

# Putting the Mouth back in the Body – a guide for dental presentations in the GP practice

**Dr Ruth Heredia**

Principal Oral Health Advisor – Dental Health Services Victoria

Senior Dentist – Access Health & Community

# Oral Presentations

Pain – odontogenic, non-odontogenic

Swelling

Trismus

Trauma

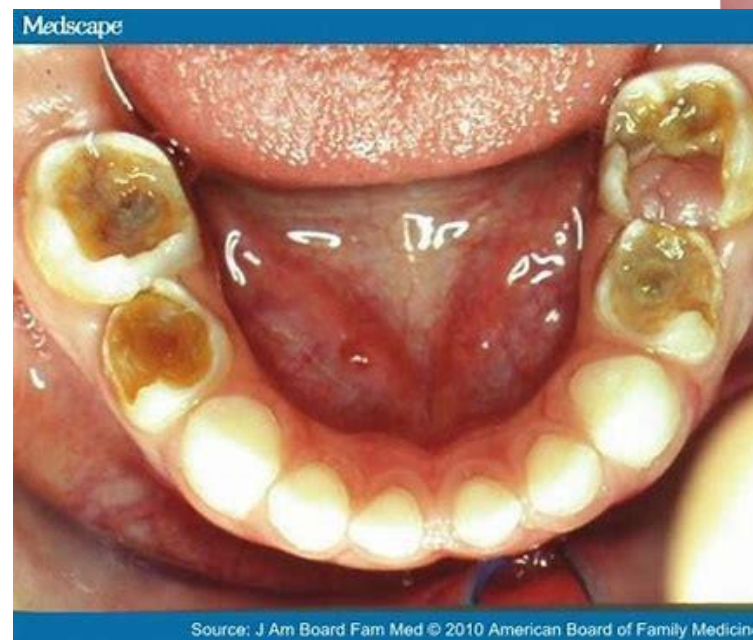
Painful dentures

# Oral Diseases



COMMON	LESS COMMON
Cavities/ Decay	Oral Mucosal Pathology
Dental pulp (nerve) issues – Pulpitis / inflamed, infected tooth nerve/ necrotic tooth nerve	Medication Related Osteonecrosis Radiation related necrosis of Jaw
Periodontitis – disease of the supporting gingiva/ bone	Malignant and benign bony pathology e.g. tumours, cysts
Dry Socket – alveolar osteitis- non healing extraction socket	Temporomandibular Disease/ Facial pain disorders
Salivary Hypofunction – xerostomia related caries	Sinusitis – symptoms mirror maxillary toothache

Caries,  
pulpitis,  
necrotic pulp  
(nerve)



