

Guidance for General Dental Practitioners for the Referral of Patients requiring Dento-Alveolar Procedures

All routine extractions of teeth and retained roots should be performed in General Dental Practice under Local Anaesthetic as part of the GDS contract. The only exceptions are:

- Unsuccessful attempt at extraction by referring practitioner (to include post-extraction radiograph)
- Abnormal root morphology likely to compromise ease of extraction
- Extraction/root removal where there is substantially increased risk of damage to an adjacent anatomical structure
- Teeth/roots with significant cystic change/periapical radiolucency (> 5mm) which needs histological analysis
- Medical conditions precluding treatment in the Primary care setting – these are rare. See appendix

Third molars

Third molars are accepted for removal if they fulfil the NICE guidelines *(new guidance is awaited). This does not include fully erupted upper third molars which should be extracted by the GDP. Uncomplicated lower third molar removal where the tooth is fully erupted and has a simple root pattern should be attempted in general practice.

***If a referral is made outside guidelines, the referring dentist must justify the reasons why the treatment cannot be undertaken by them in primary care. ***

All inappropriate referrals will be rejected and this will include:

'Patient requests referral to hospital' or 'patient requests GA'

Patient referred from GDP due to anxiety and uncomplicated treatment required - any 'anxious' patient should be referred to community in the first instance, and should only be referred for GA following assessment by community and failure of treatment under other means

Insufficient information on the referral - i.e. no Mhx or no X-ray and not adequate reason as to why no x-ray (if claims cannot get access to see evidence of attempted PA (unless lower 8) prior to acceptance

Appendix

Medical conditions where referral to Maxillofacial Surgery is accepted:

Severe/unstable cardiovascular disease (not simply patients taking routine medication for cardiac conditions)

Severely decreased respiratory function such that the patient requires home oxygen therapy

Unstable epilepsy

Uncontrolled diabetes

Liver/kidney disease requiring additional investigation prior to extraction

Patients on more than 1 anticoagulant or those whose INR is unstable

Patients with coagulation disorders such as Haemophilia and Von Willebrands disease

Patients undergoing chemotherapy that are in acute pain requiring extraction

Patients who have had radiotherapy to the head & neck

Patients on IV bisphosphonates or other anti-resorptive drugs (eg Denosumab), or oral bisphosphonates with an additional co-morbidity such as diabetes, steroid therapy or immunosuppressive therapy