

Austin Health Maxillofacial Surgery Clinic holds two sessions per week to discuss and plan the treatment of patients with Oral and Maxillofacial Surgery conditions.

## Department of Health clinical urgency categories for specialist clinics

**Urgent:** Referrals should be categorised as urgent if 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. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency department.

**Routine:** Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

**Exclusions:** Routine Dental treatment e.g. fillings, dentures etc., removal of wisdom teeth unless patient has an underlying medical disorder e.g. Warfarin, immunocompromised.  
Temporomandibular joint dysfunction (these conditions should be referred to an Oral Medicine Specialist, Physiotherapist or Dentist).

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<b>All facial fractures including those involving the</b> <b>Mandible</b> <b>Maxilla</b> <b>Nasal Bones</b> <b>Zygoma</b> <b>Orbit</b> <b>Ethmoid</b> <b>Frontal Bone</b>	<p><b>When to Refer:</b> All patients with facial fracture for assessment even if deemed un-displaced</p> <p><b>Previous treatment already tried:</b> If prior treatment has been attempted and a second opinion is required, patient may be referred.</p>	<p><b>To be included in referral:</b> Clinical history and examination</p> <p><b>Imaging</b> OPG, PA Mandible if mandible</p> <p>CT Facial Bones in all others except simple nasal fracture</p> <p><b>Please instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b></p>	<p><b>Urgent</b></p>	<p>Most facial fractures require up to 8 weeks of follow up in clinic on a 2-4 week basis (resulting in approximately 2-3 appointments).</p> <p>Orbital fractures will require longer term (up to a year) follow up to look for enophthalmos which needs specialist assessment (4-5 appointments)</p>	<p><i>2-5 appointments</i></p>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<b>Oral Cancer</b>  <b>Oral Ulceration</b>	<b>When to refer:</b> Any lesion, ulcer or white patch in the oral cavity, tongue, floor of mouth, lip, or alveolus.  Patients requiring second opinion.	<b>To be included in referral:</b> Clinical history and examination  Imaging will be arranged at Austin  <b>Diagnostics</b>  <b>Please instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b>	<b>Urgent</b>	Biopsy as necessary  Presentation at Multidisciplinary Meeting  Surgery and adjunctive therapy	<i>Long term follow up for 5 years if confirmed oral cancer case.            First two years: three monthly.            Third to fifth year: six monthly</i>
<b>Mandible / Maxillary Cysts and Tumours</b>	<b>When to refer:</b> Expansile swelling of the mandible or maxilla, infection, mobile teeth,	<b>To be included in referral:</b> Clinical history and examination  <b>Imaging</b> OPG CT Facial Bones  <b>Diagnostics</b>  <b>Please instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b>	<b>Urgent</b>	Biospy and diagnosis  Most need excision or resection with complex reconstruction	<i>Clear margins and good reconstruction can be discharged after one year</i>
<b>Head and Neck Infections</b>  <b>Odontogenic Infections</b>		<b>CT will be arranged at Austin</b>	<b>Urgent</b>	Drainage of infection removal of teeth	1-2 appointments

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<b>Dentofacial Deformity / OSA Orthognathic surgery</b>  <b>Mandibular Hypoplasia, Hyperplasia</b>  <b>Maxillary hypoplasia, hyperplasia</b>  <b>Open bite cases</b>		<b>To be included in referral:</b> Clinical history and examination  <b>Imaging</b> OPG and Lateral Ceph  <b>Diagnostics</b> Study models of teeth (if available)  <b>Please instruct patient to bring films &amp; diagnostic results to the Specialist Clinic appointment.</b>	<b>Routine</b>	Assessment  Orthognathic Surgery	1 year follow up with about 4-6 appointments
<b>Benign conditions of the oral cavity, face and maxillofacial complex</b>	<b>When to refer:</b> If concerned with any area e.g. polyp, lump, osteoma etc		<b>Routine</b>	Excision of the lesion	1-2 appointments then discharge
<b>Salivary gland pathology</b>  E.g. calculi, masses, sialadenitis of submandibular, parotid, sublingual gland and lip		<b>To be included in referral:</b> Sialogram, US or CT if relevant	<b>Routine</b>	Surgical treatment of the lesion or gland	Most discharge in first 2 months