

# ORAL AND MAXILLOFACIAL UNIT

Huddersfield Royal Infirmary

Calderdale and Huddersfield NHS Foundation Trust



## Referral Guidelines for General Dental and Medical Practitioners

The Oral and Maxillofacial unit manages disease of the mouth, face, neck and jaws in adults and children. General Medical Practitioner's (GMP) and General Dental Practitioner's (GDP) are able to refer any patient for advice and management. These guidelines are designed to ensure that referrals are appropriate. Inappropriate referrals are wasteful of patient and clinicians time, limited hospital resources and may delay the diagnosis and treatment of urgent cases.

When referring a patient it is the GMP/GDP's responsibility to inform the patient of the exact reason for referral. The patient should understand that they may be offered advice but may not necessarily be accepted for treatment at the hospital.

This document is intended to assist general practitioners in referring patients to the Oral and Maxillofacial unit for diagnosis and/or treatment. While this document is advisory it is not prescriptive, if practitioners wish to refer a patient whose condition(s) falls outside these guidelines they should fully justify their reasons for doing so.

Referrals that do not comply with these guidelines will be returned to the referring practitioner for further details, clarification and/or re-referral.

**Patients with suspected head and neck malignancy will be seen within 14 days of the date of referral. The specific fast track proforma should be used in all cases of suspected cancer, accessed via the ERMS.**

There are 6 clinicians who accept referrals for treatment, with their names and special interest outlined below:

Mr S Ahad (Head and Neck Oncology including skin malignancy)

Mr P Chambers (Facial Deformity and skin malignancy)

Mr V Okseloglou (Head and Neck Oncology including skin malignancy)

Mr I Siddique (Facial Deformity and skin malignancy)

Mr D Sutton (Head and Neck Oncology including skin malignancy)

Mr G Wilson (Oral Surgery)

The department at Huddersfield Royal Infirmary is able to offer telephone advice and arrange urgent appointments should it be clinically necessary. Clinicians can be accessed **by telephoning** 01484342336.

Out of hours Oral and Maxillofacial care, for Calderdale and Huddersfield NHS Trust, is managed and delivered by Bradford Teaching Hospitals NHS Foundation Trust. **Switchboard can be contacted on 01274 542200.**

## Submitting Referrals to the Oral and Maxillofacial Unit

### Patient Demographics

Please ensure all details are included on the referral form and are accurate.

Essential details include:

- NHS Number
- Current address, including postcode
- Current contact number

### Clinical Information

Please ensure a clear reason for referral is included on the referral form.

Consider, **surgical** complexity, **medical** complexity or complexity with **patient management** when reinforcing your reason for referral.

If you feel the clinical need is urgent please outline reasons for this.

A comprehensive medical, social and dental history should be included on the form, **including an accurate list of current medications.**

### Language Interpreter

If an interpreter is required please clearly indicate this, including the desired language. Use of family members as interpreters is inappropriate and will not be permitted.

### Patient transport

If Patient transport is required this should be stated clearly on the referral form

## Common referral reasons:

**Third molars:** Referrals should comply with the Parameters of care recently published by Royal College of Surgeons, England. An Orthopantomograph (OPT) should be included with your referral. If you do not have the facility to obtain an OPT in your practice, please refer the patient to the Radiology Department at Calderdale and Huddersfield NHS Foundation Trust before submitting a referral. This can be done by emailing [cah-tr.radadmin@nhs.net](mailto:cah-tr.radadmin@nhs.net). RCS Parameters of care can be accessed here: [Clinical Guidelines — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/clinical-guidelines)

**Orthodontic surgery:** Referrals for orthodontic extractions must include a copy of the required treatment plan from a Specialist in Orthodontics. If GDPs are referring for orthodontic extractions, please attach relevant orthodontic correspondence.

### Dental anxiety

A referral, purely for management of dental anxiety is inappropriate until all alternatives have been exhausted e.g. conscious sedation. If a patient is being referred for treatment under general anaesthetic, having already attempted conscious sedation, the referring practitioner should indicate in the referral letter that

he/she has complied with GDC guidance and counselled the patient on the risks of general anaesthesia.

### **Anticoagulants/Anti-platelets**

On the whole, patients taking anticoagulant medication can be safely treated in General Dental Practice. If you are unsure, please contact the department for advice, prior to referral. SDCEP guidance can be accessed via the below link:

[SDCEP Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs \(2nd Edition\)](#)

### **Bisphosphonates**

Simple extractions in patients taking oral bisphosphonates should be performed in General Dental Practice. Referrals will be accepted for those at higher risk (as per SDCEP), concomitant steroids, >5 years duration, cancer management and/or history of previous MRONJ. Please include appropriate, diagnostic quality radiographs of teeth requiring extraction. SDCEP guidance can be accessed via the below link:

[sdcep-oral-health-management-of-patients-at-risk-of-mronj-guidance-full.pdf](#)

### **Soft tissue lesions (including Suspected cancer)**

All suspected cancer referrals should be done via the 2 week wait pathway. Referrers must state reasons why they suspect cancer. Please include images of soft tissue lesions where possible. Benign pathology referred on suspected cancer pathway may be discharged and require re-referral for management, if required.

### **Common reasons for referral rejection:**

Referrals are commonly returned for the below reasons:

- No or inappropriate radiographs
- Patient lives outside of the Calderdale and Huddersfield postcode region
- Surgical complexity merits Tier 1 or Tier 2 (IMOS) management
- Insufficient clinical information to triage appropriately

### **Conditions for which referrals are not accepted:**

#### **Routine extractions:**

Removal of erupted teeth in healthy patients will not be accepted. If you deem a tooth surgically complex, please outline your reason.

#### **Dental anxiety:**

Patients with dental anxiety should be referred to a conscious sedation service in the first instance. Dental phobic patients and those with additional needs that prohibit comprehensive care in a General Dental Practice setting should be referred to the Salaried Dental Service or Special Care Dentistry service.

#### **TMJ disorders:**

We do not accept referrals related to TMJ and orofacial pain. Please refer to the RMS website for units that manage patients with these conditions.