EXCLUSIONS
Services not offered by Monash Health
• Dental services (eg. elective removal of impacted or carious teeth, including wisdom teeth, exposure of unerupted teeth, implants) – refer to local dentist, community dental clinics or Royal Dental Hospital
• Cosmetic facial surgery

CONDITIONS

FACIAL TRAUMA AND FRACTURES
- Mandible
- Zygoma (cheek bone)
- Upper & Midface (frontal, nasal & maxillary fractures)
- Orbital floor or wall (blow out fractures)

DENTO-FACIAL DEFORMITIES
- Congenital defects, post traumatic and resection deformities
- Cleft lip and palate

INFECTIONS AND PATHOLOGY
- Oral and facial infections
- Swellings and infections of glands
- Suspected malignancies of oral cavity
- Cysts, lumps and tumours
- Oral Mucosal Lesions

PRIORITY

EMERGENCY
For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT
The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE
The patient’s condition is unlikely to deteriorate quickly or have significant consequences for the person’s health and quality of life if the specialist assessment is delayed beyond one month
**Monash Health Referral Guidelines**

**ORAL & MAXILLOFACIAL**

**REFERRAL**

How to refer to Monash Health

<table>
<thead>
<tr>
<th>Mandatory referral content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic:</strong></td>
</tr>
<tr>
<td>Full name</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Next of kin</td>
</tr>
<tr>
<td>Postal address</td>
</tr>
<tr>
<td>Contact number(s)</td>
</tr>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Medicare number</td>
</tr>
<tr>
<td>Referring GP details</td>
</tr>
<tr>
<td>including <strong>provider number</strong></td>
</tr>
<tr>
<td>Usual GP (if different)</td>
</tr>
<tr>
<td>Interpreter requirements</td>
</tr>
<tr>
<td><strong>Clinical:</strong></td>
</tr>
<tr>
<td>Reason for referral</td>
</tr>
<tr>
<td>Duration of symptoms</td>
</tr>
<tr>
<td>Management to date and response to treatment</td>
</tr>
<tr>
<td>Past medical history</td>
</tr>
<tr>
<td>Current medications and medication history if relevant</td>
</tr>
<tr>
<td>Functional status</td>
</tr>
<tr>
<td>Psychosocial history</td>
</tr>
<tr>
<td>Dietary status</td>
</tr>
<tr>
<td>Family history</td>
</tr>
<tr>
<td>Diagnostics as per referral guidelines</td>
</tr>
</tbody>
</table>

[Click here](#) to download the outpatient referral form

**CONTACT US**

**Medical practitioners**
To discuss complex & urgent referrals contact on call Oral Maxillofacial registrar via hospital switchboard
P: 1300 342 273

**General enquiries**
Phone: 1300 342 273

**Submit a fax referral**
Fax referral form to Specialist Consulting Services: 9594 2273

---

**Head of unit:**
Dr Christopher Poon

**Program Director:**
Prof Alan Saunier

**Last updated:**
21/02/2019
FACIAL TRAUMA AND FRACTURES

MANDIBLE

Presentation
- Swelling, Trismus
- Malocclusion
- Gingival lacerations
- Loose/fractured or missing teeth

Initial GP Work Up
- OPG (or lateral obliques)
- PA Mandible Xray
- Reverse Townes Xray

Management Options for GP
- ABC – supportive measure, elevate head, control bleeding
- Consider stabilisation of fractures with interdental wires if skilled
- Refer to OMS registrar

WHEN TO REFER?

Urgent
Patient with suspected or diagnosed facial and jaw fractures – contact the on call Oral Maxillofacial registrar via hospital switch board
P: 1300 342 273

ZYGOMA (CHEEK BONE)

Presentation
- Cheek, periorbital swelling
- Flattening of malar
- Subconjunctival haemorrhage
- Paraesthesia – nose, lip, cheek, upper teeth
- Trismus

Initial GP Work Up
- Assess vision (acuity, diplopia)
- CT scan – facial bones
- If CT not available, Waters view (occipital-mental radiograph)

Management Options for GP
- ABC – supportive measure, elevate head
- Advise no nose blowing
- Consider referral for Ophthalmology review if suspect ocular injury
- Discuss with OMS registrar (to arrange assessment within 7 days)

WHEN TO REFER?

Emergency
Patient with suspected ocular injury or presents with reduced visual acuity, blurred vision, ocular pain, proptosis – contact the oncall Oral & Maxillofacial or Ophthalmology registrar via hospital switchboard P: 1300 342 273

Urgent
Patient with suspected or diagnosed facial and jaw fractures – contact the on call Oral Maxillofacial registrar via hospital switch board
P: 1300 342 273
UPPER & MIDFACE (FRONTAL, NASAL & MAXILLARY FRACTURES)

Presentation
- Swelling, bruising
- Mobile maxilla
- Malocclusion
- Epistaxis

Initial GP Work Up
- Assess vision (acuity, diplopia)
  - If CT not available, Waters view (occipital-mental radiograph)

Management Options for GP
- ABC – supportive measure, elevate head
- Advise no nose blowing
- Discuss with OMS registrar
- Urgent referral and assessment may be required to manage airway and bleeding

WHEN TO REFER?

