

## **REFERRAL CRITERIA FOR ORAL MEDICINE**

Oral Medicine is the specialty of dentistry concerned with the oral healthcare of patients with chronic, recurrent and medically related disorders of the mouth, and with their diagnosis and non-surgical management. The scope of Oral Medicine practice includes disorders of:

- Oral soft tissues ( mucosa, tongue, lips)
- Salivary glands
- Neurological dysfunction including non-dental related pain

These disorders may reflect local oral problems or oral manifestations of systemic disease.

### **Referrals are accepted for the following:**

1. Patients complaining of persistent or recurrent oral ulceration or following detection of an oral ulcer or ulcers lasting more than two weeks;
2. Lumps and swellings of the oral cavity (including lymphadenopathy);
3. White and red patches (including lichen planus and oral submucous fibrosis) suggestive of potentially malignant disease;
4. Stomatitis (including candidosis) and cheilitis (or cheilosis);
5. Pigmentary conditions of the oral mucosa;
6. Facial pain and burning mouth symptoms requiring medical management;
7. Patients complaining of a dry mouth or other symptoms related to salivary gland disease requiring medical management or indicative of underlying systemic disease;
8. Allergies and adverse reactions to dental materials;
9. Allergies and adverse reactions to local anaesthetics;
10. Patients complaining of soreness of the tongue in whom there is a florid benign migratory glossitis;
11. Patients complaining of halitosis in whom all dental and periodontal causes have been eliminated;
12. Mucosal manifestations of HIV infection;
13. Oral mucosal and related pathology.

### **Who we do not see**

#### **Please note that the Oral Medicine Service:**

- Does not accept patients for economic reasons

## Referral

The responsibility for making an appropriate referral rests with the referring health care professional. These guidelines are intended to help General Dental Practitioners (GDPs), Primary Care Oral Surgery Specialists and General Medical Practitioners (GMPs) make an informed decision when contemplating referring HSC patients for oral medicine assessment.

It is essential for the consultant to know certain details about the patient, any lesion and the clinical diagnosis in order to prioritise an appointment.

- **Patient details** including current telephone number so that the patients can be contacted to attend at short notice;
- **Short medical history** including allergies and list of medication;
- **Relevant social history** including smoking and drinking status;
- **Detailed description of the lesion** including duration, site, size, colour, texture and findings upon palpation;

**Clinical diagnosis in order to** categorise the urgency of the referral. Urgent referrals should be marked urgent on the referral letter. **Abnormal areas in the mouth that are suspected of being oral cancer should be referred immediately and the “red flag\*” box on the pro forma referral form ticked**

\*Red Flag status means patient to be seen within 2 weeks & is strictly for cases of suspected cancer.

## What happens when we receive the referral?

- All referrals are triaged/graded by an Oral Medicine, Oral Surgery or OMFS consultant.
- If a referral does not contain sufficient to support its urgency, then the referral will be regraded in line with the suspect cancer referral guidance issued on 30 November 2012\*. The referrer will be informed and any further information available will be sought from the referring clinician.
- A referral which does not meet the service criteria will be returned to the referrer with an explanatory note.
- Referrals that meet the service criteria are allocated to the most appropriate clinic, based on the information provided on the referral form.
- We operate a partial booking system which means once your referral letter has been triaged/graded patients will be contacted by letter by the Trust Appointments Office and advised to contact the Office to arrange an appointment time that suits them. It is important that they respond within the given timeframes or they may be discharged from the service in line with Integrated Elective Access Protocols (IEAP).

\* Can be downloaded at: <http://www.hscbusiness.hscni.net/services/2470.htm>