Guy’s, King’s & St Thomas’ Dental Institute
Referral Protocols

The Guy’s King’s and St Thomas’ Dental Institute provides secondary and tertiary dental care for referred patients. Consultant led services are only able to see and give advice, or sometimes accept for treatment, those patients with defined conditions, the management of which is covered by agreed referral protocols.

GKT Dental Institute exists primarily for the purpose of undergraduate and postgraduate dental education and research. For these purposes, a limited number of suitable patients requiring routine dental care are accepted for treatment by students. The Dental Institute is unable to provide such ‘primary dental care’ to all patients who request it or are referred to us.

Please note that when referring a patient it is important to include with the referral any relevant radiographs taken within the previous year. It is not acceptable to repeat exposing a patient to X-rays without clinical justification. Our X-ray departments are also very busy and a patient’s visit can often be expedited rapidly if they do not need to be X-rayed.

1. Restorative Dentistry

1.1 General categories

a) Oncology patients: intraoral cancer resections, obturators and post-radiotherapy management.

b) Developmental defects: cleft lip and palate, hypodontia, joint orthognathic and/or orthodontic cases and amelogenesis/dentinogenesis imperfecta cases.

c) Trauma: severe trauma involving the dentoalveolar complex.

d) Medically compromised: e.g. haemophilia, immunocompromised, organ transplant, infective endocarditis and those requiring intravenous antibiotic cover. (We do not provide care for those patients requiring routine oral antibiotic cover).

Please note that a patient currently taking Warfarin does not require dental treatment in hospital unless their INR exceeds 4.0

1.2 Restorative Dentistry

A comprehensive treatment planning consultation advisory service is available. A limited treatment service is available for patients in general categories a, b, c and d as listed in para 1.1.
1.3 **Periodontology**

Patients with the following conditions are accepted for care.

**Conditions of acceptance for specialist periodontal treatment:**

a. The referring practitioner will manage all other treatment required.
b. Patients cannot be accepted simply because they will not pay NHS charges in the GDS, or private charges if applicable.

**Priority patients:**

a. High susceptibility to periodontitis based on
   - Age of onset
   - Age at diagnosis
   - Disease severity
   - Disease extent
b. Medical complications or drug interactions affecting periodontal disease or its treatment.
c. Patients with complex problems such as:
   - Severe localized gingival recession.
   - Lack of attached gingival attachment leading to complications.
   - Gingival overgrowth.

**Requests for advice**

Consultant opinions and advice on treatment planning will be offered for patients referred with the following documentation:

- Full medical history
- Comprehensive periodontal charting
- Appropriate diagnostic radiographs.

**Acceptance of other patients for treatment**

If patients referred for opinions have problems which require consultant-led management, or if there are sufficient facilities for treating them on teaching clinics, they may be offered treatment in the department. Practitioners should advise at referral whether they would like this option if available, subject to resources.

1.4 **Prosthetic Dentistry**

Patients are seen for diagnosis and advice. They are only accepted for treatment if they fall within categories a, b, c or d (para 1.1) or have had several previous unsuccessful attempts to construct dentures.

1.5 **Crowns and Bridges**

A full diagnostic and advisory service is available. We are unable to accept patients for rectification of problems with crown and bridgework that has been carried out outside GKT Dental Institute. We are pleased to advise as to appropriate methods of removal and management of fixed restorations. Patients in categories a, b, c or d (para 1.1) are accepted for treatment.
1.6 Endodontics
At the present time we are unable to accept any new referrals for endodontic treatment or advice.

1.7 Surgical endodontics (patients fulfilling the protocols may be referred either to Restorative Dentistry or to Oral & Maxillofacial Surgery).
Apicectomy is only indicated when endodontic treatment has been impossible to complete because of:
   a. continuing extra-radicular infection
   b. calcification
   c. a post which cannot be removed
   d. non-negotiability of root canals
   e. management of perforations.
   f. Biopsy of a suspicious periapical lesion

1.8 Implant Dentistry
The following factors need to be taken into account when considering patients for implant treatment:

- Partially dentate patients should have otherwise healthy intact dentitions, i.e., good oral hygiene, periodontally healthy, minimal restorations and good long term prognosis.

- Patients losing teeth through periodontitis, endodontic failure, and bridge failure are not usually considered for implant treatment.

- Replacement of posterior teeth is considered a low priority and not usually accepted.

