

*Oral Surgery Clinical Offer Post COVID-19*

*Priority list of conditions that we will accept and those for which at the present time 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.*

Conditions that we will prioritise: For *please phone 0141 211 9660
Conditions that will be seen as routine
Conditions that we will not accept at the current time

	Failed extractions. Where an extraction has been attempted in primary care and the tooth has fractured <b>and</b> is causing pain. Please consider temporising the tooth first.
	Post-surgical bleeding *
	Spreading odontogenic infection *
	Management of oro-antral communications or fistulae
	Management of fractured tuberosities
	Management of roots in the maxillary antrum
	Established MRONJ
	Established osteoradionecrosis
	Delayed healing of tooth sockets following routine extractions (consider possible malignancy and MRONJ)
	Extractions for head and neck cancer patients referred by Restorative Dentistry
	Extractions for patients with congenital bleeding disorders eg haemophilia and other medically complex patients on a case by case basis where a delay would be detrimental to the patient's medical condition
	Management of impacted canines where there is likely resorption of adjacent teeth as assessed by an orthodontist
	Impacted third molars where there is caries in the third molar or in the adjacent second molar likely to result in loss of the second molar if not treated
	Impacted third molars where there is pain not responding to AAA due to caries
	Cystic and other bony lesions-these may be biopsied to confirm a diagnosis. Treatment may be postponed to a later date if found to be radicular, residual or dentigerous and/or there is no concern about pathological fracture

	Acute benign salivary gland disease
	<b>We will offer a very limited IV sedation service and bariatric service for patients who may fall into the categories above on a case by case basis</b>
	Surgical exposure or removal of ectopic teeth and supernumerary teeth referred by a specialist orthodontist with a treatment plan
	Surgical removal of impacted third molar teeth where there is an increased risk of complications and where a CBCT may be required (see guidance for CBCT).
	TMD causing <b>persistent</b> pain or locking-for assessment and initial management where a period of time using conservative measures and self-help has been unsuccessful (see referral guidance).
	Chronic benign salivary gland disease
	Management of some benign soft tissue lesions-please consider with the patient whether biopsy of the lesion is warranted
	Failed extractions not causing pain
	Implant placement and bone grafting for patients <b>referred by Restorative Dentistry</b> and who meet our usual criteria
	Oral Surgery under IV sedation for routine non-urgent procedures.
	Bariatric service for patients over 28 stones requiring routine oral surgery
	<b>There will be a very limited service offering GA for oral surgery procedures on a case by case basis. Please note for most oral surgery procedures GA is not required</b>
	Routine Extractions
	Routine extractions for patients on NOACS. Please refer to SDCEP guidance
	Routine extractions for patients at risk of MRONJ. Please refer to the SDCEP guidance
	Removal of implants where implant was not placed in GDH
	Routine dental treatment under IV sedation or GA
	Long term management of patients with TMD
	Failed endodontics (unless referred to us <b>by Restorative Dentistry</b> for surgery)
	Adult dental trauma (refer to Restorative Dentistry)
	Referrals for dental implants or bone grafting from GDP ( refer to Restorative Dentistry, strict criteria apply)

**Please note all referrals that would come under the Urgent Suspicion of Cancer pathway should be referred to OMFS and not to Oral Surgery**

