

**QUEENSWAY COUNTY DURHAM
AND DARLINGTON ORAL SURGERY
SERVICE**

Delivered at

Burgess Hyder Dental Group

2 Durham Road, Ferryhill, County Durham, DL17 8LG

(Second referral center to open in Darlington summer 2009)

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Queensway County Durham and Darlington Oral Surgery Service (QDDOSS)

Recently, waiting times for the removal of third molar teeth and other routine **surgical** procedures in hospital departments have been increasing. In order to reduce waiting times for patients, a primary care based Specialist Oral Surgery Service has been developed for County Durham and Darlington residents. Many routine surgical procedures can be safely carried out in a primary care environment.

This service will be complementary to the Hospital service and has been developed in conjunction with local Oral Surgery departments.

Clinical Criteria for referral into QDDOSS

The primary care based service will provide treatment for the following clinical conditions:

- Extractions of special difficulty with associated pathology (such as ankylosis) for single and multi-rooted erupted teeth. Routine extractions will not be undertaken by this service (Appendix 1:1)
- Removal of wisdom teeth as indicated by NICE (www.nice.org.uk March 2000)
 - Removal of buried roots and fractured or residual root fragments
 - Removal of simple, impacted, ectopic supernumerary teeth
 - Exposure of teeth (removal of gum and or bone over the surface of the tooth preventing eruption)
- Minor soft tissue surgery including:
 - Removal of simple fibro-epithelial polyps
 - Removal of simple mucocoeles
- Management of minor dental trauma including the re-implantation of avulsed teeth

- Surgical endodontics on single rooted anterior teeth which have a satisfactory orthograde root filling in place, as indicated by a pre-operative periapical radiograph, and have apical pathology associated with them which has not diminished following root canal therapy (RCT) or is not amenable to repeated RCT (Appendix 1:2)
- Removal or enucleation of a simple dental cyst.

Patient Selection

The service is for:

- All County Durham and Darlington patients who are 16 years or over.
- Patients who are healthy or have mild systemic disease with no functional limitation - for example, ASA I and ASA II .
- Warfarinised patients can usually be managed in general dental practice and would not routinely be accepted by this service (Appendix 2), unless the treatment required met the above clinical criteria.
- Patients requiring oral surgery treatment under local analgesia alone or in conjunction with conscious sedation. Treatment under general anaesthesia will not be provided by this service.

All patients who fit these criteria should be referred to the Queensway primary care service in the first instance.

Patients requiring more complex oral surgery treatment that do not meet the above described clinical criteria, or those being referred for care due to a complex medical history should be referred to a secondary care setting.

Patients with suspicious white/red patches (suspected cancer referrals) should be referred directly to the Acute Trust. This referral should be made via the 2 week rule system.

Patients will be assessed following referral from their general dental practitioner. Patients who meet the criteria for treatment in the primary care based service, will be offered an appointment. Patients who do not meet the criteria specified above may be either referred on to secondary care or returned to the referring practitioner. The referral pathway is represented diagrammatically in Appendix 3. Referral patterns will be audited and may lead to individual discussion.

Please help the service to improve the care for your patients by providing a full assessment of the patient's needs and including details about.

- Relevant medical history e.g. prescription drugs, heart disease
- Relevant social history e.g. lives on own, does not have own transport.
- Full description of the patient's clinical condition and reason for referral
- Please ensure that relevant radiographs accompany all requests to avoid unnecessary radiation exposure to patients. These radiographs will be returned once treatment has been completed.

HOW TO REFER

The referral form for referral of minor oral surgery cases to Queensway can be found in Appendix 4, page 11.

All referrals to Queensway must have a referral form, which can either be faxed or posted. Emergency referrals can be telephoned through to Queensway, but will need to be followed through with a referral form.

This should be the first place choice of referral if the clinical criteria comply with referral guidelines.

Please advise the patient you are making the referral to the service and the patient should expect to be contacted for arrangement of an assessment appointment.

