

REFERRAL FOR RESTORATIVE DENTAL SPECIALIST SERVICES IN THE MINISTRY OF HEALTH (MOH)

A. Introduction

Restorative Dentistry involves the replacement and rehabilitation of damaged or missing oral and dental tissues due to diseases, developmental defects or trauma with the aim of restoring functional, psychological and aesthetic aspects. Treatment often requires multidisciplinary management with Oral Maxillofacial Surgeons, Orthodontists and Periodontists as well as the medical team.

The main objective is to provide secondary and tertiary restorative dental care for referred patients aged 16 years and above.

B. Scope

In the MOH, Malaysia Restorative Dentistry comprises the following :-

- Oral rehabilitation of patients with missing teeth by means of a fixed and/or removable prosthesis which may include implant retained prosthesis to restore function with acceptable appearance
- Recontouring and rehabilitation of teeth with developmental anomaly
- Management of failed prosthodontic works which affects function
- Root canal treatment of teeth with complex anatomy, management of procedural accidents and revision of failed endodontics which may include surgical endodontics.

C. Referral Criteria

Referral will be accepted for **complex** endodontic and prosthodontic treatment which can be assessed through the use of the Restorative Dentistry: Index of Treatment Need (RDITN), adapted and modified from NHS 2001 (Appendix 1A, 1B, 1C).

- **Types of cases to be referred**

- RDITN score 3
- Patient requiring multidisciplinary dental specialist management

- **Priority groups**

- Marginalised group (e.g. special needs patients, elderly)
- Public service personnel

Acceptance of referred patient does not necessarily mean that he/she will be treated by the Restorative Dental Specialist. Referral will be subjected to a pre-assessment cum consultative appointment to determine patients' restorative needs. The acceptance of patients for treatment depends on professional judgement and is at the discretion of the respective restorative specialists.

D. Pre-requisites for Referral

Ideally, all referred patients must be free from caries and periodontal disease, and present with satisfactory oral hygiene.

Referrals are accepted on the basis of good restorative prognosis of the teeth. The tooth must have been assessed and found to be potentially restorable and functional prior to referral.

Basic endodontic and prosthodontic treatment should have been completed at primary care level.

E. Procedure for Referral

The procedure for restorative dental specialist care is as in Appendix 2.

In addition to the standard requirements for referral, the following are to be included:

1. History of the condition and treatment provided to date
2. Relevant radiographs, tests and other diagnostic investigation results

The patient must be informed that treatment provided at the Restorative Dental Specialist Clinic can involve additional costs. There may be a considerable number and lengthy appointments depending on the procedures required and there may also be long intervals between appointments.

Referral letters to Restorative Dental Specialist (Appendix 3) are valid for 3 months. Patients should be advised to obtain a new referral letter if the time has lapsed.

Patients undergoing treatment for specific dental problems by the Restorative Dental Specialist should be made aware that they are still under the general care of their respective primary referring dental officer.

Following completion of restorative care, patients will be sent back to the primary care dental officers for continuity of dental care. Once discharged, the Restorative Dental Specialist does **not** have the responsibility for long-term care and maintenance treatment.

Restorative Dentistry Index of Treatment Need (RDITN)

RDITN was developed by the Royal College of Surgeons in 2001 to enable health service providers and patients to make informed choices. Although it is not as widely used in the UK as compared to Index of Orthodontic Treatment Need (IOTN) and Community Periodontal Index of Treatment Need (CPITN), it is the only tool available to identify need and rank complexity of treatment for Restorative Dentistry.

The assessment comprises of 3 components :

1. Root canal treatment complexity assessment (Appendix 1A)
2. Fixed prosthodontic treatment assessment (Appendix 1B)
3. Removable prosthodontic treatment assessment (Appendix 1C)

Each component of the assessment should be considered separately and it may be the only relevant component for that patient. A complexity code should be assigned following examination.

Each component has a series of three score codes (low - 1, moderate - 2, high - 3) to which a modifying factor (MF) may apply. Modifying factors are similar for each component of the index (although there are minor variations) and should be applied to each component of the assessment.

Following completion of coding, the complexity code would be represented by the highest score. The highest complexity is code 3.

For example:

A patient who presents with a root canal treatment complexity code of 2, incorporating a retreatment modifying factor, would have a final score of 3.

Decision for Referral to the MOH Restorative Dental Specialist

This will be based on the final score as follows :

Complexity code	Modifying Factor (Yes/No)	Final Score	Decision
1	No	1	To be managed by Dental officer
1	Yes	2	
2	No	2	
2	Yes	3	Will be accepted for referral
3	No	3	
3	Yes	3	

Note : If there is more than 1 modifying factor, the complexity score increases only by 1 (and is not cumulative)

F. Implementation

1. Training of Trainers (TOT) cum Calibration in RDITN should be undertaken at regional level (including Specialists and identified Dental Officers)
2. Training of all Dental Officers at state / district primary and secondary care clinics in use of RDITN.

