


STANDARD OPERATING PROCEDURE (SOP)	Issue date: 09/01/23
Trust Reference Number: C35/2019	Revision date: November 2022
University Hospitals of Leicester 	Review date: November 2025
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Restorative Dentistry Standard Operating Procedures

UHL Restorative Dentistry Outpatients (LocSSIPs)

Change Description <input type="checkbox"/> Change in format	Reason for Change <input checked="" type="checkbox"/> Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Consultant	Ade Mosaku
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Appendices in this document:

Appendix 1 : UHL Safer Surgery Restorative Dentistry Outpatients Checklist.

Appendix 2 : Patient Information Leaflet for Root canal treatment. Available at:
[Root canal treatment \(leicestershospitals.nhs.uk\)](https://www.leicestershospitals.nhs.uk)

Appendix 3 : UHL Restorative Dentistry Team Brief and Debrief Checklist.

Appendix 4 : Guidelines for Surgical Endodontics: Available at:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/periradicular_surgery_guidelines_2020.pdf

Appendix 5 : Guidelines for Selection of Appropriate Patients to Receive Treatment with Dental Implants on the NHS 2019: Available at:

<https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines.pdf>

Appendix 6 : Management of Dental Patients taking Anticoagulants or Antiplatelet Drugs. Guidance Document SDCEP March 2022: Available at:

<https://www.sdcep.org.uk/published-guidance/anticoagulants-and-antiplatelets>

[SDCEP Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs \(2nd Edition\)](#)

[SDCEP Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs Quick Reference Guide \(2nd Edition\)](#)


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Authors: Dr Ade Mosaku

Approved by: MSS CMG Board & Safe Surgery Board November 2022

Review: 01/11/2025

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Introduction and Background:

This document covers outpatient dental surgical procedures undertaken under local anaesthesia in the department of Orthodontics and Restorative Dentistry.

The procedures described below are in accordance to descriptive terms of interventional or invasive procedures within National Safety Standards for Invasive Procedures (NatSSIPs) September 2015.

In discussion with the clinical team, the procedures identified below were accepted as invasive procedures undertaken in a dental surgery outpatient setting within the speciality of Restorative Dentistry.

- Periapical Surgery
- Dental Implants
- Periodontal surgical procedures

Periapical surgery involves surgical endodontics of a tooth /teeth that have not responded to conventional root canal treatment, with the goal of eliminating an area of infection around the root apex.

Contraindications are for teeth with poor long term prognosis and certain patient factors such as poor oral hygiene, limited mouth opening and proximity to vital structures. Royal College Guidelines for Surgical endodontics ([Appendix 4](#)).

Periodontal surgery involves the surgical management of teeth and their supporting structures which have not responded to conventional treatment. Indications include, root coverage, elimination of deep pockets linings with Inflammation, removal of excessive gum tissue, and crown lengthening.

Dental implants are a treatment option for patient with missing teeth as a result of trauma, oncology treatment, and developmental disorders where other means of conventional treatment are deemed inappropriate or have been unsuccessful.

Referral guidance is available from the Royal College of Surgeons England 2019 guidelines and has been adopted by NHS England local commissioners. [Appendix 5](#).

Referral Process:


Referrals are mainly received from General Dental Practitioners and triaged by the consultant team.

Never Events:

Surgical

1. Wrong site surgery

Procedures undertaken on the wrong patient or wrong site.

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Prevention measures

Complying to WHO safety check list

Patient details are confirmed with the patient prior to procedure.

White board stating planned procedure and site.

Wrong tooth extraction is excluded from never events (Removal of wrong teeth was added to the list of excluded incidents in February 2021)

2. Wrong Implant /protheses

Placement of implants different from that intentionally planned for the procedure prior to or during the surgical procedure

Prevention measures

Check implants available prior to procedure (prepacked with patient details)

Instrument tray count in and count out for the planned procedure

Excludes changes made based on clinical judgemental at the time of procedure implant dimensions

3. Retained foreign object

Prevention measures

WHO safety check list

Immediate post-surgery imaging

List management and scheduling:

Patients are listed based on the outcome below:

- Outpatient consultation.
- Clinical decision to treat patient formalised on RTT outcome sheet.
- Pathway coordinator liaises with dental nurse regarding availability of clinics & staff
- Pathway coordinator books procedure on HiSS and produces list.