CONTACT DETAILS

The address to refer to Queensway Durham Darlington Oral Surgery Service (QDDOSS) is:

QDDOSS

c/o Burgess and Hyder Dental Group

2 Durham Road

Ferryhill

DL17 8LG

Tel: 01740 655415 Fax: 01740 654000

If you require further information or have any questions or concerns please contact Uzma Mansoor, Paul Averley or Ian Lane on 01642 554667. You can

also obtain down-loadable referral forms and a copy of the QDDOSS referral protocols from the Queensway website: www.queensway.co.uk

OTHER ORAL SURGERY REFERRAL SERVICES

Referrals in to the hospital acute trust should be made in cases where patients require more complex treatment than the clinical categories listed in the referral guidelines or where complex medical conditions require treatment in hospital (e.g haemophilia, bleeding disorders etc).

2-Week Rule Referrals:

In cases where red or white patches need urgent investigation immediate referral should be made to the Acute Trust using the 2-week rule protocols. These patients should not be given the choice of referral into primary care, as time is an important factor in their care.

Urgent referrals:

There is a 24 hour on-call service at James Cook University Hospital for urgent referrals such as:

- facial fractures
- uncontrolled oral bleeding
- orofacial infections producing swelling, trismus or airway problems

To make enquiries to this service please telephone James Cook University Hospital on 01642 850850 and ask for the on call Oral & Maxillofacial SHO. Do NOT give the patient a letter and ask them attend the department or Accident & Emergency without having spoken to the department.

Appendix 1: Specific Conditions:

1. NON-THIRD MOLAR EXODONTIA

The service does not provide a service for "routine" extractions in healthy patients.

If a surgical approach is obviously necessary (e.g. retained roots, ankylosis, etc) then referral should be made.

Indications for referral include:

Associated pathology that needs to be submitted for histological examination (e.g. cysts).

It is rare for a patient's medical history to complicate the extraction to such an extent that it needs to take place within a specialist setting. If the reason for referral is a medical reason, the referral needs to be made to a hospital setting.

Please ensure that relevant radiographs accompany all requests to avoid unnecessary radiation exposure to patients. These radiographs will be returned once treatment has been completed.

2. APICAL SURGERY:

All teeth should be adequately root filled prior to referral, repeat root filling has a higher success rate than apicectomy and hence should be carried out. The success rate for re-apicectomy is very low and will not be carried out by the primary care service. The service will not accept referrals for apicectomies on multi rooted teeth. Practitioners should undertake a full clinical assessment of their patient and provide the service with written details giving the clinical justification for the requirement to have an apicectomy. See Appendix 1 for more detail.

More comprehensive guidelines for referral for apicectomy are available at www.rcseng.ac.uk/dental/fds/clinical_guidelines.

Appendix 2

ROUTINE NON SURGICAL EXODONTIA IN WARFARINISED PATIENTS:

Please do not refer to the service for routine non-surgical extraction because the patient is on warfarin.

There has been recent guidance issued related to the removal of teeth in dental practice for patients who are on warfarin. Patients should be managed according to these guidelines in general practice and not referred to the specialist services for "routine" extractions. The guidelines stipulate that extractions can safely be carried out in general practice in the following circumstances:

- Where the INR is less than 4.0.
- If the socket is packed and sutured.

