Oral Medicine Criteria

Oral Medicine Clinical Offer Post COVID-19 priority list of conditions that we will accept and those for which at the present time we cannot offer treatment. Please read in conjunction with our referral guidance for more information. We are also happy to offer advice by phone or to discuss cases as required.

If you cannot see a condition on this document, please consult the related guide from Oral Surgery as it may fall under their remit. If it is not covered then contact either department by phone for advice.

Please note all referrals that would come under the Urgent Suspicion of Cancer or 2 week wait (2WW) pathway should be referred to OMFS and not to Oral Medicine or Oral Surgery.

Conditions that we will prioritise: please phone 0141 211 9660

We will consider prioritising any lesion **associated with red flags** as listed in the Oral Medicine Referral Guidelines but may request further information and investigations to avoid unnecessary appointments and optimise management in the community setting.

Conditions that we will prioritise
Conditions that will be seen as routine
Conditions that we will not accept at the current time

Mucosal Disease	White or white/red patches or existing known dysplasia which have changed but do not meet criteria for USOC/2WW
	Acute exacerbations of mucosal disease unresponsive to topical therapy e.g. pemphigus, pemphigoid, lichen planus, severe recurrent aphthous stomatitis
	New diagnosis of suspected vesiculobullous disorder (pemphigus, pemphigoid) or oral drug reaction
	New diagnosis of facial herpes zoster (shingles) – DO NOT DELAY COMMENCING SHINGLES DOSE ACICLOVIR WHILE AWAITING CONFIRMATION OF APPOINTMENT
	Any severe mucosal condition which is significantly impairing oral intake of fluids, food or prescribed medications despite analgesia and local measures
Pain / altered sensation	Acute exacerbations of trigeminal or glossopharyngeal neuralgia
	New diagnosis of trigeminal or glossopharyngeal neuralgia or other trigeminal autonomic cephalgia (TACs = cluster headache, hemicranias continua, paroxysmal hemicrania or SUNCT)
	New suspected diagnosis of giant cell (temporal arteritis)
	Sudden onset change in orofacial sensation or motor function (manage as medical emergency if stroke suspected. Consider discussing with GP colleagues before referral to GDH to determine best route.)
Soft tissue swelling	Suspected orofacial granulomatosis with systemic or gut symptoms
	Facial anigodema / unexplained soft tissue dwelling
Mucosal Disease	White or white/red patches or existing known dysplasia which are unchanged and require only routine review
	Suspected candidal lesions persisting despite good oral, inhaler and denture hygiene
	Management of some benign soft tissue lesions and white patches. Please consider with the patient whether biopsy of the lesion is warranted or if clinical photograph and monitoring in GDP would be more appropriate in the short term (2-3 months)
	New diagnosis of minimally symptomatic or asymptomatic lichen planu or lichenoid reactions
	New onset recurrent oral ulceration

	Crusted lesions of lips with no red flags
Pain / altered sensation	Stable facial pain where potential odontogenic sources have been excluded or clearly identified
	TMD causing persistent pain or locking where a period of time using conservative measures and self-help has been unsuccessful (see referral guidance)
Soft tissue swelling	Chronic benign salivary gland disease
	Suspected OFG with no systemic or gut features
	Candidal lesions clearly associated with inhaler or denture hygiene
	Chronic drug-induced salivary hypofunction
	Facial pain where no attempt to exclude or identify odontogenic sources has been made
	Long term management of patients with TMD or stable facial pain
	Painless clicking from TMJs not associated with any loss of function or red flags
	Benign soft tissue overgrowths e.g. fibroepithelial polyps, denture hyperplasia, drug-induced gingival hyperplasia, mucoceles, papillomas
	Confirmation of diagnosis of normal anatomical structures e.g. tori, symmetrical osteomas, circumvallate papillae, salivary duct papillae, Fordyce spots or linea alba
	Confirmation of diagnosis of long-standing benign lesions e.g. asymptomatic haemangiomas, and amalgam tattoos present for years