

Many thanks for your referral. The Service acceptance criteria are limited as noted below, primarily due to clinical need with a single consultant in post. Criteria will be revisited on a regular basis, however, you are encouraged to continue to refer all patients where you feel that there is clinical need, despite these being rejected, to enable the Health Board to quantify the demand for further specialist restorative staff.

The Restorative Dentistry service at Wrexham Maelor Hospital works closely with the Maxillofacial and Orthodontic Units and as such its primary role is to provide support for, and treatment of, multi-disciplinary patients for whom oral rehabilitation is required in the Hospital setting. Such patients briefly comprise the following groups:

1. Head and neck oncology patients: e.g. intraoral cancer resections requiring prosthetic rehabilitation, obturators and peri-radiotherapy management. Ongoing care following oral rehabilitation will predominantly be in primary care settings with an emphasis on shared care arrangements where possible.
2. Congenitally acquired defects: e.g. hypodontia, joint orthognathic and/or orthodontic cases, cleft lip and palate.
3. Patients requiring endodontics rather than exodontia because of an increased risk of osteonecrosis following radiotherapy to the jaws or medication.
4. In addition, patients will be seen following severe maxillofacial trauma involving damage to the teeth and underlying facial skeleton as well as patients with severe jaw atrophy.

Please note that patients with endodontic pathology, toothwear, periodontitis as their *main problem* cannot be accommodated in this service and will not be offered consultation appointments.

In general terms fixed prosthodontic treatment including implants is not provided to any patients other than the core groups listed above.

Patients who cannot wear a removable prosthesis successfully will be seen for assessment. Following this they will either be referred back with an appropriate treatment plan or placed on a treatment pathway. A small number may be considered for implant stabilisation and retention if this is deemed the only appropriate treatment option.

Criteria will be revisited at appropriate intervals dependent on Oral Health Strategy Group decisions and staffing levels.

Current document valid from Sept 2019