

NHS England – South (Wessex) Minor Oral Surgery Referral Criteria

Notes before referring

- 1.1 As part of their GDS contract/PDS Agreement NHS providers and performers are expected to carry out extractions of teeth and retained roots. The patient should ONLY be referred if they present with special difficulties that lie outside the competence of a GDP. Where treatment required is within the scope of a GDP but the dentist concerned does not feel confident to deliver this treatment care should be provided by another clinician working under the same GDS contract/PDS Agreement.
- 1.2 It would not be expected that practitioners would refer teeth with a favourable root formation that are fully erupted and accessible to forceps extraction.
- 1.3 Practitioners will only be able to access this service by taking an appropriate diagnostic radiograph, which must be included with the referral. Printed digital radiographs should be of diagnostic quality. It is recommended that you print on a laser printer set at 600dpi on normal A4 paper. If appropriate zoom in to the area of interest, and print a second copy. Please ensure that all xrays have:
 - i. Patients Full Name
 - ii. Date of Birth
 - iii. Date radiograph taken
- 1.4 Where a radiograph cannot be supplied, please give an explanation why not. If an extraction has been attempted but was incomplete, please send a post attempt radiograph. Original silver bromide radiographs will be returned with the discharge letter.
- 1.5 Patient's valid consent should be obtained for referral and tooth removal including an explanation of risks.
- 1.6 If additional restorative dentistry is being planned as part of the patients existing treatment plan, this treatment must be continued by the referring dentist while the patient is awaiting Minor Oral Surgery assessment and treatment. The referral should also indicate on the referral form which additional teeth are planned to be restored and do not need to be considered for extraction. If teeth that are restorable are to be removed, indicate why.
- 1.7 Please fill in the patient details in full.
- 1.8 Patients should understand that they may be treated in either a primary care service or hospital service.
- 1.9 Patients who miss an appointment or cancel on 2 occasions will be discharged. The referring dentist will be informed.
- 1.10 It would not be expected for oral surgery procedures to be carried out under general anaesthesia if sedation or a local anaesthetic technique can be employed. Referring Practitioners must avoid promising a particular technique. If the referrer believes that the patient has a severe level of anxiety / phobia this should be formally recorded.

Referral Criteria for Dental Extractions

Accepted

- 2.1** Unsuccessful attempt at extraction by referring practitioner (please send post 'extraction' radiograph).
- 2.2** Patients with severe dental anxiety requiring additional support that cannot be provided by the GDP (eg sedation/GA) where there is a need for oral surgery.
- 2.3** Abnormal root morphology likely to compromise the ease of extraction.
- 2.4** Multi rooted teeth that need division prior to extraction.
- 2.5** Wisdom teeth meeting NICE criteria, that are impacted so will need a flap procedure and bone removal and or surgical division (see separate section).
- 2.6** Teeth with significant cystic/periapical radiolucencies that need histological analysis.
- 2.7** Extraction where there is a substantially increased risk of damage to an adjacent anatomical structure.
- 2.8** Poor access to tooth due to limited mouth opening.
- 2.9** Teeth with unexplained root resorption.
- 2.10** Patients who are medically compromised.

Rejected

- 2.11** Any tooth root filled or not, with sufficient crown or roots to apply forceps or luxators.
- 2.12** Single rooted teeth and multi rooted teeth whether root filled or not that do not need division.
- 2.13** Root fragments situated wholly in soft tissue.

Referral Criteria for Wisdom Teeth

Notes before referring

- 3.1 Asymptomatic disease free wisdom teeth should not be extracted.
- 3.2 Anterior crowding alone is not an indication for wisdom teeth removal.
- 3.3 In symptomatic patients, where palliative treatment is not appropriate or is ineffective, surgical removal of symptomatic third molars can generally be carried out within the general dental service by a clinician with the relevant training and experience.
- 3.4 Ideally the radiograph should be a DPT (dental pantomogram). However, a lateral oblique or a periapical radiograph would be acceptable. If bitewings or periapical radiographs showing evidence of distal caries on lower 2nd molars are available, these must be sent. These must show enough of the crown of the wisdom tooth to give a clue of the nature of impaction, for triaging purposes. If no radiographs are supplied, indicate why not.

