**Restorative Dentistry Referral Guidelines**

The role of the Restorative Dentistry service is to provide a diagnostic and treatment planning service to referring practitioners. We are not able to provide primary care treatment; a small number of cases are accepted for undergraduate training but otherwise treatment not requiring specialist care is returned to the referring practitioner for completion. Note that the lack of ability to pay for treatment is not an indication for a referral and all patients with active primary disease will be returned to the referring practitioner for remedial treatment.

A consultation appointment does not necessarily mean that further treatment will be undertaken at the Dental Hospital. Our aim is to work in partnership with the primary care practitioner, which means that the patient will almost always be referred back for specific items of treatment or all of the recommended treatment with a detailed treatment plan. Only certain cases are selected for treatment by undergraduates, postgraduate trainees or staff, and in such cases there may be a significant delay before treatment can be commenced. For those patients accepted for treatment, it is expected that the referring practitioner will continue to see the patient for routine examinations and treatment, continuing to provide all other aspects of dental care. Treatment acceptance is based upon the complexity of care required and will normally be within the Complexity 3 component of the Restorative Dentistry Index of Treatment Need – Complexity Assessment: (www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/index.html).

**Patients considered high priority**
The following patients will normally be accepted for treatment:

- Those who have or have had oral cancer (e.g. pre-treatment planning, post-resection rehabilitation)
- Those who have congenital dental abnormalities (e.g. hypodontia, cleft lip & palate and dentinogenesis /amelogenesis imperfecta)
- Those who have suffered severe orofacial trauma
- Patients requiring treatment of a multi-disciplinary nature

**Advice only referrals**
Referrals for advice only, with appropriate supporting clinical and radiographic information, will always be accepted. The request should be clearly highlighted as such in the correspondence. Advice may be made on the basis of information provided without the patient being offered an appointment; patients seen for a consultation include those needing assessments for strategic planning of restorative dental treatment.

**Medically compromised patients**
Patients with such significant medical conditions that some aspects of their dental care can only be provided in the hospital setting or who need specialist input are seen, potentially in conjunction with Special Care Dentistry.

Patients with a mental or physical handicap, patients who are infirm and patients who present with non-anxiety related management difficulties are not, in general, accepted for treatment within the Department unless the dental situation is seen as requiring specialist management. These patients should be referred to Community Dental Services in the first instance.
Endodontics

We are unable to accept referrals for endodontics (either primary or retreat) if the tooth is not of strategic importance – this would, for example, include teeth that are supporting essential bridgework, or if the tooth contributes to the maintenance of a functional dentition (normally a shortened dental arch of 10 occluding pairs). Most cases accepted for treatment will be taken to a point where the referring practitioner should be able to complete treatment.

Referrals not fulfilling the following criteria shall be rejected:

- *De-novo* treatment has been attempted
- There is a specific problem with the tooth, which cannot otherwise be treated in general practice (cases of complexity 1 and 2 difficulty will normally be referred back with advice); for example:
  - complex root canal anatomy (such as sclerosed canals or excessive curvature)
  - separated instruments
  - management of open apices, resorption and trauma
- The tooth is of strategic importance to the patient in terms of function (normally a shortened dental arch of 10 occluding pairs)
- Molar teeth can only be considered for endodontic treatment if they are strategically important teeth to maintain function, or if they are important to the retention of a prosthesis.
- The tooth is restorable and functional; it is the responsibility of the referring dentist to ensure that the tooth is caries-free, has good periodontal prognosis and any unsatisfactory restoration has been replaced to ensure a coronal seal is achieved.
- Where the medical history supports endodontic therapy over extraction (e.g. risk of osseonecrosis due to bisphosphonate medication or previous radiotherapy)
- The patient is a regular attender in practice and is well motivated with no active caries or periodontal disease.
- The letter of referral contains an indication of the history of the problem and of the treatment carried out to date.
- A recent (within 3 months) high quality periapical radiograph of the tooth in question must be sent with the referral letter. Digital print-outs must be of diagnostic quality.
Periodontics

Patients with more complex periodontal conditions may require specialist treatment. Any referred patient should have received appropriate periodontal care (detailed in the referral along with a recent BPE /other detailed periodontal record), in keeping with Greater Manchester LDN Periodontal Management in Primary Dental Care Pathways (Healthy Gums DO Matter) and the British Society of Periodontology Parameters of Care:

(www.bsperio.org.uk/publications)

As there is limited access to specialist periodontal services referrals will only be accepted if the patient has engaged with a process of improving their periodontal health and there is a specific problem with the periodontal tissues, which is beyond the scope of general dental practice. For example:

- A concurrent medical factor that is affecting the periodontal tissues
- Patients requiring complex restorative treatment planning
- Patients with combined periodontal and endodontic lesions
- Patients requiring combined periodontal and orthodontic treatment
- Patients either at risk of or having been identified with aggressive periodontitis
- A strong family history of early tooth loss due to periodontitis in a patient with periodontal disease
- Advanced periodontitis in a young patient
- Patients with desquamative gingivitis
- Where residual chronic periodontitis persists after periodontal treatment
- Patients requiring periodontal surgery, such as crown-lengthening procedures, and for the surgical management of mucogingival problems (e.g. treatment of gingival recession or gingival overgrowth)
- Recent high quality radiographs must be sent with the referral letter. Digital print-outs must be of diagnostic quality.
**Prosthodontics**

Patients with multidisciplinary problems are priority groups (e.g. hypodontia, oncology, trauma). Patients with failing crowns and bridges are seen for treatment planning but not normally accepted for treatment unless required for training: patients requiring dismantling/removal of restorations and determination of restorability of individual teeth are normally returned to the referring practitioner with advice. For removable prosthodontics cases, only those patients with particularly difficult anatomy will be considered for treatment (e.g. due to congenital defects or acquired defects secondary to surgery, trauma or severe resorption). For all referrals:

- The patient should be a regular attender and well motivated with no active caries or periodontal disease (unless advice is sought on strategic value and treatment planning)
- The referral must contain details of any previous attempts to make dentures and issues that may have arisen. Where an attempt has not been made to construct a prosthesis, patients will be routinely returned to the referring practitioner
- Where problems are due to technical errors in the prosthesis, the patient will be returned to the referring practitioner with advice for correction
- Patients with complicating factors are usually returned to the referring practitioner with advice (e.g. guidance on specific impression techniques)

**Toothwear**

A full diagnostic and advisory service is available. Where possible referrals should be accompanied with evidence to show the rapidity of the toothwear and models provided to the patient to bring to the consultation. In younger patients it would be expected that a full dietary analysis would have been undertaken, fluoride mouthwash advised and appropriate preventive advice given prior to referral. Advice on the options for management of tooth wear will be provided, although other than the most complex of cases patients are not normally accepted for treatment unless required for training.