- The mere fact that a patient would like to have their existing denture replaced by an implant retained prosthesis or dislikes the thought of wearing dentures does not justify the use of limited NHS funding unless the patient falls into one of the priority categories.

Patients in general categories a, b, c or d (para 1.1) are normally accepted if they are in the following categories:

a) Edentulous in one or both jaws
   - Severe denture intolerance
   - Physical due to severe gagging
   - Physical due to severe ridge resorption with unacceptable stability or pain
   - Prevention of severe alveolar bone loss
   - Moderate ridge resorption in patients under 45yrs
   - Moderate resorption in one jaw opposed by natural teeth with a good prognosis

b) Partially dentate
   Preservation of remaining healthy intact teeth when the patient has missing teeth due to:
- Developmental disorders (oligodontia/anodontia or cleft lip/palate)
- Trauma
- Complete unilateral loss of teeth in one jaw where dentures are not tolerated or an edentulous span considered too difficult to manage by other means.

c) Maxillofacial and Craniofacial defects
- Intraoral implants. This group of patients have missing significant amounts of hard and soft tissues in addition to loss of teeth. They result from developmental disorders, trauma and the treatment of tumours.
- Extraoral implants.
  - Ears – congenital, traumatic or surgical loss of pinna.
  - Eyes – loss of globe with exenteration of orbit due to trauma or resection.
  - Nose – loss due to trauma or surgical resection
  - Compound facial defects – usually due to resection for malignant disease.

Please note that the provision of implant therapy is subject to local PCT protocols.

2. Team Care Dentistry

Referrals to Team Care Dentistry should follow the same protocols as for Restorative Dentistry. A limited number of patients requiring integrated restorative dental care of the type that could be undertaken in an average general dental practice are accepted for undergraduate treatment. Patients requiring periodontal treatment only are not accepted.

3. Specialist Clinics for Blood Bourne Viruses

This specialist service is provided both in the Hospitals (HDS) and in the Community Dental Service (CDS). The service is restricted to patients living in Lambeth, Southwark and Lewisham. Patients are only accepted by referral from their dental or medical practitioners or from their HIV physician. The following is a list of the eligibility criteria:

3.1 If a patient is HIV positive and unwell. A patient is deemed unwell if the following are present - Oral manifestations of HIV (hairy leukoplakia, candidiasis, Kaposi’s sarcoma, ulcerative, gingival and periodontal conditions).

3.2 If a patient is terminally ill or housebound and needs domiciliary care (CDS).

3.3 If a patient is HIV positive and in addition has other complex medical conditions such as profound immunosupression.
If a patient is HIV positive and well and is dentally stable after one or more 6-monthly check-ups, he or she will be referred to a GDP. If a patient’s health deteriorates at any time and the GDP is in need of reassurance the patient may be referred to the CDS or HDS for review. There will be a number of patients who will be unable to find routine dental care in the GDS. For these patients the CDS will act as a safety net. The referring physician should indicate in their letter that the patient has found difficulty in obtaining care in the GDS.

It is important to ensure that in referring people with blood borne viruses that you have specific permission to share this information. If so, please highlight this under ‘other’, providing the relevant information, otherwise refer to the appropriate specialty for the care required.

### 4. Paediatric Dentistry

Patients are accepted from birth until the age of 16 years. The acceptance criteria are:

4.1 Extensive caries in pre-cooperative children and uncooperative older children, where dental treatment under local anaesthesia is not possible, and who may require oral rehabilitation or extraction under general anaesthesia or inhalation sedation. Efforts by the referring practitioner should be made to identify a general anaesthesia service, for example within a local hospital service, for their patients in the first instance.

4.2 Children who have sustained complex dentoalveolar injuries.

4.3 Medically compromised children whose delivery of care poses a risk.

4.4 Children with inherited or acquired dental anomalies such as altered tooth structure, shape, size, form and number of teeth.

4.5 Children requiring surgical exposure and/or surgical removal of unerupted teeth. These children may also be referred to Oral and Maxillofacial Surgery.

4.6 Children with soft tissue pathology such as oral ulceration, swellings, lumps and bumps.

4.7 Children requiring investigation of disorders of eruption and shedding

4.8 Children with periodontal problems.

4.9 Children with extensive erosion.

4.10 Phobic children where treatment attempts have failed.

4.11 Children with special needs who are not being regularly managed in the CDS.
The departments at both King’s and Guy’s provide an emergency service for children with acute pain or infection, bleeding from the mouth or those who have suffered dentoalveolar injury and require urgent care. This service operates during weekdays only (except public holidays) between 9.00am and 11.15am & between 1.30pm and 3.15pm.

