Recommendations for Oral Surgery during COVID-19 pandemic

2020

www.rcseng.ac.uk/dental-faculties/fds/coronavirus/

1. Scope of document

This document provides advice and guidance for the triage, assessment and provision of oral surgery care for people during the COVID-19 pandemic and is intended for use by the NHS staff working in England.

2. General Principles

- Non-urgent dental care should be deferred to minimise risk to patients, staff and the public.
- Aerosol generating procedures (AGP) present a higher risk of transmission of the virus and should only be undertaken to provide urgent care where no other option is available.
- Any patient requesting urgent care should first be triaged by telephone by a dentist to assess their clinical urgency, establish their COVID-19 risk, offer any interim self-care advice and make an appointment for face to face assessment if required.
- Where possible, it is advisable to have two clinicians involved in the decision making process in recognition of the fact that we will need to deviate from routine treatment planning protocols.

3. Definition of urgent dental care

The following dental diagnoses require urgent oral surgery care:

- Presence of a swelling compromising swallowing and/or breathing, causing severe trismus or extending to the eye
- Trauma resulting in a fractured, mobile or displaced permanent tooth, or laceration or bony fracture
- Uncontrolled bleeding which has not responded to self-care measures
- Severe pain not responding to over the counter analgesics

With any patient it is necessary to establish their medical history as any underlying medical conditions may exacerbate the situation. In these cases earlier review or attendance may be necessary compared with healthy individuals.

A list of common ‘red flag’ medical conditions is provided below.

4. Providing treatment to patients

No patient should attend without first being triaged by telephone/video. This should be carried out by an experienced clinician and could be run remotely from the dental setting if needed.

Following telephone/video triage if a patient is deemed in need of urgent OS care they should be given an appointment to attend the clinic.

The triage process is summarised by the following flow charts:

Pain				
Can it be controlled with over the counter painkillers?				
Yes advice paracetamol, ibuprofen and codeine		No analgesic advice, and antibiotics		
Call back if no improvement in 48 hours, getting worse or swelling appears	If symptoms subside, no further intervention at this stage but contact GDP after Covid-19 national emergency status relaxed	If medical condition likely to increase risk of serious infection, advice patient to get in touch again if symptoms worsen. Otherwise call back in 24 hours to monitor/ check on symptoms – if worsening patient to be re-triaged and will need to be seen by OS.	If no medical condition call back if no improvement in 48 hours or symptoms are getting worse – Patient to be re triaged	If symptoms subside, no further intervention at this stage but to contact GDP after Covid-19 national emergency status relaxed

Swelling				
Does it limit swallowing +/ or breathing, cause severe trismus or extend to the eye?				
Yes Emergency management needed, likely to need OMFS input for in-patient management – Refer to OMFS/A & E		No Advice, analgesics, antibiotics		
		If medical condition likely to increase risk of serious infection, advice patient to get in touch again if symptoms worsen. Otherwise call back in 24 hours to monitor/ check on symptoms – if worsening patient to be re-triaged and will need to be seen by OS/OMFS	If no medical condition – call back if situation worsens or if no improvement in 48 hours	If symptoms subside, no further intervention at this stage but to contact GDP after Covid-19 national emergency status relaxed

<table>
<tr><th colspan="6">Bleeding</th></tr>
<tr><td colspan="3">Is the bleeding following a surgical procedure?</td><td colspan="3">Is the bleeding following trauma?</td></tr>
<tr><td colspan="2">Yes</td><td colspan="2">No</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="2">Time since surgical procedure – if secondary bleeding (ie 7 days post procedure) patient likely to need antibiotics as well as local measures.</td><td colspan="2">Full history re bleeding
(Amount, continuous, new problem or ongoing, site)</td><td>Dentoalveolar only</td><td>Mandibular/Maxillary/ Zygomatic/Pan facial</td></tr>
<tr><td colspan="2">Is there any medical condition likely to increase bleeding?</td><td>ulceration</td><td>gingival</td><td>Will need to be seen by OS</td><td>Refer to OMFS/A & E</td></tr>
<tr><td>Yes
Routine advice re packing and pressure – if no improvement in 20–30 minutes patient will need to be seen by OS</td><td>No
Routine advice re packing and pressure – call back in 20–30 minutes if no improvement patient will need to be seen by OS</td><td>Routine advice re pack and applying pressure – call back in 30 minutes if no improvement patient will need to be seen by OS</td><td>Likely to be minimal – advice, OHI and reassurance
Call back if simple measures not effective</td><td></td><td></td></tr>
</table>