Root Canal Treatment Complexity Assessment

Complexity	Code	Features
Low	1	• Single/multiple root canals with curvature $< 15^\circ$ to root axis • No root canal obstruction/damaged access • I & D required
Moderate	2	• Single/multiple root canals with curvature $> 15^\circ$ but $< 40^\circ$ to root axis. • Teeth with incomplete root development
High	3	15° to root axis  40° to root axis  • Single/multiple root canals with curvature $> 40^\circ$ from radiographic or clinical evidence through their entire length • Single/multiple root canals that are not considered negotiable • Periradicular surgery • Teeth with iatrogenic damage or pathological resorption • Teeth with difficult root morphology • Cases requiring multidisciplinary management • Others (e.g difficult and uncertain diagnosis)
Modifying factors 1. Medical history that significantly affects clinical management such as: • patients with a history of head/neck radiotherapy • patients who are immuno compromised or immuno suppressed 2. Special Needs patients with restorative treatment 3. Mandibular dysfunction 4. Atypical facial pain. 5. Limited conventional or surgical operating access. 6. Endodontic retreatment		

Fixed Prosthodontics Treatment Assessment

This basic assessment assumes that the proposed restorative dental treatment will conform to the existing occlusion. The principles apply to conventional and adhesive units.

Fixed Prosthodontic restorations include:

- Intra coronal restorations
- Veneer restorations
- Extra coronal restorations including pontic units

Complexity	Code	Features
Low	1	• Single restorations not involved in anterior guidance, where there are adequate teeth to maintain the existing occlusion.
Moderate	2	• Multiple restorations not involved in anterior guidance, where there are adequate teeth to maintain the existing occlusion.
High	3	• Restorations that contribute to anterior guidance where there are insufficient teeth to maintain the current guidance. • Extra coronal restoration of posterior sextant (all teeth) where a terminal unit is involved. • Extra coronal restoration of the complete anterior guidance including pontic units. • Extra coronal restoration of upper and lower sextants (all teeth) on the same site. • Restorations that are supported by osseointegrated implants. • Severe/ generalized tooth surface loss (toothwear). • Severe/generalised hypoplastic teeth (due to fluorosis or amelogenesis imperfecta). • Failure of multiple crown / bridge • Multidisciplinary problems such as extensive hypodontia, cleft lip and palate cases etc.

Modifying factors

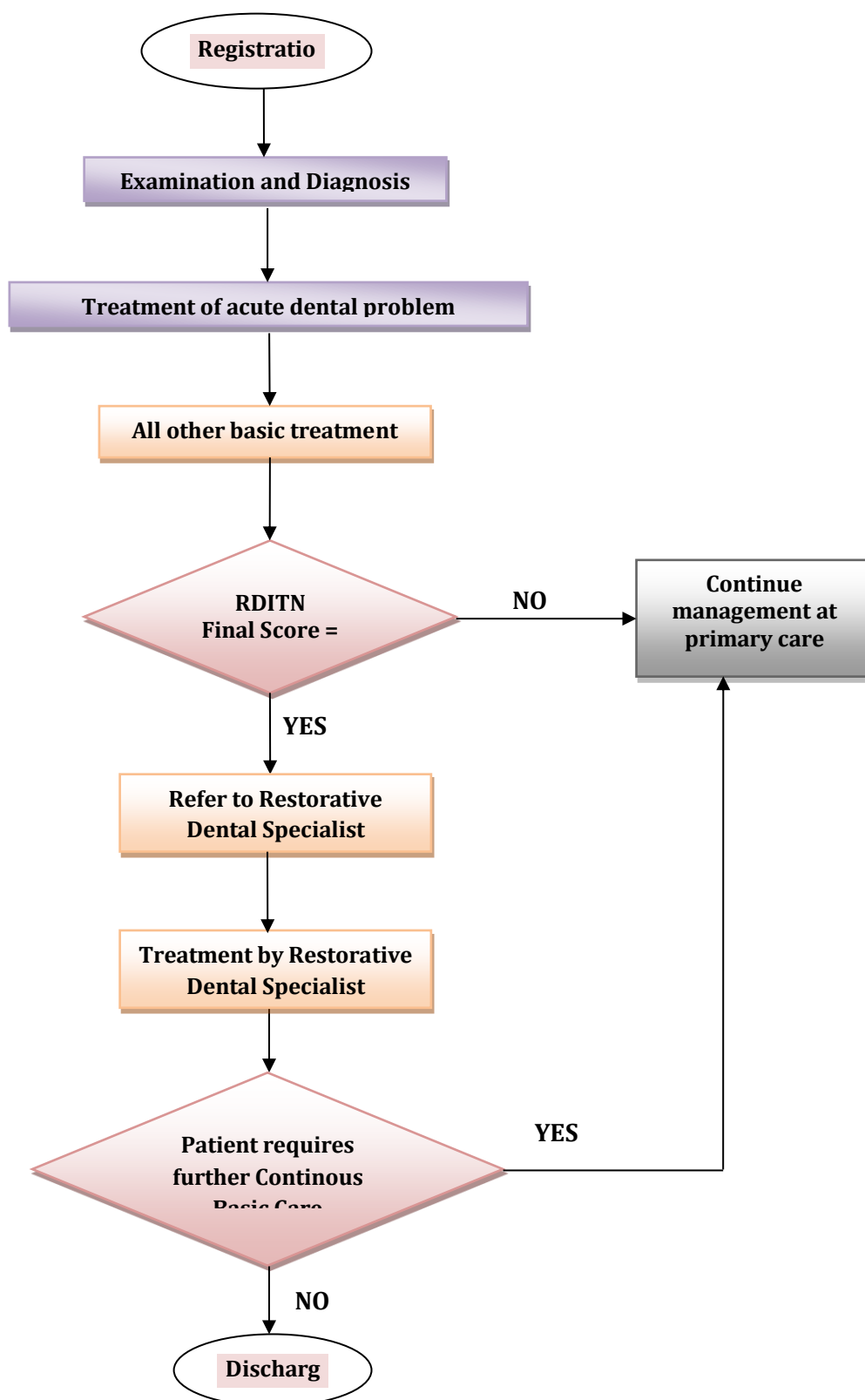
1. Medical history that significantly affects clinical management such as:
 - patients with a history of head/neck radiotherapy.
 - patients who are immuno compromised or immuno suppressed.
2. Special Needs patients with restorative treatment
3. Mandibular dysfunction.
4. Atypical facial pain.
5. Skeletal base alveolar discrepancy that adversely affects the occlusion.
6. Evidence of significant parafunction.
7. Limited operating access.
8. Reorganisation of the occlusion required.

