Liverpool University Hospitals
NHS Foundation Trust

Liverpool University Dental Hospital

Referral Guidelines

February 2020

GUIDELINES FOR PATIENTS REFERRED TO LIVERPOOL UNIVERSITY DENTAL HOSPITAL

1. INFORMATION REQUIRED FOR REFERRALS TO LIVERPOOL UNIVERSITY DENTAL HOSPITAL (ALL DEPARTMENTS)

The following guidelines clearly set out clinically appropriate conditions for referral to Liverpool University Dental Hospital (LUDH). In order to accept referrals, the following information is required. Referrals outwith the guidelines or with incomplete information will be rejected. Do not hesitate to contact LUDH if you require clarification of the guidelines.

The Dental Referral Proforma (Appendix 1) should be used when referring a patient to a specialist. The information provided in the referral form is important in helping the consultant decide how best to categorise and prioritise patients.

We are aware that dentists may refer patients they may feel are suitable for undergraduate teaching and we do not wish to discourage this. Patients who may be suitable for teaching should be referred on the student treatment form (Appendix 3).

The referral form can highlight the need to obtain additional information from the patient's primary medical practitioner or specialist, prior to the patient's consultation, thus avoiding unnecessary delays. It is essential that you provide all clinical details about your patient, including relevant medical history and/or medications.

The following information is needed for all referrals:

- Full name
- Date of birth and age
- Gender
- Full address and full postcode
- Current daytime telephone number (eg home/work/mobile) NB: this must not be 'call barred' and must accept calls from hospitals switchboards
- GMP details and tel no
- GDP details and tel no

- Relevant medical history and details of medication
- Relevant x-rays (these will be copied and returned)*
- Sufficient clinical details about your patient (or reason for referral)

* See Section 9 re: electronic transmission of digital x-rays to Liverpool University Dental Hospital.

Please note that, incomplete/inappropriate referrals will be returned to the referring practitioner.

Referrals should be sent by post to:
Dental Appointments Department
Liverpool University Dental Hospital
Pembroke Place
Liverpool L3 5PS

or by email: admin_LUDH@rlbuht.nhs.uk

Please do not send duplicate referrals (i.e. refer by email or post but not both).

Please photocopy referral forms as necessary, or obtain further copies from our website www.rlbuht.nhs.uk/dental

2. 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 none surgical retreatment may not be feasible.

- Patients with medical or oral conditions which make dental treatment difficult (e.g. muco-cutaneous 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 offs 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 ≤ 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 <u>will be returned</u> 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 un-restorable.
- 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).

3. REFERRAL GUIDELINES FOR ADULT SPECIAL CARE DENTISTRY

Referrals for patients with additional needs requiring Special Care Dentistry (SCD), including those who are significantly medically compromised, should be addressed to:

- **Mr Andrew Kwasnicki Consultant in Special Care Dentistry**
- **Mrs Avril Macpherson, Consultant in Special Care Dentistry**
- **Mrs Suzanne Burke, Consultant in Special Care Dentistry**

The Special Care Dentistry team provide comprehensive care for patients with a wide range of complex additional needs that seriously affect the provision of dental care. Patients accepted for treatment within the department may receive full courses of treatment, certain elements of care (e.g. exodontia) or single items of treatment, in conjunction with the primary care referrer.

Generally, patients are not accepted for long term care within Liverpool University Dental Hospital (LUDH) and where possible there should be a shared care responsibility between LUDH and either the referring General Dental Practitioner (GDP) or Community Dental Service (CDS).

The referring clinician continues to be responsible for urgent dental care, preventive care/advice (as per Delivering Better Oral Health v3 2014) and subsequent monitoring. Once the patient's treatment has been completed they will be discharged to either their referring dentist or asked to seek NHS Dental Services locally. If they require future dental treatment in LUDH, a further referral will be required.

Acceptance of a patient for an item or a course of treatment does not guarantee that treatment will be carried out by a specific grade (or member) of staff. The LUDH is a teaching hospital and patients may be treated by staff or students in training under the supervision of a Consultant in Special Care Dentistry.

