

## GSTT/KCH RESTORATIVE STANDARDISED CRITERIA

Specialist Restorative Dentistry is for patients who have complex oral and dental problems, requiring multidisciplinary, specialist care.

Most cases referred will be seen for an assessment (consultation) only with a treatment plan drafted and sent back to the referring dentist. Patients accepted for treatment will be on a shared care basis with discharge back to the dentist when the agreed items of treatment have been completed.

1. Provide a full treatment planning service, including but not limited to, for patients who need a second opinion regarding any restorative dental issue or help with diagnosing an odontogenic cause for pain.
2. Provide care/treatment for:

GSTT	KCH	BOTH
Head and Neck Cancer patients (pre/post-surgery/radiotherapy care)	Acute management of dental injuries	Assessment/treatment planning/management for medication-related osteonecrosis of the jaw
Cleft Lip and Palate patients (South Thames Cleft region)	Medically compromised patients	Advanced tooth surface loss requiring full mouth rehabilitation
		Hypodontia and other developmental defects (e.g., amelogenesis imperfecta, dentinogenesis imperfecta)

3. Dental implants. The criteria for implant placement on the NHS is very strict and only considered for those deemed high priority, where conventional dental treatment is not clinically appropriate or feasible. It is also further subject to detailed assessment of the patient and consideration of various clinical factors to ensure this dental treatment is the most appropriate option for each case. Please note there is also variation between GSTT and KCH sites as indicated below:

### Implant Dentistry Referral Criteria

- Patients who have suffered from significant trauma leading to tooth loss (GSTT/KCH)
- Patients who have been treated for cancer of the head and neck including those who require rehabilitation of extra-oral defects (GSTT/KCH).
- Patients with developmental/ inherited conditions which have led to missing teeth, tooth loss or malformed teeth e.g. hypodontia, cleft lip and palate, amelogenesis imperfecta

(GSTT/KCH – but at GSTT replacement is limited to first premolars in mandible and second premolars in maxilla).

- Patients with severe denture intolerance e.g. due to conditions such as xerostomia (GSTT/KCH).

**Referring clinicians should be aware of the following points in addition to the above criteria for implant dentistry referrals:**

- (1) Partially dentate patients should have otherwise healthy intact dentitions i.e. periodontally healthy and minimal restorations (GSTT/KCH).
- (2) Conventional treatment is normally required in the first place e.g. a resin-bonded bridge, or conventional dentures (GSTT/KCH).
- (3) Patients losing teeth through periodontitis, endodontic failure, or bridge failure are not considered for implant treatment (GSTT/KCH).
- (4) Replacement of posterior teeth is considered a low priority and not usually accepted (GSTT/KCH).
- (5) Patients with implants not placed at GSTT/KCH are not accepted.
- (6) Patients with partial denture intolerance are not accepted (GSTT/KCH).
- (7) Single unit spaces (including lateral incisor spaces) in hypodontia patients are usually replaced with resin bonded bridges (GSTT/KCH).
- (8) We do not accept patients with a history of smoking or poor oral hygiene; patients must not have active periodontal disease

**Please use the South East London Restorative Referral Form unless the referral is for Endodontics.**

## **SPECIALTY SPECIFIC CRITERIA**

### **The below criteria are for King's College Hospital only**

#### **Endodontics:**

If you're a London general dental practitioner (GDP), please use the [Pan London Endodontic Referral Form](#) and email it to: [kch-tr.dwlo@nhs.net](mailto:kch-tr.dwlo@nhs.net)

Level 2 cases will be redirected to a Level 2 service provider. Please see the referral form for details about each level.

If the referral is not on the Pan London Endodontic Referral Form, there is no periapical radiograph of the tooth in question and a Basic Periodontal Examination has not been provided, the referral will be rejected.

Due to the high volume of referrals received for endodontics, we are unable to accept patients for this treatment from outside the greater London area except in the following high priority cases:

- Patients who have or have in the past had oral cancer
- Patients with congenital dental abnormalities eg hypodontia, cleft lip & palate and amelogenesis imperfecta
- Medically compromised patients
- Patients who have suffered orofacial trauma

On occasions we have the capacity to accept patients suitable for training of undergraduate and postgraduate students.

Please note:

1. We have limited capacity for the elective retreatment of asymptomatic teeth prior to crown placement/replacement.
2. Only functional and restorable teeth which have good periodontal support will be considered.
3. We will not accept patients onto the waiting list until all primary disease has been managed.
4. We do not offer sedation for the management of endodontic problems treated within the department.
5. Concessions will be made for patients on bisphosphonates or who have undergone radiotherapy to the jaws. In situations when crowns or bridges are dismantled, patients may be referred back to the referring dentist for replacement restorations.

#### **Prosthodontics**

We have a limited prosthodontic service at the King's College Hospital site, and only those patients falling within the priority cases listed below will be accepted for treatment.

- Congenital abnormalities of the dental tissues e.g. clefts in adults requiring prosthodontic management only
- Acquired orofacial defects; e.g. road traffic accidents, history of head and neck cancer treatment
- Advanced tooth surface loss

- Occlusal disorders
- Complex prosthetic problems
- Patients with multidisciplinary problems; e.g. hypodontia

We do not accept patients for treatment for failing crown and bridgework. We will, however, provide a comprehensive treatment plan for both fixed and removable prosthodontic cases.

#### **Periodontology**

- Advanced periodontitis in patients under 40 years of age
- Aggressive early onset periodontitis
- Complex mucogingival problems
- Severe localised gingival recession
- Gingival enlargement
- Persistent deep pocketing, if increasing, despite good oral hygiene and debridement under local anaesthesia
- Patients where their medical condition/medication may be contributing to the problem
- Patients who may benefit from crown lengthening prior to restorative treatment
- Patients who are being considered for complex orthodontic/orthognathic surgery where periodontal health is in doubt

**We are unable to accept patients for treatment on financial grounds alone and acceptance is based on clinical need with limited access for patients outside the Greater London area.**

**We do not provide any general restorative treatments under general anaesthetic or sedation.**