

Referral pathway for HNC patients for dental assessment

This is the pathway for referral of head and neck cancer patients before they start their oncological treatment, which may include surgery and/or radiotherapy.

Please use the referral form attached and ensure all relevant information is given, and the specific treatment details are completed by the surgical or clinical oncological team as appropriate. If these forms are incomplete, they will be returned to the referrer, which will delay the patient pathway.

The formal referral pathway is:

1. When a definitive cancer diagnosis has been made, the treatment confirmed and the patient has been informed of their diagnosis and plan, complete the referral form and email to **MaxFax.DentalEnquiries@stgeorges.nhs.uk**
2. The referral form should be brought to a Consultants in Restorative Dentistry for triaging (will be triaged as urgent and fitted in as soon as possible). Note that there are 9 'oncology appointment slots' per week, on Friday AM and Monday AM, however, they are booked on a first come, first serve basis and include all oncology from the rest of the hospital.
3. At the clinical assessment, the notes will be written up on IClip (usually on a proforma that is scanned into IClip). If the form is not scanned in by the clinician, the extraction plan will also be typed in to the IClip entry.
 - a. If all required oncological information is available and the treatment is to be carried out under local anaesthesia, this will be booked in by the restorative team onto the Minor Oral Surgery list ASAP (after discussion with an Oral Surgeon as required). If a general anaesthetic is required for dental extractions, this will need to be organised by the referring HNC team.
 - b. If a panendoscopy is pending, the extractions will need to be carried out then and organised by the referring HNC team.
 - c. If information regarding the need for radiotherapy is pending, the potential options/extraction plans will be outlined in the clinical notes. When the final radiotherapy plan is confirmed, it is expected that the HNC team will book the patient in for a Minor Oral Surgery appointment (via discussion with the Oral Surgery team).

If at any point in the patient's cancer pathway, you would like the restorative dental team to give the patient preventative advice, please contact the dental team to arrange this.

For planning of obturators, please refer the patient with the surgical plan clearly drawn on the diagram below before the surgical event.

HANC Referral Form for Dental Assessment

Email to: MaxFax.DentalEnquiries@stgeorges.nhs.uk

Date:

Patient Label:

Responsible Head & Neck Consultant(s):

Interpreter not required ☐

(Language required)

Diagnosis & site of primary lesion:

TNM staging:

Patient aware of diagnosis: Yes No Treatment planned: Surgery Chemotherapy Radiotherapy

Panendoscopy booked: Yes No Date:

Patient not fit for further general anaesthetic ☐

Is prolonged xerostomia likely (12 months or longer)?

Yes

No

Is trismus likely?

Yes

No

Intent of Radiotherapy:

Curative

Palliative

Tissues in primary beam of radiation / Surgical plan:

Salivary glands:

Submandibular gland

Parotid glands

Left / Right

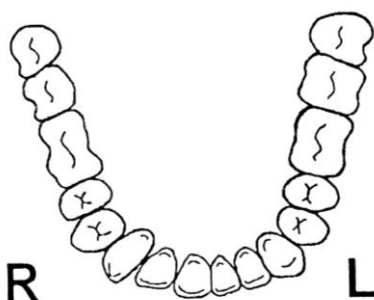
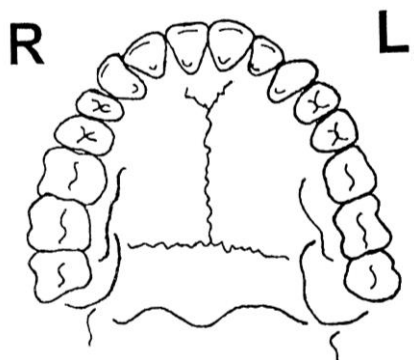
Muscles of mastication:

Medial Pterygoids

Lateral Pterygoids

Masseters

Left / Right



Details/ Complications/ Comments:

Signature:

Print Name:

E-mail:

Ward

Ext.

Bleep:

Oncology Status

Head and neck Cancer Treatment Plan (Surgical and RT)