

Monash Health Referral Guidelines

ORAL & MAXILLOFACIAL

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 \(blow out fractures\)](#)

INFECTIONS AND PATHOLOGY

[Oral and facial infections](#)

[Swellings and infections of glands](#)

[Suspected malignancies of oral cavity](#)

[Cysts, lumps and tumours](#)

[Oral Mucosal Lesions](#)

DENTO-FACIAL DEFORMITIES

[Congenital defects, post traumatic and resection deformities](#)

[Cleft lip and palate](#)

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral**.

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

Head of unit:
Dr Christopher Poon

Program Director:
Prof Alan Saunder

Last updated:
21/02/2019

Monash Health Referral Guidelines

ORAL & MAXILLOFACIAL

REFERRAL

How to refer to
Monash Health

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to
treatment
Past medical history
Current medications and medication
history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines



[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 Saunder

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FACIAL TRAUMA AND FRACTURES

MANDIBLE

WHEN TO REFER?

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

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

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ZYGOMA (CHEEK BONE)

WHEN TO REFER?

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)

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

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FACIAL TRAUMA AND FRACTURES (cont'd)

UPPER & MIDFACE (FRONTAL, NASAL & MAXILLARY FRACTURES)



WHEN TO REFER?

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

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

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ORBITAL FLOOR OR WALL (BLOW OUT FRACTURES)



WHEN TO REFER?

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

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

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INFECTIONS AND PATHOLOGY

ORAL AND FACIAL INFECTIONS

WHEN TO REFER?

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

Emergency

Threatened airway

Urgent

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

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SWELLING AND INFECTIONS OF SUBMANDIBULAR AND SBLINGUAL GLANDS

WHEN TO REFER?

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

Emergency

Threatened airway

Urgent

- Rapid facial and/or submandibular swelling
- Trismus (limited mouth opening)
- Dysphagia
- Voice changes
- Increasing Pain

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INFECTIONS AND PATHOLOGY (cont'd)

SUSPECTED MALIGNANCIES OF ORAL CAVITY

WHEN TO REFER?

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)

Urgent

Refer if any suspicion by calling Oral Maxillofacial registrar on call via hospital switch board

P: 1300 342 273

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CYSTS, LUMPS AND TUMOURS OF MOUTH AND JAW

WHEN TO REFER?

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

Urgent

Refer if any suspicion by calling Oral Maxillofacial registrar on call via hospital switch board

P: 1300 342 273

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INFECTIONS AND PATHOLOGY (cont'd)

ORAL MUCOSAL LESIONS



WHEN TO REFER?

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

Urgent

Lesions which persist for more than 10 days

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

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DENTO-FACIAL DEFORMITIES AND MALOCCLUSIONS

CONGENITAL DEFECTS, POST TRAUMATIC AND RESECTION DEFORMITIES



WHEN TO REFER?

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

Routine

Patients with facial asymmetry/deformities and dental malocclusions

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CLEFT LIP & PALATE SERVICE



WHEN TO REFER?

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.

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

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