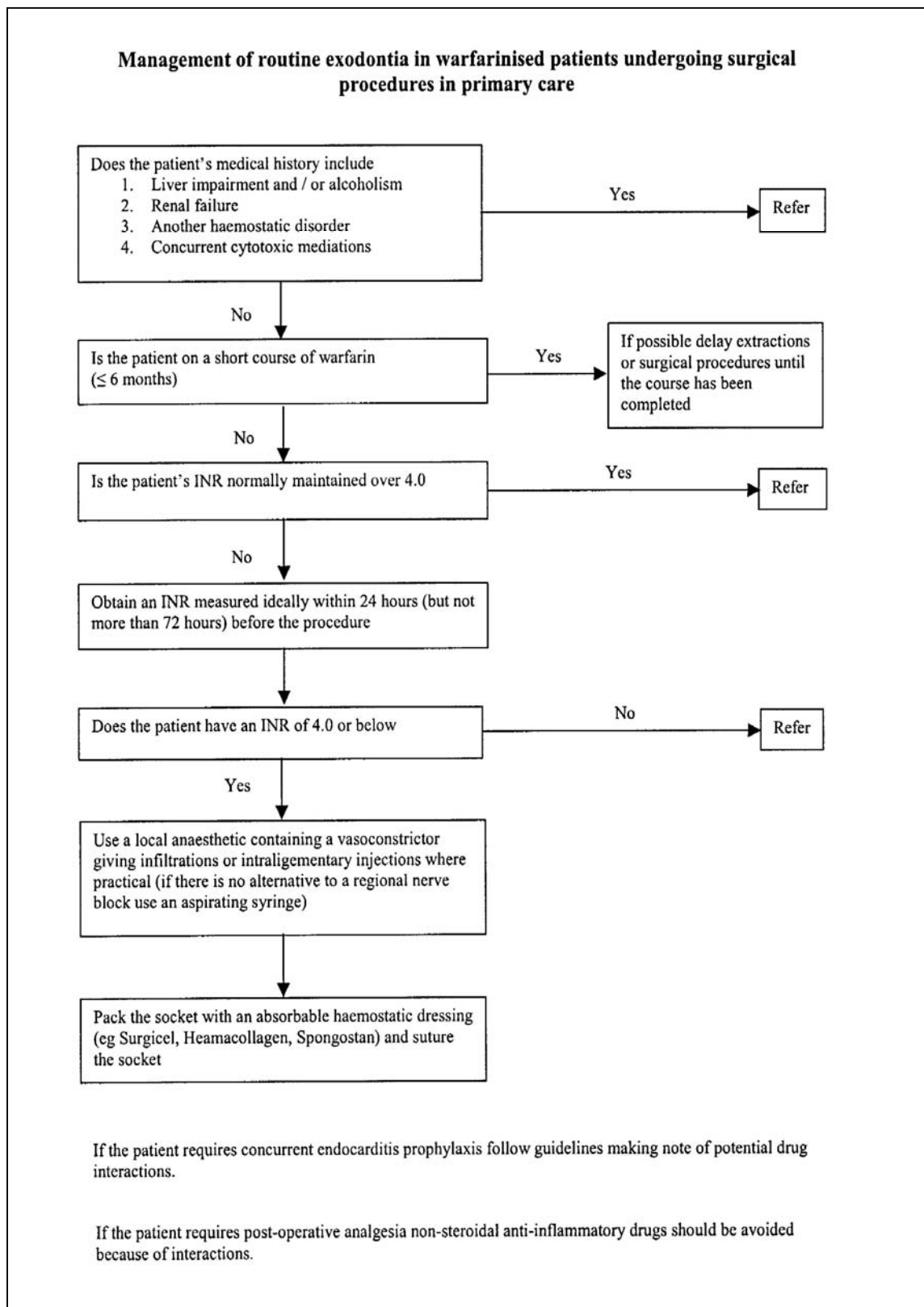
Warfarin should not be stopped but the INR must be checked within 24 hours of the planned extraction (patients can usually co-ordinate this themselves with either their doctor or anticoagulant clinic).

Patients should be referred to the **hospital service** if other coagulopathies co-exist, if there is a need for intravenous antibiotic cover or if the INR is maintained at over 4 (the latter will be recorded in the patient's anticoagulant book).

Extractions taking place in general practice should be timed appropriately and ideally should take place at the beginning of the week (such that delayed re-bleeding problems can be managed during the working week) and in the morning (such that immediate re-bleeding problems can be managed during the working day).

