

REFERRAL GUIDELINES FOR RESTORATIVE DENTISTRY

The Liverpool University Dental Hospital is a teaching hospital able to accept a limited number of patients suitable for treatment by undergraduate and postgraduate students, junior hospital staff and specialist trainees. Specialists or consultants also treat patients who fall within certain priority groups. Restorative waiting times for student treatment are variable and often show seasonal fluctuations relating to undergraduate timetables, student intake and examinations.

There are a limited number of staff hygienists, who only see priority cases.

Criteria for referring patients to the unit for consultation and acceptance for treatment
Consultation:

Restorative staff will provide a diagnostic and treatment planning service for a wide range of congenital disorders and acquired diseases affecting the mouth, face and jaws. This will include patients with chronic pain that is thought to be of dental origin and those with TMD, which has not responded to conservative measures in primary dental care. All patients should continue to attend their own GDP for routine and emergency dental treatment whilst awaiting consultation; this includes preventive care and advice.

Acceptance for consultation does not mean that the patient will be accepted for treatment. A treatment plan appropriate for primary care will be provided whenever possible. It is not the responsibility of the hospital dental service to treat patients who are having difficulty accessing/paying for primary dental care. Treatment not easily available within the NHS general dental services includes advanced fixed prosthodontics, molar endodontics and restorative treatment under sedation. Implants are only available on the NHS for certain priority cases such as post-cancer rehabilitation, severe congenital hypodontia and following severe maxillofacial trauma – this is dependent on funding approved via NHS England.

Treatment by Staff:

With the exception of priority groups we will usually only accept a small number of patients suitable for specialist training. Patient expectations regarding the possibility receiving treatment at LUDH should not be unrealistically raised.

Acceptance of a patient for an item or course of treatment does not guarantee that treatment will be provided by a specific grade (or member) of staff. Once treatment is complete, the patient will be discharged. Patients undergoing treatment for specific items are at all times still under the care of the local referring GDP/dentist. Furthermore, once discharged the Restorative Department at Liverpool University Dental Hospital does not have responsibility for the long-term care and maintenance of treatment provided by Liverpool University Dental Hospital.

The following priority groups of patients will be accepted for treatment:

- Patients who require multidisciplinary care by specialists. Examples include patients with severe congenital dento-facial abnormalities (such as hypodontia, palatal clefts) and patients requiring oral rehabilitation following ablative tumour surgery.
- Patients requiring endodontics rather than exodontia because of an increased risk of osteonecrosis following radiotherapy to the jaws or medication.
- Patients who require periradicular surgery for failed endodontic treatment, pathological resorption or when non-surgical retreatment may not be feasible.
- Patients with medical or oral conditions which make dental treatment difficult (e.g. mucocutaneous diseases such as pemphigoid) and connective tissue disease (scleroderma, epidermolysis bullosa).

- Aggressive periodontitis.

The following may be accepted for treatment by hospital trainees or postgraduate students:

- Muco-gingival.
- Root canal treatment and retreatment e.g. fractured instruments, post removal, curved canals, difficult root canal anatomy and sclerotic canals.
- Advanced tooth wear.
- Fixed or removable prosthodontics.
- Dental treatment of moderate complexity.

We are unlikely to offer a restorative service for:

- Patients with dental phobia or anxiety about dental treatment
- Patients who have failing full mouth rehabilitation, multiple crowns or bridgework
- Patients that have received sub-standard dental care (undertaken privately or within the NHS) and are pursuing, or have successfully pursued, litigation.
- Those seeking cosmetic improvements unless in the priority groups.

Further information about specific clinical areas:

Periodontics:

The Flow Chart in the Periodontal Referral Protocol (Appendix 2) summarises the patients who will be seen for specialist periodontal assessment. The documentation for a referral must include:

- A completed dental referral proforma.
- The periodontal therapy carried out to date, including a full periodontal chart, plaque.
- charts showing evidence of adequate plaque control, attendance.
- Cessation of smoking confirmation.
- Contemporaneous radiographs of appropriate quality.

We do not accept faxed copies of radiographs or hard copy prints of digital images. Digital images must be supplied in readable CD format. Priority is given to those with aggressive periodontitis (below 35 years with rapid attachment loss). We only accept referrals for other periodontal diseases where there is persistent severe periodontitis following concerted efforts with initial periodontal therapy and patients demonstrate adequate plaque control (consistently documented plaque index $\leq 20\%$). Referrals which do not include periodontal charting or radiographs of sufficient diagnostic quality will be returned.

Endodontics:

We accept Endodontic referrals for priority groups for consultation led treatment. Capacity is reserved for priority patients. Capacity for Endodontic treatment and retreatment on either StR/PG and UG students training programmes is limited and depends on case complexity, term time and training needs. Patients accepted for treatment at LUDH will be offered treatment by a consultant, specialty doctor, StR/PG, DCT or UG depending on treatment complexity. Our endodontic services both consultation and treatment are consult led.

Capacity for Endodontic treatments is reserved for priority patients:

- Patients with moderate/severe dentoalveolar trauma who require endodontic treatment e.g. complicated crown root fracture, avulsion, intrusion, tooth with open apex, root fracture, etc.