<table>
<tr><th colspan="6">Trauma</th></tr>
<tr><td colspan="6">Have they lost consciousness/have vomiting/blurred vision – ie signs of Head Injury</td></tr>
<tr><td>Yes – Emergency management needed, likely to need OMFS and medical input for management – Refer to OMFS/A & E</td><td colspan="5">No
Type of trauma – laceration/pan facial/ mandibular/maxillary/ orbital/ soft tissue facial lacerations</td></tr>
<tr><td rowspan="2">Time since surgical procedure – if secondary bleeding (ie 7 days post procedure) patient likely to need antibiotics as well as local measures.</td><td>Yes
Emergency management needed, likely to need OMFS input for in-patient management – Refer to OMFS/A & E</td><td colspan="4">No –
Is there dental/dentoalveolar trauma?</td></tr>
<tr><td></td><td colspan="3">Yes
Avulsed permanent tooth
Fractured or displaced permanent tooth
Intra-oral laceration</td><td>No
Refer to appropriate service – not OS</td></tr>
<tr><td></td><td></td><td>Avulsed permanent tooth If within appropriate time frame
Advise re implantation/ storage of tooth and arrange to see patient. (NB if child and paediatric services available refer)</td><td>Displaced permanent tooth
Advice re repositioning, analgesics, soft diet and arrange to see if no improvement in 24–48 hours
Fractured tooth,
Advice re analgesics and if no improvement in 48 hours may need to be seen</td><td>Intra-oral laceration
Appropriate for treatment under LA based on size, position and bleeding, patient will need to be seen</td><td></td></tr>
</table>

5. Red Flags

The list below is not exhaustive and is therefore intended as a guide

a. Increased Risk of Bleeding

Medications:

- anti-coagulants (warfarin or the NOACs – Apixaban, Rivaroxaban, Dabigatran, Edoxaban)
- anti-platelets (aspirin, clopidrogel, dipyridamole, ticagrelor – are the most common)

Conditions:

- Chronic renal failure
- Liver disease
- Haematological malignancy or myelodysplastic disorder
- Recent or current chemotherapy
- Advanced heart failure
- Idiopathic thrombocytopenic purpura (ITP)
- Mild forms of inherited bleeding disorders including all types of haemophilia and von Willebrand's disease

b. Increased Risk of Infection

- Any immunocompromised state:
- Transplant patient
- Uncontrolled diabetic
- Undergoing chemotherapy
- Immunosuppressant/high dose corticosteroid therapy

i. Immunosuppressant medication

Corticosteroids

- prednisone (Deltasone, Orasone)
- budesonide (Entocort EC)
- prednisolone (Millipred)

Janus kinase inhibitors

- tofacitinib (Xeljanz)

Calcineurin inhibitors

- cyclosporine (Neoral, Sandimmune, SangCya)
- tacrolimus (Astagraf XL, Envarsus XR, Prograf)

mTOR inhibitors

- sirolimus (Rapamune)
- everolimus (Afinitor, Zortress)

IMDH inhibitors

- azathioprine (Azasan, Imuran)
- leflunomide (Arava)
- mycophenolate (CellCept, Myfortic)

Biological agents

- abatacept (Orencia)
- adalimumab (Humira)
- anakinra (Kineret)
- certolizumab (Cimzia)
- etanercept (Enbrel)
- golimumab (Simponi)
- infliximab (Remicade)
- ixekizumab (Taltz)
- natalizumab (Tysabri)
- rituximab (Rituxan)
- secukinumab (Cosentyx)
- tocilizumab (Actemra)
- ustekinumab (Stelara)
- vedolizumab (Entyvio)

Monoclonal antibodies

- basiliximab (Simulect)
- daclizumab (Zinbryta)

ii. Pregnancy

At risk of Infective Endocarditis
Prosthetic heart valves, previous infective endocarditis, cyanotic congenital heart disease

Others
Any other underlying/ treatment for bleeding, immunological-mediated, hepatic or oncological disorder.

The development and production of this guideline was led by Dr Judith Jones and Professor Paul Colthard on behalf of British Association of Oral Surgery and the Faculty of Dental Surgery, Royal College of Surgeons of England.