5. Orthodontics

The orthodontic department will see any referral for diagnosis and treatment planning. Patients will only be accepted for treatment if they fall within grades 3, 4 or 5 of the Index of Orthodontic Treatment Need (IOTN).

A very limited number of more simple cases will be accepted for diagnosis and treatment by dental undergraduates working under supervision. The acceptance criteria by IOTN grade are as follows:

**IOTN Grade 3 – Moderate treatment need**

- a. Increased overjet greater than 3.5mm but less than or equal to 6mm with incompetent lips.
- b. Reverse overjet greater than 1mm but less than or equal to 3.5mm.
- c. Anterior or posterior crossbites with greater than 1mm but less than or equal to 2mm discrepancy between retruded contact position and intercuspal position.
- d. Displacement of teeth greater than 2mm but less than or equal to 4mm.
- e. Lateral or anterior open bite greater than 2mm but less than or equal to 4mm.
- f. Increased or complete overbite without gingival or palatal trauma.

**IOTN Grade 4 – Great treatment need**

- g. Increased overjet greater than 6mm but less than or equal to 9mm.
- h. Reverse overjet greater than 3.5mm with no masticatory or speech difficulties.
- i. Severe displacements of teeth greater than 4mm.
- j. Extreme lateral or anterior open bites greater than 4mm.
- k. Increased and complete overbite with gingival or palatal trauma.
- l. Less extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure.
- m. Posterior lingual crossbite with no functional occlusal contact in one or both buccal segments.
- n. Reverse overjet greater than 1mm but less than 5mm with recorded masticatory and speech difficulties.
- o. Partially erupted teeth, tipped and impacted against other teeth.
IOTN Grade 5 – Very great treatment need

p. Increased overjet greater than 9mm.
q. Extensive hypodontia with restorative implications.
r. Impeded eruption of teeth due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth and any pathological cause.
s. Reverse overjet greater than 5mm with reported masticatory and speech difficulties.
t. Defects of cleft lip and palate.
u. Submerged deciduous teeth.

6. Orthodontic extractions under general anaesthesia
(see also section 8 - Oral and Maxillofacial Surgery)

Orthodontic extraction of permanent teeth should normally be performed using local anaesthesia unless there are clear indications for the use of general anaesthesia. Common indications for general anaesthesia would be:

6.1 Extraction of first molars in patients under 12 years of age.
6.2 Surgical removal or uncovering of teeth.
6.3 Patients with special needs resulting in all treatment requiring the use of general anaesthesia.

Extractions of both deciduous and permanent teeth should follow the guidelines associated with the use of local and general anaesthesia. In the first instance all patients should be counselled to accept local anaesthesia. If, however, after extensive discussion they feel unable to do so, then they should be offered the opportunity of receiving general anaesthesia. This is the accepted guidance from the Royal College of Anaesthetists and the General Dental Council.

7. Sedation and Special Care Dentistry

Only patients with conditions that preclude treatment in General Dental Practice or the Community Dental Service are accepted for treatment. These conditions comprise:

7.1 Complex medical problems.
7.2 History of infective endocarditis (also included in restorative protocols).
7.3 Hepatitis and/or HIV related medical and oral conditions (also included in Hospital and Community care protocols). All patients in this category will be seen for mucosal lesions but routine dental care is not offered.
7.4 Severe bleeding disorders.
7.5 Psychological problems that preclude treatment in general dental practice e.g. severe autistic spectrum disorders, profound learning disability, uncontrolled mental illness.

7.6 Confirmed allergy to more than one local anaesthetic agent.

7.7 Confirmed latex allergy.

7.8 Profound immunosupression. e.g. recent transplant, anticancer therapy, autoimmune disease (also included in restorative and CDS protocols).

7.9 Severe dental phobia (including persistent gagging).

Patients are normally accepted for only one course of treatment. Long-term care is not provided. The department does not provide advanced restorative care or testing for those suspected of having allergy to local anaesthetic agents or latex.