Urgent
Patient with suspected or diagnosed facial and jaw fractures – contact the on call Oral Maxillofacial registrar via hospital switch board
P: 1300 342 273

ORBITAL FLOOR OR WALL (BLOW OUT FRACTURES)

Initial GP Work Up
- Assess vision (acuity, diplopia)
- CT scan – facial bones
  - If CT not available, Waters view (occipital-mental radiograph)

Management Options for GP
- Consider referral to Ophthalmology if suspect ocular injury
- Advise no nose blowing
- Discuss with OMS registrar
- Urgent referral and assessment may be required if signs of ocular muscle entrapment

WHEN TO REFER?

Emergency
Patient with suspected ocular injury or presents with reduced visual acuity, blurred vision, ocular pain, proptosis – contact the oncall Oral & Maxillofacial or Ophthalmology registrar via hospital switchboard P: 1300 342 273

Urgent
Patient with suspected or diagnosed facial and jaw fractures – contact the on call Oral Maxillofacial registrar via hospital switch board
P: 1300 342 273
ORAL AND FACIAL INFECTIONS

Presentation
• Painful tooth/teeth
• Facial or neck swelling
• Fevers, sweats, chills
• Dysphagia
• Trismus

Initial GP Work Up
• Radiograph – OPG

Management Options for GP
• Developing dental infections can quickly become serious and life threatening due to airway obstruction.
• Early referral to Dental services can prevent major infections
• Refer to local dentist or Dental Health
• Services Victoria for consideration or treatment

WHEN TO REFER?

Emergency
Threatened airway

Urgent
• Rapid facial and/or submandibular swelling
• Trismus (limited mouth opening)
• Dysphagia
• Voice changes

SWELLING AND INFECTIONS OF SUBMANDIBULAR AND SBLINGUAL GLANDS

Presentation
• Facial or neck swelling
• Floor of mouth swelling
• Pain on eating

Initial GP Work Up
• Ultrasound
• Consider CT scan

Management Options for GP
• Developing salivary gland infections can quickly become serious and life threatening due to airway obstruction.
• Infections that don’t settle on routine management should be discussed with the on call Registrar

WHEN TO REFER?

Emergency
Threatened airway

Urgent
• Rapid facial and/or submandibular swelling
• Trismus (limited mouth opening)
• Dysphagia
• Voice changes
• Increasing Pain
INFECTIONS AND PATHOLOGY (cont’d)

SUSPECTED MALIGNANCIES OF ORAL CAVITY

Presentation
• Non-healing ulcer
• Non-healing tooth socket
• Persistent white or red patches
• Unexplained lip or facial numbness

Initial GP Work Up
• Take formal history including use of tobacco, alcohol
• Assess for non-healing ulcers, rolled margins, induration, erythroplakia and leukoplakia
• OPG

Management Options for GP
• Refer to OMS Registrar (see numbers above)

WHEN TO REFER?

Urgent
Refer if any suspicion by calling Oral Maxillofacial registrar on call via hospital switch board
P: 1300 342 273

CYSTS, LUMPS AND TUMOURS OF MOUTH AND JAW

Presentation
• Mucosal or submucosal swelling
• Bony swelling or distension
• Incidental finding of radiolucent or opaque bony lesions

Initial GP Work Up
• OPG

Management Options for GP
N/A

WHEN TO REFER?

Urgent
Refer if any suspicion by calling Oral Maxillofacial registrar on call via hospital switch board
P: 1300 342 273
ORAL MUCOSAL LESIONS

Presentation
• Persistent or recurrent oral ulceration
• Erythroplakia (red) or leukoplakia (white) patches
• Mucosal swelling
• Non healing lesions
• Pain from the oral cavity not related to the dentition

Initial GP Work Up
• Baseline blood tests including: FBC, EUC, B12, Folate, Iron Studies

Management Options for GP
• Discuss with OMS registrar
• Refer to outpatient clinic
• Avoid prescribing oral or topical antibiotics or steroids as this can mask clinical presentation and diagnosis

WHEN TO REFER?

Urgent
Lesions which persist for more than 10 days
DENTO-FACIAL DEFORMITIES AND MALOCCLUSIONS

CONGENITAL DEFECTS, POST TRAUMATIC AND RESECTION DEFORMITIES

Presentation
• Oral-antral fistula
• Palatal fistula
• Congenital defects
• Craniofacial or jaw asymmetry
• Micrognathia
• Malocclusion
• Previous trauma, cancer, or maxillofacial surgery

Initial GP Work Up
• OPG
• Lateral Cephalogram

Management Options for GP
• Discuss with OMS registrar
• Refer to outpatient clinic

WHEN TO REFER?
Routine
Patients with facial asymmetry/deformities and dental malocclusions

CLEFT LIP & PALATE SERVICE

Presentation
Cleft lip and palate

Initial GP Work Up
Relevant past medical history

Management Options for GP
Refer to the Cleft and Craniofacial Anomalies Service for further information.

WHEN TO REFER?
Routine
All referrals for assessment should be directed to Cleft co-ordinator:
Phone: (03) 8572 3833
Mobile: 0400 822 351
Email: tania.green@monashhealth.org