Restorative Dentistry Unit

Referrals

A comprehensive consultation and treatment planning and advice service is available to all appropriately referred adult patients. If urgent advice is required it will normally be possible to speak to the Consultant or one of his specialist staff during normal working hours. To access this, please telephone the secretary on 020 8401 3108.

In order to allocate a patient to the most appropriate clinic, details are required of the patient's: full name, date of birth, address, postcode, home and daytime telephone numbers, clinical history and nature of the referral. Referring General Dental Practitioners who do not provide sufficient clinical information in their initial letter will be sent a referral form to complete.

Referrals may be posted or faxed and should be addressed to:

Mr A Graham Gilmour, Consultant in Restorative Dentistry
Croydon University Hospital, 530 London Road, Croydon CR7 7YE.
Facsimile: 020 8401 3488.

Most patients are returned to the referring practitioner with advice on their management. Some cases are treated for the specialist part of their care within the hospital service.

Treatment priorities

Priority is given to patients with congenital or acquired dentofacial defects, requiring the rehabilitation of critical abutment teeth necessary for future dental health (for example following oro-facial cancer or dentofacial trauma) or those needing multidisciplinary care (for example involving the Orthodontic Unit or Maxillofacial Surgery Department).

Adult patients must have a dentist willing to provide routine treatment and maintenance care during and after specialist treatment. Patients will only be offered treatment within the remit of secondary care, for example those who:

1. require specialist treatment that requires specialist expertise or equipment and cannot reasonably be provided within primary dental care,
2. have a significant medical history that affects clinical care, and then only for that part of their overall management,
3. have a “modifying factor” that increases the complexity of treatment for the patient.

As we are a training unit, occasionally, a patient who does not strictly fulfil the criteria for secondary care, might be offered treatment in the interests of training at the consultant’s discretion, and with the agreement of the referring practitioner.

Inappropriate referrals

As a specialist and secondary care service for adults we are unable to provide primary dental care for patients, including patients with special needs. We currently do not have a paedodontic facility. We cannot accept patients for the following:

- Endodontic treatment ab initio, routine hygienist care, replacement of failed, ill-fitting or worn fixed or removable prostheses
- Failure to achieve local analgesia
- Treatment under general anaesthesia
- Economic or financial reasons
- Patients who come under the remit of Special Care Dentistry
- Patients that have difficulty registering with a primary care provider.
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Examples of specialist treatment

1. Requiring specialist expertise or equipment:

   **Adult endodontics** – Priority is given to complex cases; for example, that need the use of an operative microscope, for the treatment and re-treatment of teeth with aberrant root canal morphology which the referring practitioner has been unable to identify and/or negotiate, or pathologic resorption, or for the retrieval and removal of fractured instruments or posts. Patients are returned to their dentist to complete the treatment and follow up. We cannot accept patients for initial or routine revisional endodontic treatment, or for financial reasons.

   **Periodontics** – Priority is given to patients with aggressive forms of periodontal breakdown despite good oral hygiene, those with root morphology that adversely affects prognosis, or with a medical condition that directly affects the periodontium; for example, “desquamative gingivitis”, side effects of drugs, renal/heart transplants. Patients are returned to their dentist for supportive maintenance care after treatment. Patients are discharged for non-compliance with plaque control or attendance. We cannot accept patients for routine hygienist care, or for financial reasons.

   **Fixed prosthodontics** – Priority is given to restoring critical abutment teeth and to patients with severe tooth surface loss for age. Currently, we do not provide implant-retained prostheses. We cannot accept patients for the replacement of failed restorations, or for financial reasons.

   **Removable prosthodontics** – Priority is given to patients with continued denture difficulties subsequent to the provision of adequate prostheses in the primary care services. Or, in cases of certain medical conditions; for example, dyskinesia or severe muscular discoordination which affect the patient’s ability to control a prosthesis. We cannot accept patients for routine replacement or provision of complete or partial dentures, or for financial reasons.

2. Significant medical history:

   This will include those in whom there would be a danger to the patient of being treated in primary care. For example patients:

   - after head and neck radiotherapy
   - who are significantly immunocompromised or immunosuppressed
   - with a significant bleeding dyscrasia or disorder where the treatment involves significant bleeding, or with a potential drug interaction
   - with extreme coronary ischaemia, needing the availability of a resuscitation team.

3. Factors that increase treatment complexity:

   - severely limited operating access
   - mandibular dysfunction, undiagnosed facial pain, atypical facial pain
   - skeletal base alveolar discrepancy that adversely affects the occlusion.

Restorative treatment for phobic patients

There is a very limited facility for restorative treatment under IV sedation, and excludes endodontic, periodontal and prosthodontic treatment. We have no facility for restorative treatment under General Anaesthesia.