Source: J Am Board Fam Med © 2010 American Board of Family Medicine

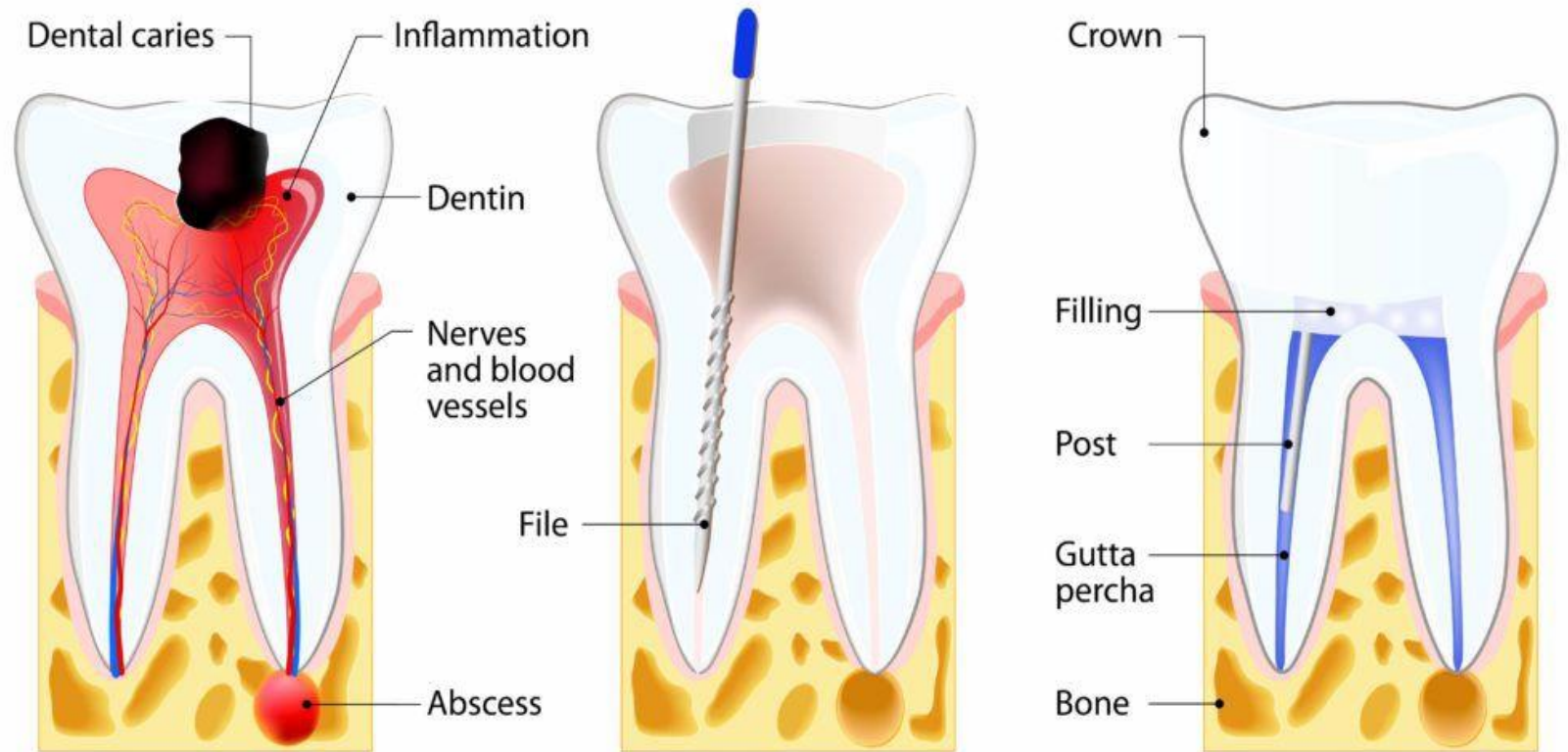
Caries,  
pulpitis,  
necrotic pulp  
(nerve)





## Root canal therapy

# PULPITIS (root canal therapy)



# Periodontal Disease



# Periodontal Disease



Healthy

Gingivitis

Mild Moderate and Severe Periodontitis



## Periodontal Disease



Bone loss due to periodontitis



Normal bone level

# Dry Socket

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- 1-5% of all ext and upto 38% of lower wisdom teeth
  - Not an infection – non healing.
  - Bone not covered by an initial and persistent blood clot or not covered by a layer of vital persistent healing epithelium.
  - Common in smokers
  - Tx is irrigation w saline/ CHX
- 



# Dry socket

01

Provide analgesia options, not antibiotics

02

Advise against smoking

03

Return to dentist. Rx of dry socket typically has no cost



Melbourne

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Dental Pain



IV, Oral, Subcutaneous (denusomab)