The minimum data set for lists are,

- Referral
- Patient's demographic details (Name, DOB, Gender).
- Hospital number
- NHS number
- Confirmation of medical history
- Investigations where appropriate
- Name of planned procedure


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- Duration of procedure

Process of list management

- Admin & Clerical(A&C) team sign off and produce list
- Admin & Clerical (A&C) team are responsible for ordering the list
- Admin and Clerical (A&C) team add patients to the day list based on information provided by clinicians and nursing support.
- Lists are shared with dental nurses and radiology staff
- Patient or hospital cancellations are undertaken by the Admin & Clerical (A&C) team and communicated to relevant staff and patients.

The site of the operation will be written in full using conventional Palmer tooth notation.
No special arrangements are required for the above procedures.

Did Not Attend (DNA) management.

- Patients who fail to attend their planned appointment will be contacted by telephone. Three (3) attempts will be made to ascertain the reason.
Lack of response will be followed up by a letter to the referring dentist copied to the patient.

Patient preparation:

Appropriate information leaflets are provided at initial consultation (YourHealth: [Root canal treatment \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk))

- Eat and drink as normal prior to the procedure.
- Pre-surgical dental imaging and blood tests as deemed appropriate
- INR<4.0, platelets >5.0).

Patients on newer anticoagulants are managed according to SDCEP guidelines (www.sdcep.org.uk) ([Appendix 6](#)).

- Two (2) nurses required as minimum standard for dental implantology procedures

The Department of Restorative Dentistry is purely outpatient based and all surgical procedures are elective, as such our patients are generally healthy or may have chronic medical conditions which are managed by their GP's.

Patients with special requirements such as:

Diabetes:

- Every effort will be made to ensure that diabetic patients are scheduled for an early morning appointment.
- Emergency hypoglycaemia box located in the department.
- Check last meal and relevant medication.


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Consent

Shared Decision Making process prior to consent. (Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](https://www.gmc-uk.org))

Every effort will be taken to comply with the GMC's seven principles of decision making and consent. Informed treatment and alternative options discussion including the benefits and risks occurs at a prior consultation appointment.

Written consent is obtained from the patient immediately prior to the procedure by an appropriately trained clinician (UHL Consent policy).

In the case of procedures undertaken by trainees, a senior clinician will be available for clinical supervision appropriate to their level of training.

Specific Risks and Complications.

Surgical risks and complications are considered to be site specific e.g.

- Post-operative pain
- Swelling,
- Infection,
- Bleeding
- Gingival recession are common to all procedures.
- Nerve damage

Infection prevention strategies: ·

- UHL hand hygiene policy; ·
- UHL infection control policy; ·
- Appropriate COVID / PPE precautions where appropriate UHL policy update 17 June 2022 ·
- Antibiotic prophylaxis is not normally given.
- Patients rinse with 0.2% Chlorhexidine gluconate for 1 minute prior to the procedure.
- Patients are protected with surgical drapes.
- Surgical gowns for clinicians and nurses.

Copies of the Local Safety Rules and associated checklist are in [Appendix 1](#) UHL Safer Surgery Restorative Dentistry Outpatients Checklist.

Department Safer sharps policy.

A copy of the patient pathway or any associated checklists in [Appendix 1](#) UHL Safer Surgery Restorative Dentistry Outpatients Checklist.

Patient Identification Band

Currently this does not apply to Restorative Dentistry outpatient procedures awaiting review.


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Workforce – staffing requirements:

The minimum safe staffing standards for a procedure list is one operating clinician and one assistant:

- Operating clinician
- Dental Nurse/s.

The escalation procedures if a clinical situation overwhelms available resources:

The clinic list or case is to stop at a safe point.

Induction for newcomers, trainees, learners or students will be strictly supervised by the authorised clinician or nurse

Newcomers to the area will receive a local induction to the department

The Nurse in charge is to monitor safe staffing levels and review and escalate as appropriate.

Workforce Level Monitoring:

Head of Service, Nursing manager and General manager to monitor safe staff levels in liaison with human resources.

Ward checklist, and ward to procedure room handover:

Not Applicable.

Procedural Verification of Site Marking:

Reliable marking of surgical sites such as teeth, which may be small, broken down, may not be possible. The Palmer notation will be used and be clearly documented on the consent form, checklist and whiteboard for verification by the team.

The correct procedure must be verified by full review to ensure consistency of the clinical record, diagnosis, treatment plan, investigation results, written consent, intraoral surgical site check and confirmation by with the patient. Dental radiographs will be useful were appropriate.

Team Safety Briefing:

The operating clinician and dental nurse will discuss the patient's procedure, required equipment, materials and any foreseeable challenges prior to commencing the list. ([Appendix 1](#), [Appendix 2](#))

Team briefing.


