THE GROVE PRACTICE

Periodontal Referral Criteria - The Grove Practice

This document sets out referral guidelines for periodontal treatment and maintenance. It describes the levels of complexity and when to consider referring patients for specialist treatment. The referral depends broadly on the severity of disease / complexity of treatment required and the presence of additional modifying factors (risk factors, together with a consideration for previous treatment carried out, progression of disease and patient preferences. These guidelines are aligned to the BSP implementation of the 2017 Classification of Periodontal Diseases, the Commissioning Standard for Restorative Dentistry and screening using the Basic Periodontal Examination (BPE), and our skills and competency.

Indications for referral

- Severe Periodontitis - Level 2 or Level 3 complexity depends on the Stage and Grade of disease

Grade	Stage I	Stage II	Stage III	Stage IV
A	Level 1	Level 1	Level 2	Level 3
B	Level 1	Level 2	Level 3	Level 3
C	Level 2	Level 3	Level 3	Level 3

  - Severity of disease (Stage)
    - Localised (< 30% sites) severe disease / Generalised (> 30% sites) severe disease
    - Stage 2 (moderate, if additional risk factors, localised residual deep pockets ≥ 6mm)
    - Stage 3 (severe, bone loss to mid 1/3rd of root (≥ 50%)
    - Stage 4 (very severe, bone loss to apical 1/3rd)
  - Grade C (rapid risk of progression, % bone loss > patient's age)
    - May require antibiotics can only be prescribed by a level 3 practitioner
  - Molar-incisor pattern (6s and 1s)
  - Young patients showing severe disease
  - Young patients with increased risk factors for progression and unstable sites
  - Low plaque score (excellent OH) and still severe disease
  - Non-responding sites and residual deep pockets
    - Unstable patient (PPD ≥ 5mm or ≥ 4mm with BOP regularly)
    - Residual Deep pockets (PPD ≥ 6mm)
  - Suppurating deep pockets with suspected endodontic-periodontal lesion
  - Requires periodontal surgery
    - Intrabony defects (vertical defects)
    - Furcation involvement (F2/F3) - especially if associated pocket, difficult access for OH
    - Residual deep pockets ≥ 6mm
    - Progressive pocket (≥ 2mm since previous assessment) and no significant false pocket
    - Root resection (Furcation involvement, endodontic pathology of one effected root)
    - Complex root morphologies - root grooves / enamel pearls etc.
  - Strategically important tooth with periodontitis
  - Progressive mobility
  - Mobility affecting patient's function or comfort
  - Code 4 BPE and evidence of interdental recession (no real false pocketing), and unstable
  - Additional risk factors - smoking / diabetes / lifestyle factors
  - Multidisciplinary care required

**all patients should have regular BPE / localised sites record / full 6ppc if indicated / bleeding scores*

- Peri-implantitis
    - Deep residual / non-responding pocket (PPD ≥ 6mm) with BOP and suppuration
    - Progressive bone loss evident from PA x-rays
    - Bone loss > expected post remodelling phase (3-12 months)
    - Bone loss > 3mm
    - Moderate to severe bone loss (requires surgery)

  **all patients should have a regular 6ppc at each examination / hygiene visit*
  **all patients should have yearly x-ray in first 3-5 years*

- Recession
    - *Aesthetic concern* - does it show in the smile, is it a concern for the patient?
    - *Symptomatic* - usually sensitivity / soreness from gingivae
    - *Is it progressing?* - usually in a short space of time and patient has noticed it
    - *Is it difficult or sore to brush?* (especially lower incisors, reduced sulcus depth, frenum)
    - *Lack of keratinised tissue*
        - Remaining KT is non-attached (if take into account sulcus depth)
        - Inflamed and sore to brush
    - Recession Type 1 and 2 (full or partial coverage possible)
    - Pre-orthodontic treatment (if pre-existing recession), liaise with periodontist re movements

- Gingival enlargement
    - Fibrous (pink) or inflammatory (red) gingival overgrowth
        - Localised / generalised
        - Interfering with oral hygiene
        - Impeding access for restoration
        - Hereditary gingival fibromatosis (palatal gingival enlargement and above findings)
    - Risk factors such as medications / systemic factors may need investigating
    - Complex medical history
    - Thick fibrous tissue with deep pocketing (usually distal upper 7s) may require surgery

- Crown lengthening
    - Aesthetic
        - Gummy smile (usually aesthetically motivated by patient)
        - Gingival asymmetry
        - Altered passive eruption
        - Favourable root length and bone levels, no mobility
    - Restorative
        - Lack of coronal height of sound tooth tissue for restoration < 3mm
        - Favourable prognosis for tooth otherwise (bone levels, root length, morphology)
        - Adjacent teeth unsuitable for bridge abutments
        - Delay dental implant treatment
        - Tooth wear (localised / generalised)
    - Good oral hygiene (ideally plaque scores < 20%)
    - Periodontally stable
    - Low bleeding scores (<10% ideally), localised gingivitis can be managed

- Other misc reasons

    - Pre-prosthetic surgery for optimisation (e.g. prior to bridges / dentures)
    - Anatomical difficulties related to soft tissues
    - Gingival pigmentation
    - Excisional biopsies (benign lesions, e.g. Fibro-epithelial polyps, mucocele)

- *Replacement of missing teeth*
  - Missing tooth (single units)
  - Multiple missing teeth (implant supported fixed bridges)
  - Implant supported overdenture (locators / bars)

- *Patient factors*
  - Periodontally stable (primordial prevention established)
  - Good oral hygiene (PS < 20%)
  - Low bleeding score (BS < 10% ideally)
  - Well established maintenance routine (that they can continue)
  - Compliant patient, regular attender, well motivated
  - Non-smoker (ideally, only if good OH, stable perio)
  - Diabetes - stable and not uncontrolled
  - No significant bleeding disorders
  - No significant bone / joint disorders
  - Medications - Alendronic acid
  - Not immunocompromised (systemic / medications)
  - Other possible risk factors
    - Vitamin D deficiency
    - High cholesterol
    - Metabolic syndrome (glucose / lipids / cholesterol / central obesity, BMI)

- *Site specific factors*
  - Large sinus / sinus pneumatisation (able to take on simple sinus lift cases now)
  - Lack of interocclusal space (over erupted teeth, tipped teeth
  - Limited mesio-distal space (teeth/roots too close together)
  - Additional benefit to function / aesthetics for patient
  - Alternative options not as suitable (risk vs benefit, advantages disadvantages)

- <u>Other implant related</u>

- *Lack of keratinised tissue*
  - Lack of attached KT at restorative margin
  - Mobile non-keratinised tissue at restorative margin
  - Making it uncomfortable for patient / regular soreness or discomfort when brushing
  - Interfering with proper oral hygiene
  - Suppuration / regular bleeding on probing
  - Deep pockets associated with area

- *Discolouration of gingiva*
  - Thin phenotypes usually / buccally positioned implants
  - Metal showing through

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