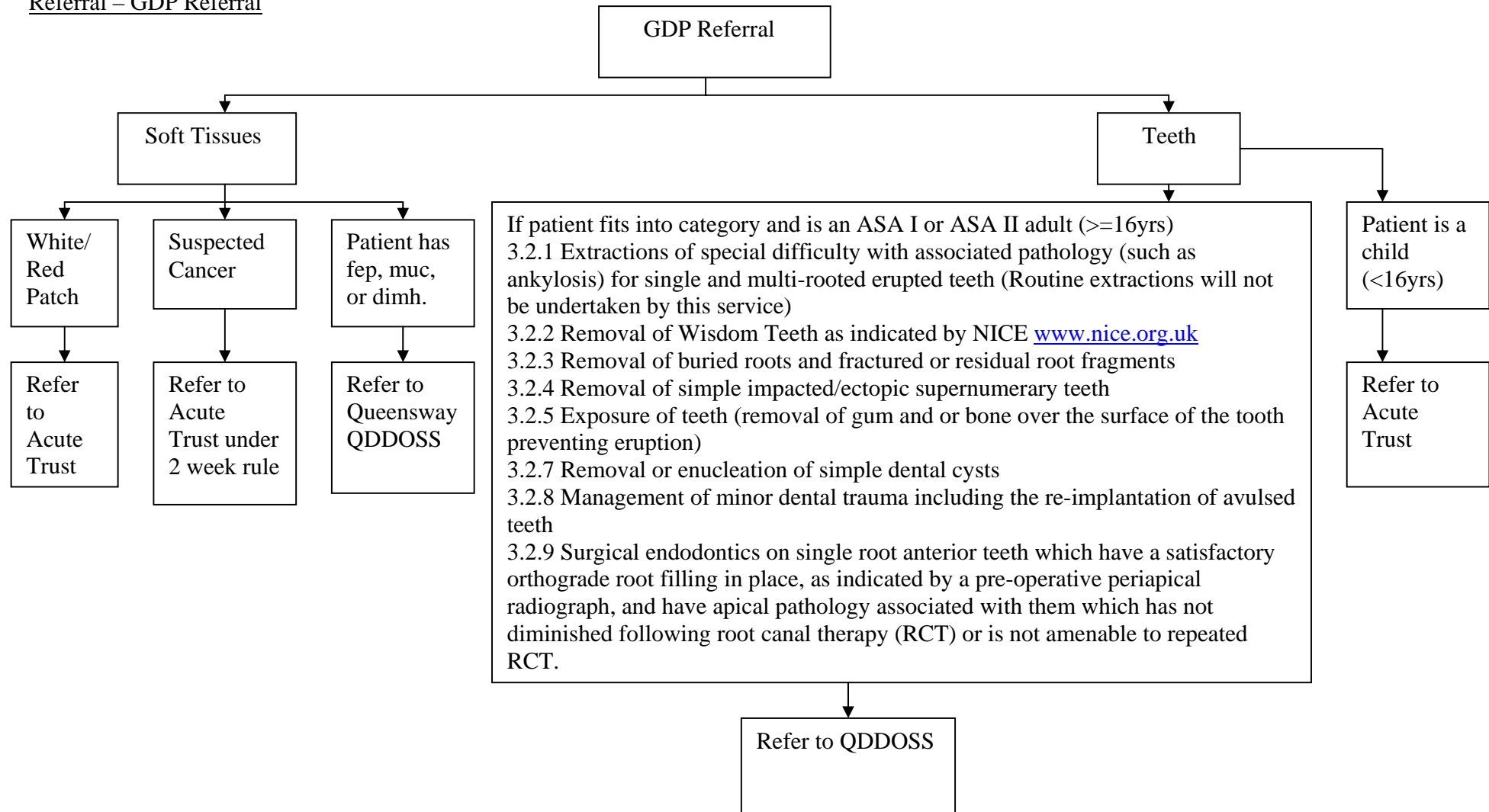
These guidelines are available at www.dundee.ac.uk/tuith/static/info/warfarin.pdf and are summarised overleaf.

(please note, referral is into hospital if following this guideline)