Acceptance Criteria

The following priority patient groups will be considered for acceptance for opinion/treatment:

- Patients with unstable medical conditions which put the patient at significant risk of adverse events within the dental surgery especially when the medical condition is exacerbated by stress and the patient is anxious regarding the provision of invasive dental treatment.
- Patients with moderate/severe learning disabilities or dementia who are not compliant for dental treatment within primary care.
- Patients whose dental management requires close liaison with medical specialties, where this is not possible in primary care (e.g. patients with moderate/ severe haemophilia).
- Patients with severe physical, neurological and/or movement disabilities (e.g. cerebral palsy, Parkinson's disease), where treatment is not possible in primary care.

- Patients with complex needs who require comprehensive dental treatment under general anaesthesia (GA) e.g. patients with profound learning disabilities (and occasionally, patients with severe mental ill health or physical disabilities) who cannot be managed appropriately with local anaesthesia or sedation.

- Patients who have a proven, or suspicion of, immediate Type I allergic reaction to substances that may affect the provision of dental care, e.g. natural rubber latex, where the patient may develop a life-threatening anaphylaxis.

There are certain circumstances where patients in these groups may not be suitable for dental treatment within LUDH, e.g. patient requires inpatient management within a secondary/tertiary medical environment or the risk of providing treatment does not outweigh the benefit to the patient. Referral to tertiary care will be undertaken by LUDH in such cases or a palliative care plan delivered or outlined.

General Medical and Dental practitioners are reminded that local Community Dental Services also provide Special Care Dentistry services. It may be more appropriate to refer a patient locally to the Community Dental Service for Oral health Assessment in the first instance. It may be possible for the patient to be managed in a primary care setting or only require referral for specific items of care.

Exclusion Criteria

We are unable to offer treatment to the following groups:

- Patients with blood borne viruses (e.g. HIV, hepatitis B and C), whose medical status does not warrant dental management in secondary care.
- Restorative dental care in patients with dental anxiety or phobia, who are fit and healthy or have stable medical conditions: you are advised to undertake an intra-primary care referral if sedation is required.
- Patients with complex medical issues/polypharmacy which do not affect the provision of primary dental care.
- Patients with problems with positioning/sitting in the dental chair, where sedation or additional equipment is of no value.
- Those patients who could have treatment in a primary care service and require ambulance transport.
- Restorative treatment under general anaesthesia for patients with dental anxiety/phobia.

4. REFERRAL GUIDELINES FOR ORAL SURGERY

ORAL SURGERY

Referrals marked with a ** must be accompanied by a recent diagnostic quality radiograph(s). Third molar referrals specifically should be accompanied by a panoramic radiograph. If the referring practice does not have access to a panoramic machine this must be clearly stated on the referral letter.

Conditions Managed

- Impacted and displaced teeth **
- Retained roots requiring surgical removal **
- Surgical removal of ankylosed teeth / teeth with hypercementosis (evident on radiograph)**
- Oro-facial infections
- Dento-alveolar trauma
- Soft tissue lesions
- Jaw cysts **
- Bony lesions of the jaws **
- TMJ problems, after conservative management (for example provision of a soft splint), has been ineffective.
- Peri-radicular surgery providing that an adequate root filling is present.**
- Extractions for patients whose medical condition necessitates treatment in the secondary care sector **
- Patients for routine extractions who are undergoing intravenous bisphosphonate therapy. **

Referrals are not accepted for:-

- Routine extractions
- Anticipated, difficult extractions
- Patients with a history of difficult extractions
- Peri-radicular surgery when endodontic treatment has not been carried out.
- Orthognathic surgery
- Oral mucosal disease (these patients should be referred to Oral Medicine).
- Routine extractions for patients taking **oral** bisphosphonates
- Routine exodontia in warfarinised patients unless other coagulopathies exist, or the INR is maintained at over 4.0 – see guidelines from National Patient Safety Agency (circulated to all GDPs – website at www.npsa.nhs.uk) or recent BNF.