Dental check prior to commencement

Dental plan

Time for healing

Dental care: ongoing part of holistic management for those on bone modulators





## MRONJ in edentulous

Subtle

May be Painful

ABs will not necessarily assist

# Mucosal presentations



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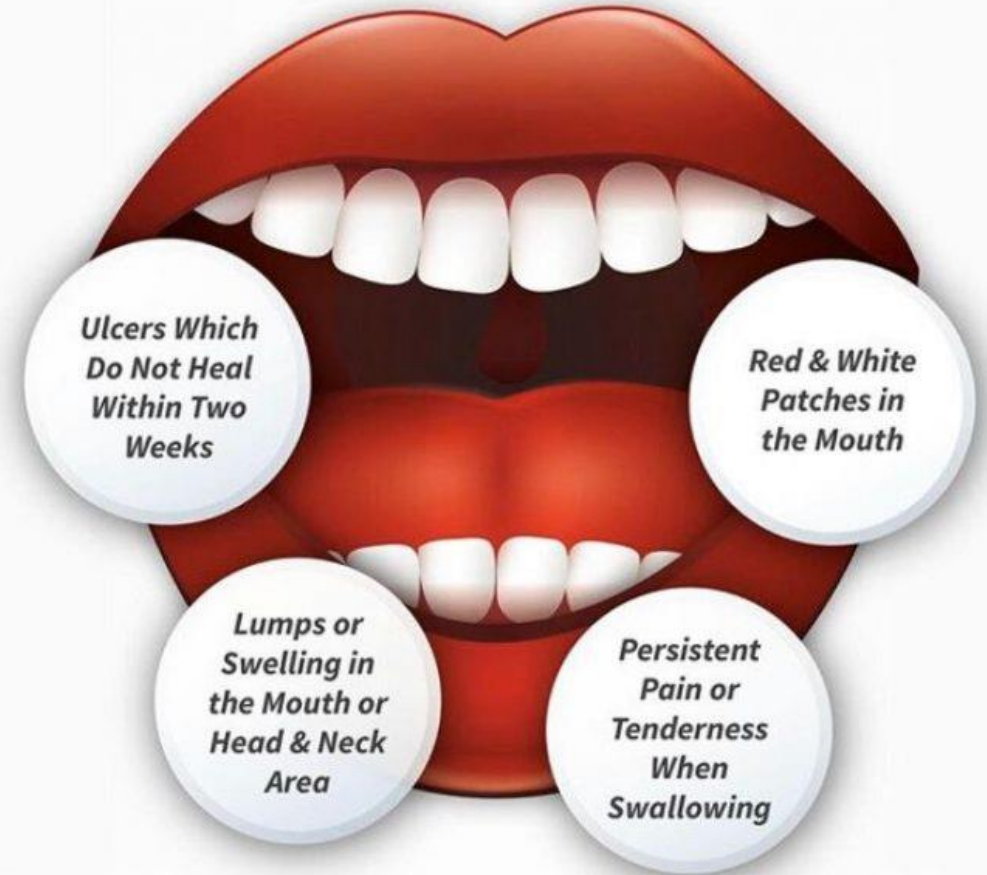


# Oral Cancer

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- White striations – lichen planus, subcontinent
  - Red and white – HIGH RISK Situation- immediate referral to dentist/ Oral Medicine specialist/ Maxfac surgeon
  - Risk Factors- smoking, male, alcohol, HPV, betelnut / paan
  - Oral Cancer Learning Hub
- 
- [Oral Medicine Specialists - \(omaa.com.au\)](http://omaa.com.au) or
  - Oral Medicine Dept., Royal Dental Hospital Melbourne
  - Private Oral Medicine or Maxillofacial referral
- 

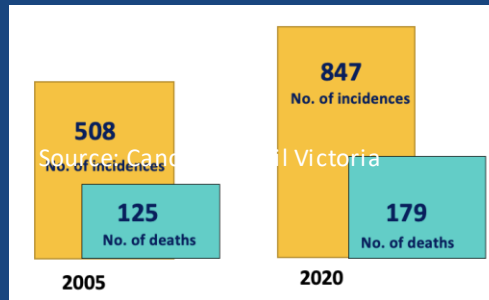
## Oral Cancer Symptoms



# Oral Cancer Screening and Prevention Program (OCSP)

Led by DHSV, Funded by Department of Health (DH)

## Oral Cancer in Victoria, Australia



On the  
rise



## Phase 1 (Oral Health Professionals) *Complete*

Visit oral cancer learning hub (OCLH):  
[oralcancerhub.org.au](https://oralcancerhub.org.au) (Launched May 2021)