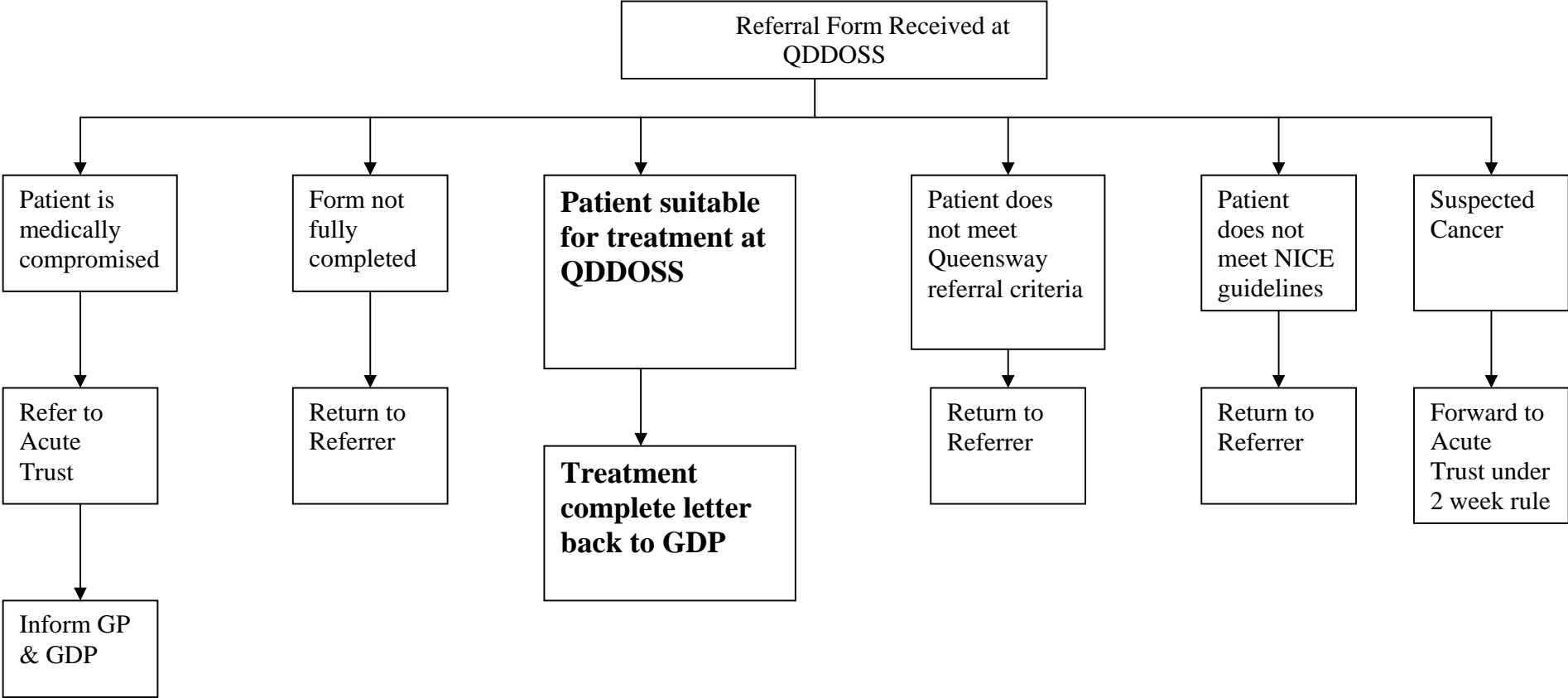


Appendix 3: Patient pathway

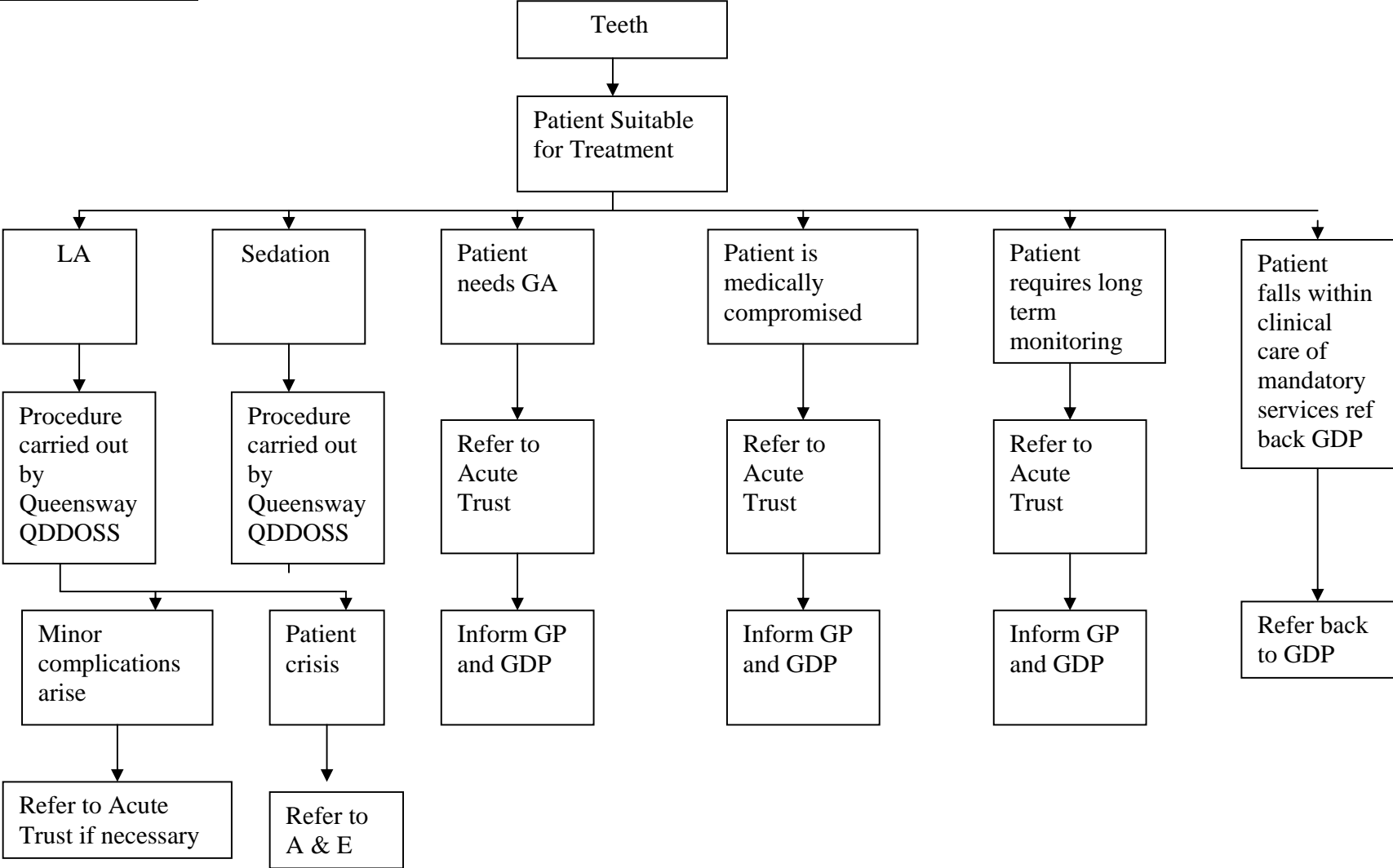
Referral – GDP Referral



Referral pathway when referring to Queensway County Durham & Darlington Oral Surgery Service



Clinical Assessment – Teeth



REFERRAL FORM

Queensway County Durham & Darlington Oral Surgery Service (ODDOSS)

Patient Details:

First Names: _____ Surname: _____ Date of Birth: _____
Telephone No. Home : _____ Work/Mobile: _____
Address: _____
Post code: _____ email: _____

Reason for referral (please refer to protocol guidelines):**Please tick**

• Extraction of special difficulty	
• Removal of wisdom teeth as indicated by NICE	
• Removal of buried roots/fractured or residual root fragments	
• Extraction of simple impacted, ectopic or supernumary teeth	
• Exposure of teeth	
• Minor soft tissue surgery (polyps, mucocoele, hyperplasia)	
• Apicectomy of single rooted tooth	
• Minor dental trauma (avulsions/ re-implantation of teeth)	
• Removal or enucleation of simple dental cysts	

Indication for sedation (please tick):

No indication	Anxiety	Invasive procedure
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Send all relevant x-rays (tick if enc)

BWs	Periapical	DPT
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Treatment Required:

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Medical History :

Please give details
Medication (details)

Referring Dentist's Details:

Name: _____	Email: _____
Address: _____	Tel. No: _____
Signature _____	Date: _____

Send to: QDDOSS, c/o Burgess and Hyder Dental Group, 2 Durham Road, Ferryhill,
County Durham. DL17 8LG.