Senior Clinical Staff in Oral Surgery who accept referrals:

Miss M C Balmer, Consultant in Oral Surgery
Mr T Lord, Consultant in Oral Surgery
Mr F O'Neill, Senior Lecturer and Honorary Consultant in Oral Surgery
Mr P P Nixon, Consultant in Maxillofacial Radiology and Specialist in Oral Surgery
Ms K Taylor, Senior Lecturer and Honorary Consultant in Oral Surgery
Mr T Thayer, Consultant in Oral Surgery
Mrs P Cullingham, Consultant in Oral Surgery

5. REFERRAL GUIDELINES FOR ORTHODONTICS

Conditions treated:

- Patients with severe dento-facial anomalies
- Patients with severe hypodontia
- Patients requiring complex orthodontic and orthognathic surgery
- Patients requiring complex orthodontic and restorative treatment

Conditions not accepted for treatment:

- Patients with a mild malocclusion, including lower incisor crowding in patients aged over 16
- Patients requiring orthodontic treatment of impacted teeth when there is no other significant orthodontic problem
- Patients requiring orthodontic treatment of missing teeth when there is no other significant orthodontic problem

Patients referred for orthodontic assessment would be expected to have a well maintained dentition with no active or untreated decay and with a high standard of oral hygiene.

Consultants in Orthodontics who accept referrals:

Mr R Gibson, Consultant Orthodontist
Dr J E Harrison, Consultant Orthodontist
Mr S J Rudge, Consultant Orthodontist
Miss R Little, Consultant Orthodontist
Miss J Howell, Consultant Orthodontist
Dr H Stevenson, Honorary Consultant Orthodontist
Dr N L Flannigan, Senior Lecturer/Locum Honorary Consultant Orthodontist

6. REFERRAL GUIDELINES FOR PAEDIATRIC DENTISTRY

The Regional Paediatric Dentistry Service provides a Consultant-led Dental service for the diagnosis and management of oral health disorders in children and young people under the age of 16 years.

We accept referrals for:

- Pre-cooperative children – under 5 years of age who require management of extensive dental disease
- Children with extreme dental anxiety who have previously proven unable to co-operate with routine dental treatment and may require treatment with sedation or general anaesthesia
- Children who have had complex /severe dental trauma
- Children with dental anomalies (e.g. Hypodontia, Amelogenesis Imperfecta, Dentinogenesis Imperfecta, Molar Incisor Hypominerisation, micro / macro-dontia, supernumerary teeth, infra-occluded teeth and anomalies of eruption)
- Children with soft or hard tissue pathology such as oral ulceration
- Children with periodontal problems
- Children with medical conditions that may compromise the delivery of dental care (such children may have all or part of their treatment delivered at Alder Hey Children's Hospital)
- Patient with special needs e.g. learning and behavioural problems (depending on the complexity, such children may have all or part of their treatment delivered at Alder Hey Children's Hospital)
- Children with tooth surface loss requiring specialist intervention

We do not accept referrals for:

- Routine root canal treatment of multi-rooted teeth under local anaesthetic or sedation
- Routine restorative treatment under general anaesthesia for children over 12 years of age who have dental anxiety. Such patients may be managed with inhalation or intravenous sedation provided they have good oral hygiene prior to referral
- Orthodontic extractions with general anaesthesia

Unscheduled care

Only children who have a dental emergency (acute dental trauma or facial swelling) will be seen as walk-ins on the department without a prior appointment.

Treatment with Undergraduate Students

- Patients requiring routine primary care (co-operative children with dental caries) can be accepted for treatment on the undergraduate waiting list. The referral should clearly indicate that the patient is being referred to the undergraduate paediatric clinic to ensure rapid access for treatment.