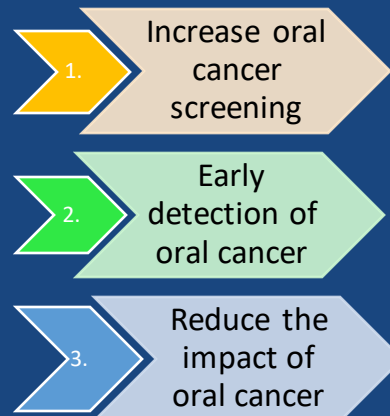
## Phase 2 (Other Health Professionals) *In Progress*

Training and learning resources for General Practitioners under development to help identify people at risk of oral cancer and ensure timely referral.



## ORAL CANCER SCREENING AND PREVENTION PROGRAM

Capacity building  
program for oral  
health and other  
health  
professionals to:



### Key Achievements

- **8933** users , **975** OHPs have completed the OCLH training.
- Collaboration with Cancer Council Victoria for early detection campaign.

- Training program being developed in collaboration with Royal Australian College of General Practitioners.
- Formal partnership with the Victorian Comprehensive Cancer Centre Alliance



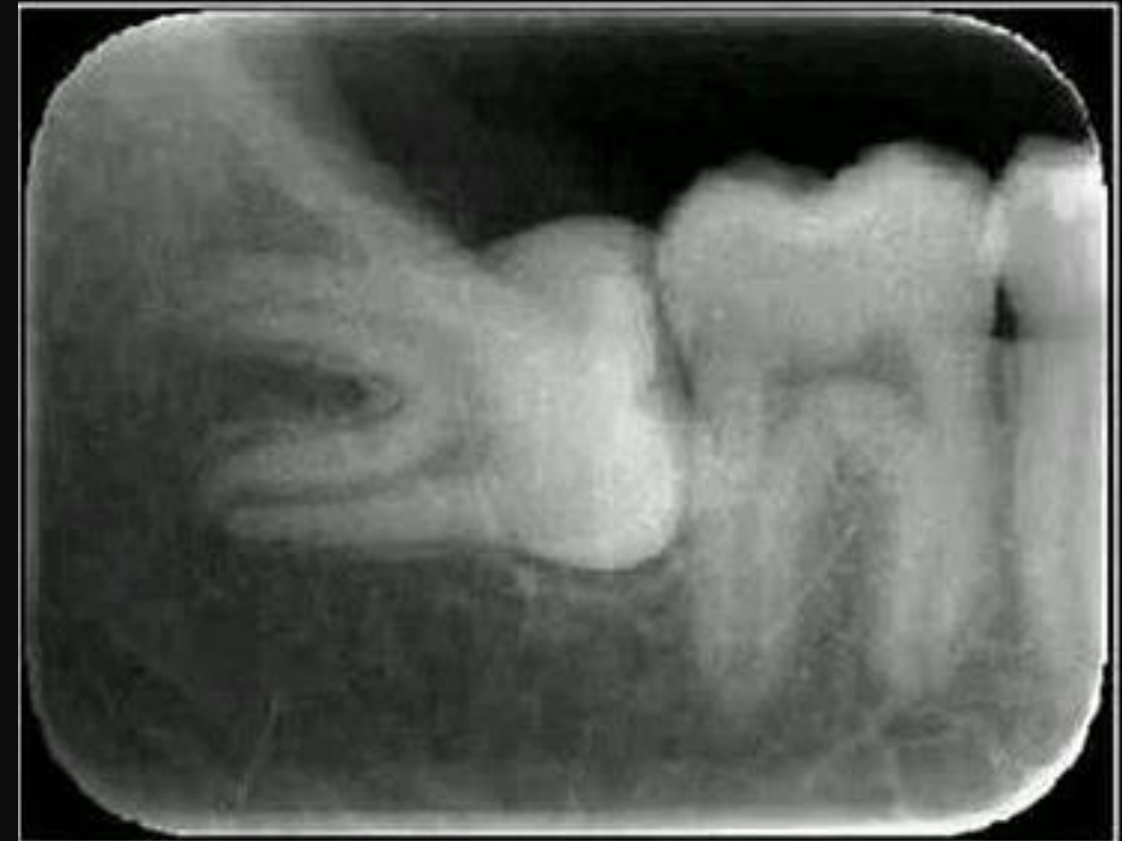
# Antibiotic use

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- Limited use in treating dental disease
- First line – good analgesia, patient education re: correct paracetamol/ibuprofen use
- Codeine may be useful
- Oral Swellings can occur from blocked salivary glands, tooth abscess, gingivitis and gum disease, oral mucosal pathology, oral cancers.
- Can use for diffuse facial swelling; stress prompt dental intervention

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**ABs can create false sense of security for the patient!!**



**WISDOM TOOTH**

Not that wise



# Facial Swellings ++

- Limited opening/ trismus
- Risk of airway compromise or impaired vision
- Systemically unwell
- Oral ABs/ IV ABs
- Consider Tertiary Hospital emergency for IV management and OMFS
- Sun does not set on a large swelling
- HealthPathways Dental Pain outline the tertiary hospitals with OMFS units

# Emergency Dental Referrals

**Highly Complex clients – tertiary hospital dental clinics – see Health Pathway for details**

**Refer rest to Private/ Community Dental clinic with good handover letter**

**Provide full medical summary**

**Advise if AB cover, Haem risk**

## Dental Referrals

Acute Dental Referral or Admission  
(Same-day)

Non-acute Dental Referral (> 24  
hours)

Special Needs Dentistry Referral



# Medically urgent Dental Referrals

**Highly Complex clients – tertiary hospital dental clinics – see Health Pathway for details**

**Refer rest to Private/ Community Dental clinic with good handover letter**

**Let us know early. Wait times to appts, time for healing**

**Patient expectations management**

**Provide full medical summary**

**Advise if AB cover, haem risk, time to tertiary care**

## Dental Referrals

Acute Dental Referral or Admission  
(Same-day)

Non-acute Dental Referral (> 24  
hours)

Special Needs Dentistry Referral



## Appendix 2 - Quick Reference Guide Emergency and Urgent Referrals

		Oral & Maxillofacial Surgery (OMS)	Paediatric Dentistry	Oral Medicine