Accepted:

- 3.5 Recurrent episodes of pericoronitis.
- 3.6 Single severe episode of pericoronitis which showed evidence of spread and infection to facial tissues.
- 3.7 Unrestorable caries in the wisdom tooth.
- 3.8 Wisdom tooth contributing to periodontal disease or caries of second molar.
- 3.9 Internal or external resorption of wisdom tooth or adjacent tooth.
- 3.10 Prior to orthodontic treatment (if prescribed by a specialist orthodontist) or orthognathic surgery. A copy of the orthodontist's treatment plan must be included with the referral.
- 3.11 Disease of the follicle including a cyst or tumour.

Rejected:

- 3.12 Upper 8s fully erupted with good vision and access.
- 3.13 Lower 8s with favourable roots that are fully erupted.

Reference:

Interim Clinical Commissioning Policy: Removal of Third Molar Teeth (Wisdom Teeth), Agreed: November 2013 Ref: N-SC/036 Available at <http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC036.pdf>

NICE TA1 *Guidance on the Extraction of Wisdom Teeth* (2000). Available at <http://www.nice.org.uk/guidance/ta1/resources/guidance-on-the-extraction-of-wisdom-teeth-63732983749>

Referral Criteria for Apicectomies

Notes before referring

- 4.1 Within primary care, conventional root canal treatment is the first treatment option for cases of periapical pathology.
- 4.2 If unsuccessful, non-surgical re-treatment is the preferred option for endodontic failure.
- 4.3 Apicectomies cannot be performed without an adequate orthograde root filling.
- 4.4 Practitioners will only be able to assess the condition of a root filling by taking an appropriate diagnostic radiograph, which **MUST** be included with the referral. Patients' valid consent should be obtained for referral and apical surgery including an explanation of risks.
- 4.5 Referrals without diagnostic radiographs will be rejected.

Accepted

- 4.6 Symptomatic teeth with conventional endodontic treatment on incisor, canine or premolar tooth where there is evidence of re-root treatment, and an adequate coronal seal. The roots should show successful and complete obturation throughout its width and length.
- 4.7 Unsuccessful conventional root canal treatment due to sclerosed or obstructed canal.
- 4.8 Where biopsy of the peri-radicular radiolucency is indicated.
- 4.9 Teeth with a post crown where the post fits the root canal well and is of an appropriate length (normally 10mm+) and there is no history of cementation failure and where the coronal seal is adequate but there is symptomatic apical pathology.

Considered

- 4.10 Periradicular disease in a root-filled tooth where non-surgical root canal retreatment cannot be undertaken or has failed, or when it may be detrimental to the retention of the tooth (eg obliterated root canals, teeth with full coverage restorations where conventional access may jeopardise the underlying core, the presence of a post whose removal may carry a high risk of root fracture).
- 4.11 Teeth with post crown but no evidence of orthograde root filling and in the presence of pathology.
- 4.12 Teeth with iatrogenic or traumatic damage, or resorption where surgery offers the opportunity to retain the tooth.
- 4.13 Where visualisation of the periradicular tissues and tooth root is required when perforation or root fracture is suspected.
- 4.14 Repeat apicectomy on tooth with good bone support and good root length.

Rejected

- 4.15 Where the root canal is inadequately obturated and there is access to the root canal system.
- 4.16 Patient requests general anaesthesia without clinical indication.
- 4.17 Apicectomy on molar teeth.
- 4.18 Where patients have poor oral hygiene and active periodontal disease or uncontrolled dental caries.
- 4.19 Unrestorable tooth, or inadequate bony support.
- 4.20 Teeth with a post crown where the post is inadequately designed eg short or deviated, does not fit the canal, or the post has been re-cemented on several occasions.
- 4.21 Risk to adjacent anatomical structures is high eg neurovascular bundle.
- 4.22 Patients who are medically compromised.