Consultants in Paediatric Dentistry who accept referrals to Liverpool University Dental Hospital

Prof. S Albadri, Reader/Honorary Consultant in Paediatric Dentistry
Dr S M G Lee, Consultant in Paediatric Dentistry
Dr L Gartshore, Honorary Consultant in Paediatric Dentistry

7. REFERRAL GUIDELINES FOR ORAL MEDICINE

Conditions Managed:

- Oral mucosal disease including oral lichen planus and immunobullous disorders.
- Oral leukoplakia/erythroplakia or suspicious oral mucosal lesions (NB: if you strongly suspect oral cancer, please refer urgently to the Maxillofacial Unit, Aintree).
- Recurrent aphthous stomatitis and other ulcerative conditions affecting the mouth.
- Sore mouth, including Burning Mouth Syndrome (BMS).
- Orofacial manifestations of systemic disease(s).
- Candidal and viral infections if severe/recurrent.
- Trigeminal neuralgia (suspected) – dental causes must first be ruled out (see guidelines for referral to Restorative Dentistry).
- Soft tissue lesions (eg polyps) – if possible refer to OS/OMFS.
- Orofacial pain, including atypical facial pain and oral manifestations of psychogenic disorders. Please note:

  (1) Patients with undiagnosed orofacial pain which may, or not, be dental in origin – should be referred directly to Restorative Dentistry with appropriate radiographs (will be copied and returned).

  (2) Patients with chronic facial pain are sometimes referred to the Oral Medicine clinic by GDPs, however many of these cases have already been seen and fully investigated by a number of other specialists in the past and the GMP has full details on file. It would therefore be helpful, if you could liaise with the patients GMP as referral to Oral Medicine may not be appropriate. Unless there are exceptional circumstances, we do not offer consultations to patients whose facial pain has already been managed in Pain Clinics elsewhere.

- Xerostomia and salivary gland disorders.

  (1) Patients with OBJECTIVE evidence of oral dryness with: positive response to possible ‘Sjogren’s Syndrome’ questions

  (2) Patients with SEVERE oral dryness with no apparent underlying cause.

Please see separate guidance on referrals to Oral Medicine for patients complaining of a dry mouth

Referrals are not accepted for:

- TMJ disorders.
- Periodontal disease, unless clinical presentation is part of generalised, oral mucosal disease (eg desquamative gingivitis secondary to oral lichen planus, or immunobullous disease).
- Dental conditions or anomalies.
- Pain of dental origin.
- Cysts in jaws, bony anomalies.

Referrals to the Oral Medicine Department should be sent to Dr Bijaya Rajlawat or Dr Deborah Holt, Consultants in Oral Medicine

Urgent Advice – 'Suspicious' Oral Lesions

Patients presenting with a 'suspicious' oral lesion can be referred (mark 'urgent') on the Dental Referral Proforma. If you require immediate advice, please telephone 0151 706 5064 or 0151 706 5090 and ask to speak to a member of the Oral Medicine or Oral Surgery staff. (Back up telephone lines: 0151 706 5067 or 0151 706 5083.)

8. GUIDANCE FOR THE MANAGEMENT OF TMJ PAIN DYSFUNCTION SYNDROME (TMJPDS) IN PRIMARY DENTAL CARE

The majority of patients presenting with TMJ problems will be suffering from TMJPDS (temporomandibular joint pain dysfunction syndrome) or myofascial pain. These patients can, in most cases, be effectively managed in primary care without referral to the Dental Hospital.

The most common symptoms are:

- Pain – usually a dull ache in and around the ear. The pain may radiate, ie move forwards along the cheekbone and downwards into the neck.
- Joint noise – such as clicking, cracking, crunching, grating or popping.
- Limited mouth opening.
- Headache, especially in the temporal region.
- Some patients report mild/transient facial swelling which may be worse in the morning.

Most cases of TMJPDS are made worse by chewing and are aggravated at times of stress.

The initial management of TMJPDS in primary care includes the following measures:

1. Explanation of the condition with Patient Information Leaflet (PIL) to back-up (see Appendix 4).

2. Reassurance that TMJPDS is not serious and that it usually responds to simple measures. Symptoms may recur from time to time.

3. Application of heat to the side of the face, eg a warm hot water bottle (avoid boiling water) wrapped in a towel applied to the side of the face. This can be combined with simple massage to the tender muscle areas and relaxation techniques.

4. Advice concerning the use of painkillers. Non-steroidal anti-inflammatory drugs (NSAIDs), eg ibuprofen, are often helpful, unless contra-indicated because of the patient's medical history. These should be taken regularly for a two to three week period, not just PRN. NSAID gel can be applied topically to the area over the joint or the muscles of mastication.

