must be of diagnostic quality.
Prosthodontics

Patients with multidisciplinary problems are priority groups (e.g. hypodontia, cleft, head and neck oncology, trauma).

Patients with failing crowns and bridges are seen for treatment planning but not normally accepted for treatment unless required for training: patients requiring dismantling/removal of restorations and determination of restorability of individual teeth are normally returned to the referring practitioner with advice.

For removable prosthodontics cases, only those patients with particularly difficult anatomy will be considered for treatment (e.g. due to congenital defects or acquired defects secondary to surgery, trauma or severe resorption). For all referrals:

- The patient should be a regular attender and well motivated with no active caries or periodontal disease (unless advice is sought on strategic value and treatment planning)
- The referral must contain details of any previous attempts to make dentures and issues that may have arisen. Where an attempt has not been made to construct a prosthesis, patients will be routinely returned to the referring practitioner
- Where problems are due to technical errors in the prosthesis, the patient will be returned to the referring practitioner with advice for correction
- Patients with complicating factors are usually returned to the referring practitioner with advice (e.g. guidance on specific impression techniques)

Toothwear

A full diagnostic and advisory service is available. Where possible referrals should be accompanied with evidence to show the rapidity of the toothwear. Models provided to the patient to bring to the consultation may be of value. In younger patients, it would be expected that a full dietary analysis would have been undertaken, fluoride mouthwash advised and appropriate preventive advice given prior to referral. Advice on the options for management of tooth wear will be provided, although other than the most complex of cases patients are not normally accepted for treatment unless required for training.