Oral & Maxillofacial Surgery Specialist Clinics at Western Health:

The Oral and Maxillofacial Unit at Western Health staff a specialist clinic for patients who require outpatient assessment and management. Patient referrals will be triaged by the Oral Maxillofacial Surgery Unit into management pathways according to specific clinical requirements.

Conditions not seen by Oral & Maxillofacial Surgery specialists at Western Health:

- Confirmed Head & Neck malignancy (referral to ENT)
- Non-odontogenic sinus pathology (referral to ENT)
- Isolated dental trauma (referral to Dentist / Private Oral Maxillofacial Surgeon or Royal Dental Hospital)
- Dental pain in the absence of infection (referral to Dentist or Royal Dental Hospital)
- Cosmetic procedures unrelated to pathology or trauma (referral to relevant private practice)
- Dental implants (referral to private clinician)

Oral & Maxillofacial Surgery Alarm Symptoms:

Some conditions require assessment within the emergency department and should not wait for an outpatient appointment. Support and guidance will be provided by the Oral Maxillofacial Surgery Registrar via Western Health switch on 8345 6666.

- Facial swelling
- Acute onset trismus
- Acute facial trauma
- Oral and facial bleeding

Access & Referral Priority for assessment by the Oral & Maxillofacial Surgery Unit:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT **Appointment timeframe 30 days.**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
• Facial fractures: Contact Oral Maxillofacial Surgery Registrar to discuss required imaging and possible interim management (e.g., dietary adjustment, antibiotics, analgesia) • Suspected oral cancer / suspicious oral lesions / lumps / exposed bone	• Radiographic jaw lesions / cysts • Pre-prosthetic surgery • Oro-antral communication (OAC) • Salivary gland pathology • Temporomandibular joint (TMJ) pathology • Orthognathic (corrective jaw) surgery • Obstructive sleep apnoea (OSA) surgery • Dental extractions in the medically compromised

Date: June 2024
Review Date: June 2027

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

The provision of useful information enables accurate triage, better planning, fewer clinic visits and more efficient care. Certain referrals may be rejected if they lack appropriate detail (e.g., "Please see patient with TMJ pain.") The table below will provide some guidance:

Condition:	Key Information Points:	Clinical Investigations:
Facial Trauma • Upper • Midface • Lower (mandible)	History & exam: • Date and mechanism of injury <u>Upper & midface</u> • Eye signs (e.g., enophthalmos, diplopia, restricted movements) • Sensory loss • Aesthetic concerns (deformity) <u>Mandible</u> • Occlusion (subjective malocclusion, jaw deviation, open bite) • Mouth opening (degree of trismus) • Sensory loss	<u>Upper & midface</u> • CT facial bones (*except where isolated nasal bone injury is suspected*) • Concurrent referral to Ophthalmology for assessment if eye signs and / or orbital wall fracture are present. Goal is to rule out occult globe injury <u>Lower (mandible)</u> • OPG • CT (request CT facial bones including mandible)
Oral Pathology • Oromucosal lesions	History & exam: • Description of lesion: • Site, size, shape, symptoms, • colour, consistency, chronology • Risk factors (smoking, alcohol, HPV, sun exposure, previous head and neck cancer)	• OPG
• Dentoalveolar • Surgical extractions in the medically compromised (incl wisdom teeth, full clearances, high risk extractions under LA) • Jaw lesions (including medication or radiotherapy related osteonecrosis of the jaws (MRONJ/ORN)	History & exam: • Relevant medical history • Previous head or neck radiation • Previous bisphosphonate usage or anti-resorptive therapies (e.g., Prolia / Denosumab) • Local impact of pathology (pain, swelling, displacement of teeth, impact on denture)	• OPG for surgical extractions • Cone Beam CT / CT facial bones for jaw lesions and dental cysts

Condition:	Key Information Points:	Clinical Investigations:
• Dental cysts • Pre-prosthetic surgery (tori removal, ridge augmentation)		
Open antral communication (OAC)	History & exam: • Date of tooth extraction • OAC symptoms • Treatment to date (rinses, antibiotics)	• OPG post dental extraction • Cone beam CT of maxilla
Salivary gland • Parotid, submandibular or sublingual gland	History & exam: • Sialadenitis • Mechanical obstruction (stone) • Treatment to date	• CT
Obstructive sleep apnoea (OSA)	History & exam: • OSA symptoms • Overnight pulse oximetry • Treatment to date (splint, CPAP, surgery)	• OPG
Orthognathic / Corrective Jaw Surgery • Maxillary / Mandibular position adjustment. (BSSO / Bimax) • Chin position adjustment (genioplasty) • Surgically assisted maxillary expansion (SAME)	History & exam: • Correspondence from Orthodontist if present • Correspondence from Oral Maxillofacial surgeon if present • Relevant medical history	Preferable (within 12 months): • OPG • Lateral cephalogram
Temporomandibular joint (TMJ)	History & exam: • Duration of symptoms • Intra-articular symptoms of TMJ pathology: (painful click, palpable crepitus, locking, dislocations, deviation on opening) • Mouth opening (degree of trismus) • Previous treatment (physio, splints, medication, surgery)	• OPG Please Note: • The Oral Maxillofacial Surgery Unit does not have expertise to care for chronic facial pain • Where appropriate, a trial of conservative measures (as outlined in Health Pathways Melbourne) will be requested prior to review