5. The identification and avoidance of parafunctional habits, such as clenching or grinding (particularly at night), nail biting, lip/cheek biting and posturing the jaw.

6. Rest for the TMJ, including soft diet, particularly if there are acute phases.

7. Acknowledgement that the condition can be related to anxiety and stressful events.

8. Provision of a soft occlusal splint, which can be worn at night – this is particularly useful for patients who grind their teeth at night.

NB: Irreversible procedures such as occlusal adjustment should only be undertaken if there is a clear indication.

Patients with TMJPDS who should be referred for management in secondary care:

- Those with an atypical presentation (eg numbness of the face, marked/persistent facial swelling, severe trismus which is unrelated to surgical intervention or injury).

- Patients who fail to respond to conservative measures, including the provision of a soft splint.

- Referrals should be made to an Oral Surgeon or Consultant in Restorative Dentistry (see details in guidelines). Please indicate the measures you have already undertaken to manage the patient's TMJPDS.

NB: Patients should not be referred to Liverpool University Dental Hospital for the provision of an occlusal splint – these can be provided in primary dental care.

9. GUIDANCE FOR DENTAL PRACTITIONERS REQUESTING RADIOGRAPHIC REPORTS

Practitioners may request a specialist radiological opinion where there are uncertainties about the diagnosis, or for any suspicious or unusual lesions.

Please address these requests to Mr P P Nixon, Consultant in Maxillofacial Radiology and include the following information:

- Details of the clinical history including the duration and frequency of any symptoms
- Any relevant medical history
- Any previous films of the area which may be helpful

If you have a digital X-ray system, please send the images on a CD. (At present, there is no secure network to send images to the hospital electronically.) Printing digital images on to paper is discouraged as it often results in radiographs of poor diagnostic quality.

NB: Mr Nixon is not able to accept digital images of patients referred for consultations or treatment in other departments.

10. INFORMATION ABOUT THE ADULT ORAL DIAGNOSIS DEPARTMENT AT LIVERPOOL UNIVERSITY DENTAL HOSPITAL

The procedure for accepting patients for treatment in the Oral Diagnosis Department enables us to offer a service which is appropriate and compatible with our role as providers of undergraduate/postgraduate training and education. Please find enclosed a copy of the information for patients who seek treatment in our Oral Diagnosis Department.

Experienced staff in Oral Surgery/Oral Diagnosis are always willing to give advice and assistance to GDPs concerning patients with complex medical histories or genuine surgical emergencies (e.g. failed extraction/fractured roots in patients with acute pain, acute orofacial infections, fractured tuberosity etc).

However, it is essential that you make contact with a senior member of the staff, preferably by telephone (0151 706 5061) or by email admin_LUDH@rlbuht.nhs.uk marked 'For Urgent Attention of Senior Clinician On Call – Oral Diagnosis Department)'. This is for advice and/or to make appropriate arrangements for your patient to be seen. Please do not give this type of 'emergency patient' a referral letter to attend the Oral Diagnosis Department, without first contacting staff at the Dental Hospital.

Patients with dental emergencies

The following groups of patients are accepted for emergency dental treatment:

- Patients who have suffered trauma to their teeth/mouth as a result of an accident or injury
- Patient with a swelling of the face/jaws (eg due to a dental abscess).
- Patients who have bleeding from their mouth (eg following removal of a tooth).
- Patients with serious medical conditions or disabilities which prevent them being seen by dentists outside the hospital.

Patients with toothache or other dental problems

- The Oral Diagnosis Department at Liverpool University Dental Hospital cannot provide treatment for all patients with toothache, lost fillings, dentures or crowns.
- However, because we provide training for dental students and junior hospital dentists, we are able to offer limited treatment for a small number of patients.
- The number of patients we see depends on the availability of staff and students on the day.
- We regret that we may not be able to treat all patients who are complaining of toothache, however all patients will be assessed against our criteria.

Patients currently undergoing treatment with a dentist are advised to contact their dentist, who is obliged to provide them with access to emergency dental care.