Reference:

Guidelines for Surgical Endodontics, Faculty of Dental Surgery (RCS Eng), by Glynis Evans, Karl Bishop, and Tara Renton.

https://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/surgical_endodontics_2012.pdf

Referral for other Minor Oral Surgery

Other procedures for which the Minor Oral Surgery Referral Form can be used for include:

- 5.1** Removal of or exposure impacted teeth (not third molars) if this is part of an orthodontic treatment plan.
- 5.2** Closure of oro-antral communication or fistula.
- 5.3** Removal of root from antrum.
- 5.4** Pre-prosthetic surgery (eg removal of tori mandibularis) as part of a restorative treatment plan.

Referral Criteria for Medically Compromised Patients

Patients not Requiring Referral

- 6.1 Most patients with cardiovascular, respiratory disease, diabetes and epilepsy are well controlled on their medication and can be treated within the primary care setting.
- 6.2 Patients on antiplatelet drugs such as aspirin and/or clopidogrel are not at special risk of excessive bleeding and therefore can be treated under a primary care course of treatment (not necessarily one appointment) without cessation of their therapy. Suturing and use of haemostatic agents may be necessary.
- 6.3 Patients on warfarin can be treated by a GDP if their INR is < 4. Ideally extraction appointments will be arranged the within 48 hours of an INR test, when the result can be obtained and brought by the patient to the appointment. These patients can be treated in primary care.
- 6.4 Patients on NOACs (new oral anticoagulants) such as Dabigatran (direct thrombin inhibitor) or Rivaroxaban or Apixaban (Factor Xa inhibitors) where INR testing is not effective, should be managed as having an INR between 2.0 and 3.0 . These patients can be treated in primary care. <http://www.sdcep.org.uk/wp-content/uploads/2015/09/SDCEP-Anticoagulants-Guidance.pdf>

Patients Suitable for treatment in Hospital Setting

- 6.5 Unstable/severe cardiovascular disease.
- 6.6 Respiratory function decreased to the extent the patient has to have home oxygen therapy.
- 6.7 Unstable epilepsy.
- 6.8 Uncontrolled diabetes.
- 6.9 Any medical condition such as liver/ kidney disease that requires additional investigations prior to extraction.
- 6.10 Patients with coagulation disorders such as Haemophilia, and Von Willebrands disease.
- 6.11 Patients on Warfarin whose INR >4, or whose INR is unstable or requires multiple extractions.
- 6.12 Patients undergoing chemotherapy who are in acute pain requiring extraction.
- 6.13 Patients who have had radiotherapy to the head and neck.
- 6.14 Patients on oral bisphosphonates **and have an additional comorbidity** such as diabetes, steroid or other immunosuppressive therapy.
- 6.15 Patients who have had or are receiving IV bisphosphonates, antiresorptive drugs (eg Denosumab) or Anti-TNF treatment (Rheumatoid Arthritis) and therefore at high risk of osteonecrosis.
- 6.16 Patients who have severe immune dysfunction.
- 6.17 If a patient suffers from a condition not mentioned in the above and you feel should be seen in the hospital setting, please complete the referral form and enter the condition in section 4. Please be aware that patients with BMI greater than 40 will not be offered GA or sedation.

Special Needs

7.1 For adults and children with learning disabilities, unstable mental health problems, high anxiety/phobia, or dementia, who are untreatable within the dental chair and would benefit from the provision of not only extractions but also full oral examination, radiographs and conservation, please continue to refer directly to local Community Dental Service Providers:

- In Hampshire, including Southampton and Portsmouth, please contact Solent Special Care Dental Services. Guidance and referral form is available on their website. Solent NHS Trust Dental Single Point of Access, Level A, Royal South Hants Hospital, Brintons Terrace, Southampton. SO14 0YG. Tel: 023 8069 8677 or Fax: 023 8071 3279 <http://www.solent.nhs.uk/dental>
- On the Isle of Wight, please contact Somerset Partnership, Special Care Dentistry See link: <http://www.sompar.nhs.uk/what-we-do/dental-services/>
- In Dorset, please contact Somerset Partnership, Special Care Dentistry See link: <http://www.sompar.nhs.uk/what-we-do/dental-services/>