Emergency Care	Tertiary Referral	Patients with neck swelling, difficulty swallowing &/or limited mouth opening should be referred directly to the nearest emergency department of a medical/tertiary hospital. Paediatric Patients may also be directed to the Royal Children's Hospital (Please call the hospital & ask to speak to the OMS Registrar on-call before referring patients) See Table Below		
	RDHM Referral	For emergency care of significant complex trauma please refer to RDHM emergency department or The Royal Children's Hospital for Paediatric Patients.		
		Patients with space infections of dentoalveolar aetiology with <b>no systemic symptoms and adequate mouth opening</b> are to be directed to attend RDHM Primary Care or Emergency services.		
Urgent Care	Urgent Referral	Suspected malignancy Jaw Cysts or tumours with concerning signs and/or symptoms Patients suspected to have MRONJ Tooth or roots into a sinus or other space Nerve injuries	Patients with acute symptoms	Suspected malignancy Trigeminal Neuralgia – Acute Pain
		Referrers should: • contact RDHM OMS Unit on <b>(03) 9341 1277</b> to ensure appropriateness of referral & ascertain the ability to coordinate care on the day.  Prior phone notification is essential  • clearly mark the RDHM OMS Referral Form as <b>URGENT</b> , indicating reasons for urgent attention. • Provide the patient with this completed Referral Form and any available radiographs  The patient is to check-in at the RDHM ground floor and follow directions to the OMS reception after an appointment has been organised.	Referrers should: • contact RDHM Patient Services on <b>(03) 9341 1000</b> and ascertain the ability of the clinic to coordinate care on the day.  Prior phone notification is essential  • clearly marked the Paediatric Dentistry Referral Form as <b>URGENT</b> , indicating reasons for urgent attention. • Provide the patient with this completed Referral Form and any available radiographs  The patient is to proceed to the main RDHM reception after an appointment has been organised.	Referrers should: • contact RDHM Oral Medicine Unit on <b>(03) 9341 1120</b> ensure appropriateness of referral & ascertain the ability to coordinate care on the day.  Prior phone notification is essential  • Provide the patient with this completed Referral Form and any available radiographs  The patient is to proceed to the main RDHM reception after an appointment has been organised.
		Due to demand, the proposed care may not be possible on the same day. However, patients with potential serious infections (e.g. spreading cellulitis, submandibular abscess) will be seen on the same day.		Due to demand, the proposed care may not be possible on the same day.