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Team briefing information will be collated in a designated Team Briefing Folder.

Annual audits to be undertaken to reflect and learn from the process and information will be disseminated and discussed at audit meetings.

The content of the team brief will include:

- Introduction.
- Safety check list.
- Confirm patient demographics, medical history.
- Clinical records available.
- Confirm planned procedure.
- Any equipment issues.
- Any dental material availability.
- Discuss any other potential issues.

Sign In & Time Out :

Sign in refers to the checklist completed at the patient's arrival into the procedure area.

The Sign In will occur in the dental surgery and would be undertaken by the operating clinician and dental nurse/s and the patient would be encouraged to be involved.

Any discrepancies will be resolved prior to proceeding.

Time Out:


Time out is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure.

The Time Out procedures will:

- Ensure the patient will be encouraged to participate where possible
- Who will lead it (any member can)
- All team members must be present and engaged as it is happening
- This will occur immediately before the procedure starts
- That any omissions, discrepancies or uncertainties must be resolved before starting the procedure
- Patient's name against the consent form.
- Relevant imaging to be present.
- The procedure to be performed and patient confirmation.
- Verification of surgical site marking – Palmer notation where appropriate

The operator indicates

- Any specific equipment requirements or special investigations.
- Any critical or unexpected steps.

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Dental nurse:

- Confirmation of sterility of instruments and equipment. (UHL Infection prevention policy)
- Any equipment issues or concerns.

Performing the procedure:

The operator and nurse will ensure that the equipment is in full working order at the team briefing stage. Positional requirements as relevant to the site of the procedure and comfort of the patient and clinical staff.

Monitoring:

Procedures are under local anaesthesia and patient fully conscious; no special monitoring measures are required. It is however prudent to ensure the patient remains comfortable, pain free and well for the duration of the treatment by speaking to them at appropriate times.

Prosthesis verification:

The safety procedures that need to be followed can be broken down into before, during and after surgery.

Before:


- Clinician informs nurse of implant requirements prior to the operation date.
- Nurse checks for stock levels and liaises with laboratory manager.
- Laboratory manager orders pertinent stock and requests electronic sign off by service or general manager.
- Stock arrives and nurse informed.
- At applicable time frames, the designated nurse checks stock levels and expiry dates

During:

- Dental implants manufacture, diameter, length dimensions and expiry date are checked prior to proceeding and just before insertion of the implant.
- This is verbally confirmed out loud by a nurse and confirmed by the operator.
- All prostheses not destined for use in the patient will be removed from the immediate area to avoid the wrong implants being selected.

After:

The implant label with details of sterility, expiry and lot number is placed to the clinical records for traceability and audit.

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Prevention of retained Foreign Objects:

As per the UHL Safer Surgery Restorative Dentistry Outpatients Checklist instruments, swabs and sharps count are recorded on white board in the surgery.

Radiography:

Post -operative dental imaging is obtained where relevant.

Sign Out:

Sign out by the team must occur before the patient leaves the operative/procedure area.

- Confirmation of procedure
- Confirmation that counts (instruments, sharps and swabs) are complete
- Confirmation that specimens where used have been labelled correctly
- Discussion of post-procedural care and any concerns
- Equipment problems to include in team debriefing

Information discussed is documented in the safety checklist and filed in the patient's records ([Appendix 1](#)).

Handover:

Outpatient procedure.
Not Applicable.

Team Debrief:

A team debrief should occur at the end of all procedure sessions.

The operating clinician and nurse should be present.

The content of the debrief which should include:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- Issues fed back to the wider team at department meeting.
- A named person for escalating issues

Copy of the debrief checklist- [Appendix 3](#)


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Relevant forms completed and filed in a designated Team brief folder

Post-procedural aftercare:

No formal monitoring arrangements required.
 Post-operative haemostasis achieved and verbal and written instructions given were appropriate.
 If the patient is feeling faint the appropriate medical emergency protocol is followed.

Discharge:

All outpatient procedures are under local anaesthesia and the patient is fully conscious.
 The operator checks that haemostasis has been achieved and that the patient is comfortable.
 Follow-up appointments are organised in a suitable time frame.
 Patients are informed of the results of investigation during follow up appointments.
 A discharge letter is sent to the General Dentist Practitioner (GDP) or referring clinician with a copy sent to the patient.

Governance and Audit:

Anything other than a correct procedure on the correct patient is a safety incidence.

All incidents will be reported on Datix.