- Patients with complex medical/dental history or on medication that affect their dental management e.g. cancer, limited mouth opening, medication induced osteonecrosis of the jaw etc.
- Patients who require endodontic treatment for tooth/teeth with development abnormalities e.g. amelogenesis imperfecta, dens in dente, etc.
- Patients who require endodontic treatment for tooth/teeth with pathological tooth/root resorption.
- Patients who require periradicular surgery of failed RCT in the presence of adequate conventional obturation or reasons which may impede non-surgical treatment or retreatment.
- Patients who require multidisciplinary treatment plan and endodontic management
- Patients who are referred for advice on complex endodontic problems and/or pain diagnosis.

Capacity for endodontic treatment (including retreatment) on either StR/PG and UG students training programmes depends on case complexity, term time and training needs.

Patients may be accepted for training/educational purposes for:

- Conventional root treatment or re-treatment of failed root canal treatment.
- Feasible removal of fractured instruments and intra-radicular posts in teeth of reasonable prognosis.
- Sclerotic root canals that are not considered negotiable from radiographic or clinical evidence through their entire length.
- Root perforations with reasonable prognosis.
- Root canals with anatomical complexities e.g. severe curvatures, unusual canal configuration

All Endodontic referrals should be made using the dedicated Endodontic Referral Profoma and should be accompanied by intra-oral periapical and bitewing radiographs of sufficient diagnostic quality. We do not accept faxed copies of radiographs. Digital images must be supplied in readable CD format. Printed radiographs should be of sufficient print quality and size. Endodontics referrals can be send electronically to the following email admin_LUDH@rlbuht.nhs.uk. All radiographs should be clearly labelled with the patient's details and the date taken

Referral letters will be returned if:

- They are illegible.
- Lack radiograph(s) of diagnostic value.
- The form is incomplete or does not meet the referral criteria.
- The tooth is deemed unrestorable.
- The referral does not fall into one of the priority groups and training capacity is not available at LUDH at the time of the referral.

Patients seen on a consultant referral clinic may not be offered ENDODONTIC treatment if:

- Plaque control is unsatisfactory.
- Caries and/or active periodontal disease is present.
- Patient cannot tolerate dental dam.
- Tooth had a doubtful prognosis.

Dental Implants:

Dental implant treatment on the NHS is limited mainly to patients with significant congenital hypodontia, following treatment for oral cancer or severe maxillofacial injuries. Appropriate referrals should be addressed to Mr C Butterworth. We do not provide a 2nd opinion service for patients pursuing private treatment within general dental practice.

Removable Prosthodontics:

Demand for removable prosthodontics is high. Edentulous patients with severe/chronic denture intolerance, young edentulous patients (≤ 45 years) with residual ridge class IV, V, VI and patients with severe jaw discrepancies may be considered for treatment.

Consultant Staff in Restorative Dentistry who accept referrals:

Mr R Ali, Consultant in Restorative Dentistry

Dr E L Boyle, Senior Lecturer/Honorary Consultant in Restorative Dentistry

Prof. C J Butterworth, Consultant in Restorative Dentistry (Oral Rehabilitation)

Prof. F D Jarad, Senior Lecturer/Honorary Consultant in Restorative Dentistry

Miss B Sood, Consultant in Restorative Dentistry

Dr A J Preston, Senior Lecturer/Honorary Consultant in Restorative Dentistry

Dr P W Smith, Senior Lecturer/Honorary Consultant in Restorative Dentistry

Prof. V Bissell, Honorary Consultant in Restorative Dentistry

NB:

1. 'Dear Sir' letters or those addressed to the 'Department of Restorative Dentistry' will be given to the consultant with the shortest waiting list.
2. Referrals to a 'named' consultant may be transferred to another appropriate consultant, depending on the waiting list at the time.

Treatment by Dental Students:

Patients who are referred for an assessment of their suitability for student treatment will be seen on an undergraduate assessment clinic. It is important to note that should a patient be considered unsuitable for student treatment they will be discharged at the assessment visit. A full treatment plan will not be provided to the referring practitioner will be informed, by letter, about the outcome of the assessment visit.

The following patients may be accepted for treatment by undergraduates:

Those who require simple restorative care. Examples include patients who require:

- intra-coronal restorations.
- uncomplicated endodontic treatment.
- uncomplicated endodontic retreatment on anterior and premolar teeth.
- 1-4 crowns, or a maximum 3-unit small bridge.
- Those who have gingivitis or early/moderate periodontitis and an uncomplicated medical history.
- Those requiring complete dentures or partial dentures from simple acrylic to more complex cobalt-chromium dentures.

Do not refer patients for restorative treatment by an undergraduate if they:

- Have a complicated medical history (ASA Class 3, 4) have difficulty in attending for regular appointments want their treatment carried out quickly have severe behavioural problems or suffer from dental anxiety.
- Please find enclosed a referral form for patients who wish to be assessed regarding their suitability for student treatment (Appendix 3).