8. Oral and Maxillofacial Surgery

The department is able to undertake treatment for a large number of patients requiring routine surgical treatment suitable for undergraduate training. More complex surgical cases may be managed under sedation or GA, as appropriate:

8.1 Simple extractions of erupted teeth and roots, including orthodontic extractions (Section 6).

8.2 Uncomplicated buried roots.

8.3 Simple impacted teeth.

8.4 The following conditions are accepted for referral to consultant clinics for diagnosis, management advice and treatment:
   - Impacted and ectopic teeth.
   - Apical surgery (Section 1.7 for acceptance criteria).
   - Dental and jaw cysts.
   - Soft and hard tissue swellings of the mouth, jaws, neck and salivary glands.
   - Oral mucosal ulceration, white and red patches of the mucosa.
   - Any suspected malignancy of the mouth, jaws and salivary glands.
   - Salivary gland disorders (lumps, obstructive salivary disease, chronic salivary disease, mucoceles, swellings of unknown origin).
   - Facial and jaw trauma including fractures and soft tissue injuries.
   - Craniofacial and jaw deformities.
   - Facial and dental pain.
   - Patients requiring oral and facial implant rehabilitation (see restorative referral protocols).
9. Oral Medicine

The following conditions are accepted for referral to consultant clinics for diagnosis, management advice and treatment:

9.1 Patients complaining of persistent or recurrent oral ulceration or following detection of an oral ulcer(s) lasting more than 2 weeks.

9.2 Lumps and swellings of the oral cavity (including lymphadenopathy)

9.3 White and red patches (including lichen planus and oral submucous fibrosis) suggestive of potentially malignant disease.

9.4 Stomatitis (including candidosis) and cheilitis (or cheilosis).

9.5 Pigmentary conditions of the oral mucosa.

9.6 Facial pain and burning mouth symptoms requiring medical management.

9.7 Patients complaining of a dry mouth or other symptoms related to salivary gland disease requiring medical management or indicative of underlying systemic disease.

9.8 Allergies and adverse reactions to dental materials.

9.9 Allergies and adverse reactions to local anaesthetics.

9.10 Patients complaining of soreness of the tongue in whom there is a florid benign migratory glossitis.

9.11 Patients complaining of halitosis in whom all dental and periodontal causes have been eliminated.

9.12 Mucosal manifestations of HIV infection

10. Oral Pathology

The GKT Dental Institute provides specialised diagnostic histopathology services for general dental practitioners via a postal referral system, rather than the central referrals offices.

10.1 Practitioner postal packs including forms, specimen fixative and approved postal containers are provided on request by the oral pathology service. Additional user information is sent to all new referring practitioners.

10.2 All tissue excised from a patient by a dental practitioner should be sent for histological examination.
10.3 Specimens should be placed in fixative immediately on removal. The form and instructions in the posting pack should be followed and the specimen posted in the pre-addressed envelope.

10.4 Pathology reports are returned by post with a replacement posting pack. Reports may be sent by FAX or telephoned by arrangement.

10.5 The oral pathology department undertakes to provide telephone advice to general dental practitioners and their staff on biopsy and specimens during normal working hours.

11. Community Dental Health

Please note that this service provided by GKT across a range of community and hospital sites is only available for patients living within Lambeth, Southwark and Lewisham. There are separate arrangements in place for patients living within Bexley, Bromley and Greenwich with local community dental services.

The following patients are accepted for treatment in the GKT Community Dental Services:

11.1 Children aged 0-16 years.

11.2 Infants for the preventive dental scheme.

11.3 Children and adults with special needs.

11.4 Patients referred with HIV/Aids (see section 3).

11.5 Patients requiring domiciliary care.

Criteria for acceptance of children 0-16 years are as follows:
- Any child with three or more decayed teeth. Once a child is made dentally fit, he/she is referred back to the GDS.
- Any child requiring multiple extractions.
- Any child with acute pain and/or swelling.
- Any child whose parents do not attend the GDS.
- Any child whose siblings have 3 or more decayed teeth.
- Any child for whom a GDP is not available.

Criteria for acceptance of patients with special needs:
- Physically disabled.
- Medically compromised.
- Mental health problems.
- Anxious.
- Phobic.
- Sensory problems.
- Learning difficulties.
Criteria for acceptance of patients for domiciliary care:
- Special needs patients who are housebound and for whom a GDP is not available to provide a service.
- Elderly patients who are housebound and for whom a GDP is not available to provide a service.

Referral Mechanisms

There are two referral offices within GKT Dental Institute, one on each site (see 2-page referral form). Both referral offices accept referrals by e-mail, fax and regular post. Please note that the inclusion of patient details in an e-mail does require consent from the patient (Data Protection Act).

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