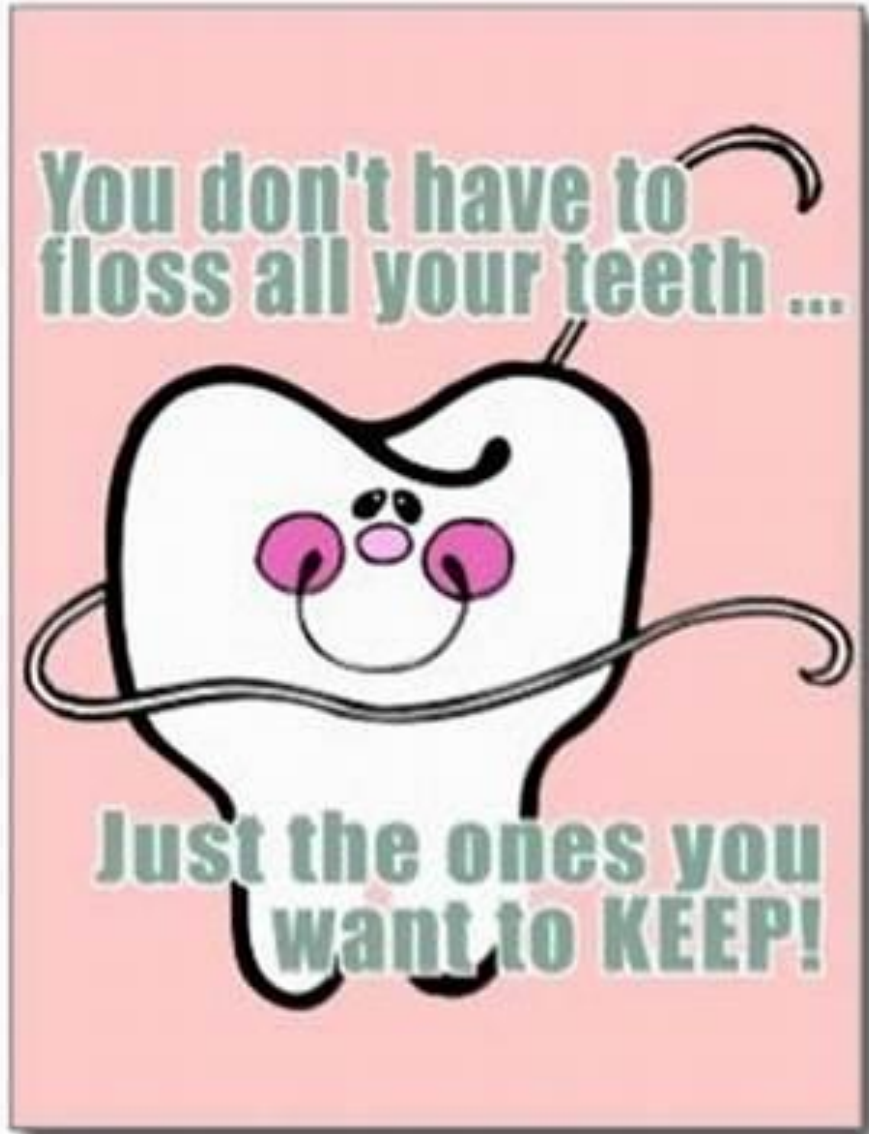
**\*List of Medical/Tertiary Hospitals with OMFS units**