Review, investigation, dissemination, and learning from incidents after a Datix is submitted will take place at the department meetings.

Audits will be undertaken annually or sooner if felt appropriate, with results presented and acted upon in the department audit meetings.

[To submit monthly Safe Surgery Audit and WHOBARs assessment as Per Safe Surgery Quality Assurance & Accreditation programme.](#)

Training:

Training will be undertaken at the departmental audit meeting and time to train UHL quality sessions.
 Ensure simplification and standardisation of existing policies, making sure that they are directly relevant to the areas in which they are used.

- Improve situation awareness by robust information gathering, mental checks with the team and recognising risks.
- Decision making team having confidence to stop and pause a procedure when uncertain, do not assume.
- Encouraging teamwork and confidence to speak up when concerns are being raised or checklist not


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followed, adequate sharing of information on what was to be done.

Good leadership, demonstrating procedural compliance

Documentation:

Documentation to be included in patient's records and copy in Team brief folder.

References to other standards, alerts and procedures:

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

UHL Consent to Treatment or Examination Policy A16/2002


UHL Delegated Consent Policy B10/2013

Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](http://www.gmc-uk.org)

COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)

COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)

END

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Appendix 1: UHL Safer Surgery Restorative Dentistry Checklist



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Intended procedure: _____
Date: _____



Restorative Dentistry
Restorative Dentistry Outpatients' Department



STOP THE LINE

Patient ID Label or write name and number

Hospital No.: _____
Name: _____
Address: _____
D.O.B.: _____ Sex: _____
Telephone No. 1: _____
Telephone No. 2: _____

The checklist MUST be used for each (elective or emergency) Procedure/Treatment performed outside of the main operating theatres


TEAM BRIEF	SIGN IN & TIME OUT	SIGN OUT	
<p>The Surgeon/Dental Nurse checks and confirms that (tick):</p> <p><input type="checkbox"/> The procedure/treatment plan is documented in the medical notes</p> <p><input type="checkbox"/> All equipment (including medications) functioning and safe</p> <p><input type="checkbox"/> Swabs/sharps count recorded</p> <p><input type="checkbox"/> Has sterility of the instrument been confirmed</p> <p><input type="checkbox"/> Instrument set is complete (<i>state missing items below</i>)</p> <p><input type="checkbox"/> All members of the team have discussed care plan and addressed concerns</p> <p><input type="checkbox"/> Bipolar leads required</p> <p>INR: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Notes: _____</p>	<p>The Surgeon must check and confirm with the patient and with the Dental Nurse (tick):</p> <p><input type="checkbox"/> The patient's name/S Number/Date of Birth</p> <p><input type="checkbox"/> What the procedure, site and position are planned</p> <p><input type="checkbox"/> If appropriate, is the surgical site marked (exclude marking intra oral lesions/teeth)</p> <p><input type="checkbox"/> Valid consent form matches identity and expected procedure</p> <p><input type="checkbox"/> Can you demonstrate correct patient and correct side on displayed imaging? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Known allergy: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Antibiotic prophylaxis given <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Notes: _____</p>	<p>The Surgeon/Dental Nurse checks and confirms (tick):</p> <p><input type="checkbox"/> What procedure have you performed and is it correctly recorded in the medical notes</p> <p><input type="checkbox"/> All equipment is accounted for</p> <p><input type="checkbox"/> Any equipment faults are reported</p> <p><input type="checkbox"/> The specimens have been labelled and checked by both Surgeon & Dental Nurse Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><input type="checkbox"/> Has it been confirmed that instruments, swabs and sharps counts are complete</p> <p><input type="checkbox"/> Post operative information leaflets given</p> <p><input type="checkbox"/> Issues for list debrief noted:</p>	<p>Procedure notes: _____</p>
<p>INTRA-OPERATIVE PAUSES</p>			
<p>Pause before extraction: STOP 1 <input type="checkbox"/> STOP 2 <input type="checkbox"/></p>			
<p>Signature (Surgeon): _____ Date: _____</p>	<p>Signature (Surgeon): _____ Date: _____</p>	<p>Signature (Surgeon): _____ Date: _____</p> <p>The use of this checklist is mandatory, its use will be audited at regular intervals</p>	

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Based on the WHO Surgical Safety Checklist, URL: <http://www.who.int/patient-safety/safesurgery/en>, © World Health Organization 2008 All rights reserved.