Removable Prosthodontics Treatment Assessment

This assessment applies to the partially dentate patient, the edentulous patient is excluded.

Complexity	Code	Features
Low	1	• Prostheses with bounded saddles replacing posterior teeth • All mucosal borned prostheses • Prostheses replacing anterior teeth where there are adequate sound or restored teeth to provide anterior guidance
Moderate	2	• Free end saddle prostheses which are dependent upon differential support • Prostheses with problems involving the path of insertion and/or available undercuts where some tooth modification is involved • Prostheses which contribute to anterior guidance
High	3	• Prostheses where abutment teeth require extra coronal restoration to improve stability and retention • Indication for sectional prostheses • Prostheses involving osseo integrated implant support • Presence of oro-facial defects requiring obturator/restoration • Multidisciplinary problems such as extensive hypodontia, cleft lip and palate cases etc
Modifying factors 1. Medical history that significantly affects clinical management such as: • patients with a history of head/neck radiotherapy • patients who are immuno compromised or immuno suppressed 2. Special Needs patients with restorative treatment 3. Mandibular dysfunction. 4. Atypical facial pain. 5. Skeletal base alveolar discrepancy that adversely affects the occlusion. 6. Evidence of significant parafunction. 7. Presence of retching tendency. 8. Limited operating access. 9. Reorganisation of the occlusion required.		

Flow Chart For Referral to Restorative Dental Specialist in the MOH by Dental Officers



**PERKHIDMATAN PERGIGIAN RESTORATIF BAHAGIAN KESIHATAN PERGIGIAN KKM
BORANG RUJUKAN**

Tel:

Kepada:		
Tarikh Rujukan :		No Pendaftaran:
Nama Pesakit:		No tel pesakit/waris:
Umur	Jantina:	No Kad Pengenalan:
Riwayat Perubatan:		
Riwayat Pergigian:		
Aduan dan riwayat aduan:		
Pemeriksaan:		
Penyiasatan Radiograf yang dilampirkan: ☐ Periapikal ☐ OPG ☐ lain-lain Ulasan:		
Jenis Kes: Kes : ☐ Endodontik ☐ Fixed Prosthodontics ☐ Removable Prosthodontics ☐ Lain-lain (nyatakan)		

Complexity Assessment (1= rendah, 2=sederhana, 3=sukar)		
RCT Kod kesukaran: +-----+-----+ 123 Faktor pengubah: Ada/Tiada Skor Final RDITN: 1 / 2 / 3	Fixed Prosthodontics Kod kesukaran: +-----+-----+ 123 Faktor pengubah: Ada/Tiada Skor Final RDITN: 1 / 2 / 3	Removable Prosthodontics Kod kesukaran: +-----+-----+ 123 Faktor pengubah: Ada/Tiada Skor Final RDITN: 1 / 2 / 3
Diagnosis: 		
Catatan (jika ada): Sekian, untuk tindakan selanjutnya. Terima Kasih		
Tandatangan: 		
Nama: 		
Tempat Bertugas: 		