The role of the Restorative Dentistry Department is to provide a diagnostic, treatment planning and advice service to referring practitioners and to carry out specialist level treatment where appropriate. In the majority of cases both the patient and referring dentist should expect all other treatment to be carried out in the practice setting. The intention of the Consultants in Restorative Dentistry is to work in partnership with the referring practitioner. This means that the patient may be referred back to primary care for specific items of treatment or all of the recommended treatment with a detailed treatment plan.

Patients accepted for a specific course of treatment are expected to continue to see their General Dental Practitioner for routine dental examinations, treatment and acute care. All patients will be referred back to the referring practitioner on completion of treatment for maintenance and revision of the treatment in due course.

All referrals to the Department are vetted according to the description of the case and the urgency with which the patient needs to be seen. If it is felt that the referral letter contains inadequate detail to allow this to take place, the referral may be returned to the referring practitioner for clarification, resulting in a delay in the patient being seen. The reasons for not accepting the patient will be identified.

All referrals, even those to named consultants, tend to be pooled and may be seen by any consultant.

Please note that if a patient fails to attend an appointment for a consultation without prior notice, the patient will be discharged back to the referring practitioner and a new referral will be required. The consultant involved does have discretion to provide another appointment but this will only be exercised in exceptional circumstances.

Most patients will be accepted for advice and treatment planning, however not all patients can be seen for treatment.

The following categories of patients may be accepted for some or all of their treatment:

**Priority Groups**

- Head and neck cancer patients requiring rehabilitation following resection, post-radiotherapy changes or due to altered anatomy.
- Patients with other acquired defects due to surgery and orofacial trauma
- Developmental and congenital abnormalities including cleft lip and palate, joint orthognathic and/or orthodontic cases, hypodontia and other disturbances in tooth development
PERIODONTICS

All referrals will be expected to contain a BPE score, information relating to any acute episodes and a summary of the treatment provided, together with the patient response.

**Referrals of patients with chronic periodontitis will normally only be accepted for treatment when the following intervention has been undertaken in practice:**

- Supragingival scaling and root surface debridement of pockets. This may require to be performed over several visits to treat the whole mouth and may require the use of local anaesthetic
- Effective oral hygiene instruction with particular emphasis on the appropriate form of interproximal cleaning, generally interdental brushes
- Pre- and post-operative periodontal charts should be recorded.

For NHS patients this treatment would typically fall under Item 10(c) of the Statement of Dental Renumeration.

Referral for treatment should include pre-op periodontal charts and post-op periodontal charts recorded three months following instrumentation.

Patients who can be considered for treatment will include those with:

- Significant medical problems which may put them at increased risk of periodontal disease
- Aggressive periodontitis (formerly known as early onset or juvenile periodontitis)
- A requirement for periodontal surgery, including crown lengthening and mucogingival procedures
- Chronic periodontitis that has not responded to treatment in primary care, as outlined above.

Patients who will not normally be accepted for treatment are those who:

- Are unable to demonstrate prior to referral a satisfactory level of oral hygiene and whose motivation remains poor
- Have BPE scores of 3 or less (unless they meet one of the above criteria for acceptance)
- Have chronic marginal gingivitis only
ENDODONTICS

The referral should include a digital radiograph of diagnostic quality forwarded to nhsg.rdref@nhs.net. Treatment will often be limited to a ‘troubleshooting’ service that aims to overcome immediate challenges and allow treatment to be completed in primary care (eg identification of canals, removal of fractured instruments).

Patients who will be considered for treatment will include those requiring:

• Repeat orthograde root canal treatment of failed root canal therapy where a reasonable attempt at carrying this out in practice has already been made. Typically this will involve removal of any extra-coronal restorations, and assessment of restorability of the tooth.
• Management of complex or narrow root canal anatomy, open apices, resorption and trauma
• Treatment of iatrogenic damage including separated instruments, fractured posts and perforations
• Surgical endodontics

Patients who will not normally be accepted for treatment are those requiring:

• Uncomplicated primary root canal treatment
• Repeat orthograde root canal treatment if an attempt has not been made in primary care
• Treatment on teeth judged to be unrestorable or of poor prognosis
• Complex treatment of teeth in poorly maintained mouths
• Repeat orthograde root canal treatment of second or third molars, unless there is a compelling need for their preservation. This would include the tooth being a key abutment or to avoid extractions in patients who would present a surgical risk

REMOVABLE PROSTHODONTICS

The Department is not able to provide treatment of a routine nature. If having assessed the patient’s existing prostheses it is felt that the provision of treatment is within the scope and expertise of a general dental practitioner, with appropriate advice, it is expected that the patient will return to their practitioner with a treatment plan. Where alternative options exist (eg acrylic or cobalt-chromium partial dentures) these will be identified and the practitioner and patient may elect which option to pursue.

Where it is clear that all efforts have been made by the referring practitioner to address the patient’s issues, or in the case of re-referral, where the treatment plan provided has been accurately followed, patients may be accepted for treatment within the capacity of the service.
**FIXED PROSTHODONTICS**

Patients referred for the rectification of problems or replacement of fixed prosthetic work provided outwith the Hospital will not be accepted for treatment unless under exceptional circumstances. Advice on appropriate methods of removal and management of fixed restorations will be provided. Advice on the options for the management of tooth wear will also be given.

Patients requiring complex care may be accepted for treatment in those circumstances that involve a major occlusal rehabilitation.

**DENTAL IMPLANTS**

The following categories of patients may be considered for treatment depending on the circumstances of the individual case:

- Malignancy or other pathological lesions resulting in altered oral anatomy
- Congenital conditions such as clefts or hypodontia, normally involving multiple teeth
- Missing teeth as a result of dentoalveolar and facial trauma
- Severe intolerance to dentures that are otherwise considered to be satisfactory

Dental implants are not provided to patients that have:

- Poor oral hygiene
- Active dental or periodontal disease
- A smoking habit

Please also be aware that the Department is normally not able to offer treatment for the following:

- Completion of implant treatment commenced elsewhere
- Rectifying prosthodontic problems in relation to implant treatment carried out elsewhere
- Maintenance of implants and implant restorations provided elsewhere

An advisory service is available. Acute infection or the initial management of significant problems such as fracture of implants or components will be offered where appropriate. However, given the very large number of implant systems available, this is not always possible and patients should be made aware of this at the time of referral.
**Patients who are not accepted for treatment**

In addition to the above, the following categories of patients are not accepted for treatment:

- Referrals on financial grounds alone
- Routine primary dental disease management
- Dental phobics requiring sedation. The Department does not offer a sedation service
- Patients with special needs who do not have a specialist Restorative Dentistry problem

In the case of the last two categories, referrals should be made to Special Care Dentistry.

**Acceptance of patients for teaching and training**

Notwithstanding the above, Aberdeen Dental School & Hospital is a teaching institution able to accept a limited number of patients suitable for treatment by undergraduate and postgraduate students. Acceptance for treatment in these circumstances is dictated by students’ and trainees’ educational needs at the time of consultation and cannot be guaranteed to be available.

March 2016