<b>PUBLIC HOSPITAL:</b>	<b>Telephone No:</b>	<b>Address:</b>
• Barwon Hospital (Geelong)	(03) 4215 0000	Ryrie Street, Geelong
• Western Hospital (Footscray)	(03) 8345 6666	160 Gordon Street, Footscray
• Western Hospital (Sunshine)		176 Furlong Road, Sunshine
• Royal Melbourne Hospital	(03) 9342 7000	300 Grattan Street, Parkville
• Royal Children's Hospital	(03) 9345 5522	50 Flemington Road, Parkville
• St. Vincent's Hospital	(03) 9231 2211	41 Victoria Parade Fitzroy
• Austin Hospital (Heidelberg)	(03) 9496 5000	145 Studley Road, Heidelberg
• Monash Medical Centre (Clayton)	(03) 9594 6666	246 Clayton Road, Clayton
• Dandenong Hospital		135 David Street, Dandenong

**Emergency Referrals Royal Children's Hospital Melbourne Department of Dentistry**

• During Office Hours Emergencies  Monday to Friday 8:30 am to 5:00 pm	Department of Dentistry Or	Telephone: 03 9345 5344 Extension: 55344
	Dental registrar	Page: 55344
• After Hours Emergencies	Main Hospital Switchboard	Telephone: 03 9345 5522 (ask to page dentist on call)

For further referral information, visit [HealthPathways Melbourne](#)



## REFERRAL TO DENTAL CARE

### PUBLIC COMMUNITY CLINICS

[dhsv.org.au/our-services/find-dental-clinics/clinic-search](https://dhsv.org.au/our-services/find-dental-clinics/clinic-search)

- Provision of a GP letter for high needs patients, such as upcoming chemoTX, RadioTX, commencement of antiresorptive therapy can prioritise patient to expedite treatment.
- Routine care - waitlisted

### RDHM

- Routine treatment: eligible patients can access no-cost routine care in student clinic. Pay with "time", \$ 30.50 per appointment, maximum cap \$122
- Emergency treatment available, \$30.50 for card holders. \$253 for non card holders payable upfront

### PRIVATE

ADA working on a member list to be released

# HealthPathways Melbourne

- [Antithrombotic Drugs and Dentistry](#)
- [Medication-related Osteonecrosis of the Jaw \(MRONJ\)](#)
- [Infective Endocarditis Prophylaxis](#)
- [Temporomandibular Disorder \(TMD\)](#)
- [Oral Lesions, Ulcers, and Infections](#)
- [Dental Pain](#)
- [Dental Trauma](#)

## **Referrals:**

- [Acute Dental Referral or Admission \(Same-day\)](#)
  - [Non-acute Dental Referral \(> 24 hours\)](#)
  - [Special Needs Dentistry Referral](#)
  - [Acute Oral and Maxillofacial Surgery Referral \(Same-day\)](#)
  - [Non-acute Oral and Maxillofacial Surgery Referral \(> 24 hours\)](#)
- 



# [melbourne.healthpathways.org.au](https://melbourne.healthpathways.org.au)

**Melbourne HealthPathways (includes Eastern and North-West Melbourne PHNs)**

[info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)



# Session Conclusion

*You will receive a post session email within a week which will include slides and resources discussed during this session.*

*Attendance certificate will be received within 4-6 weeks.*

*RACGP CPD hours will be uploaded within 30 days.*

*To attend further education sessions, visit,*

<https://nwmpnhn.org.au/resources-events/events/>

*This session was recorded, and you will be able to view the recording at this link within the next week.*

<https://nwmpnhn.org.au/resources-events/resources/>

We value your feedback, let us know your thoughts.

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