

REFERRAL GUIDELINES - NON-THIRD MOLAR EXODONTIA

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The department does not provide a service for “routine” extractions in healthy patients, anxious patients, those with a history of difficult extractions or those with anticipated difficult extractions. If a surgical approach is obviously necessary (e.g., retained roots) then referral should be made.

Indications for referral include:

- Associated pathology that needs to be submitted for histological examination (e.g., cysts).
- Extractions from abnormal or diseased bone (e.g., patients who have received therapeutic doses of irradiation to the jaws).
- Surgical complexity such as a general anaesthetic may be indicated.

If there is no surgical indication for general anaesthetic, it is more appropriate to manage anxious patients under local anaesthesia as a staged procedure in primary care. A previous history of a difficult extraction is a less reliable indicator of surgical difficulty than accurate clinical and radiographic examination. Most of these patients will have had a bad experience from poorly managed previous extractions.

It is rare for a patient’s medical history to complicate the extraction to such an extent that it needs to take place within the hospital setting.

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

If you are referring a patient because they request treatment under general anaesthesia, please ensure that the GDC guidelines with regard to risk counselling have been followed and that evidence of this is provided in your letter.

If a referral is made outside these guidelines please give the reasons why treatment cannot be undertaken in primary dental care.