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Appendix 2: Patient Information Leaflet for Root canal treatment

Available at: [Root canal treatment \(leicestershospitals.nhs.uk\)](http://leicestershospitals.nhs.uk)

Caring at its best


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Root canal treatment

Orthodontics and Restorative Dentistry

Information for Patients

Produced: February 2019
 Last reviewed: October 2022
 Next review: October 2025
 Leaflet number: 336 Version: 3

What is root canal treatment?

Root canal treatment is a dental procedure used to treat infection and swelling (inflammation) within the root canal system. The root canal system is found in the centre of the tooth, and runs through the part of the tooth above the gum (the crown), down to the tip of the root, and contains nerves and blood vessels.

During root canal treatment, inflamed tissue and infection within the root canal system is removed and the inside of the tooth is filled with an artificial filling material. Root canal retreatment can also involve taking out and replacing an existing root canal treatment when it has failed.

Why do I need root canal treatment?

Root canal treatment is needed when the root canal system becomes inflamed or infected.

Common causes include:


- Tooth decay
- Deep fillings
- Leakage under an old filling or crown
- Repeated replacement of fillings
- Cracks or fractures in teeth
- A physical trauma to your face or mouth, such as a car accident or sports injury

**Health information and support is available at www.nhs.uk
 or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
 To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

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Signs and symptoms

A number of different signs and symptoms may suggest that root canal treatment is needed:

- Long lasting pain (sensitivity) caused by hot and cold
- Severe toothache
- Changes to the colour of the tooth
- Swelling of the gum next to the tooth
- Tenderness of the tooth when biting or chewing

Some teeth that need root canal treatment do not give any pain or problems and are found from dental X-rays.

X-rays (radiographs) of root canal treatment

12 year old boy who fell off his bike and fractured his upper front teeth. The black shadows at the ends of the root show infection.

X-ray showing completed root canal treatment. The root canals have been cleaned and filled and the black shadows at the end of the roots are healing.

www.leicestershospitals.nhs.uk

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What does root canal treatment involve?

You will have a local anaesthetic just like when a filling is done. Root canal treatment is usually painless and you should immediately tell the dentist if you feel any discomfort.

- A protective sheet called a rubber dam is placed over the tooth during root canal treatment. The rubber dam prevents saliva and mouth bacteria entering the root canal system and causing further infection. Root canal treatment is less likely to be successful if a rubber dam is not used. This picture shows a tooth isolated with a rubber dam. The metal bracket keeps the rubber dam in place.



- Once the rubber dam is in place a small opening is made through the tooth to allow access to the root canal system.
- Infected tissue is removed and the root canal system is cleaned and shaped.
- The root canal system is regularly flushed with a weak bleach (sodium hypochlorite) to remove bacteria. Root canal treatment is less likely to be successful if sodium hypochlorite is not used.
- X-rays are normally taken before, during and after root canal treatment.
- After the root canal system has been cleaned and shaped, the root canals are filled with a rubber like material called 'gutta-percha'.
- The opening in the crown of the tooth is then sealed with a filling.

After root canal treatment we usually recommend that the tooth is protected with a crown. A crown is a cap that fits over the tooth. The crown helps prevent reinfection of the root canal system and protects against tooth fracture. A tooth that has had root canal treatment is 8 times more likely to fracture if it is not crowned. If you have your root canal treatment at Glenfield Hospital, your own dentist would need to provide any crown work that is needed.

How long does root canal treatment take?

Root canal treatment is a time consuming procedure that usually needs multiple long appointments. Although, root canal treatment can sometimes be completed in 1 visit it usually takes 2 or 3 visits. If you have treatment in the department each visit will normally last 90 minutes. When the treatment is carried out over several visits, a temporary filling is placed to seal the tooth between each visit. If the temporary filling is lost between visits you should go to your own dentist for a replacement temporary filling to prevent reinfection of the root canals.

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What are the risks of having root canal treatment?

- It is common to have minor discomfort and tenderness immediately after root canal treatment and for a few days afterwards. This can usually be managed with over the counter painkillers.
- Pain and swelling is unusual but can happen. If you feel severe pain or swelling after treatment you should contact your own dentist for advice.
- The files that are used during root canal treatment can occasionally break within the tooth.
- The files that are used during root canal treatment may occasionally perforate through the side of the root.
- It is not always possible to locate root canals or get all the way to the bottom of the root canal system. If this happens, root canal treatment is more likely to fail.
- Root canal treatment may fail and the tooth may need to be taken out (extracted).

Can all teeth have root canal treatment?

No, not all teeth can have root canal treatment. Root canal treatment can only be done if the root canals are accessible and can be cleaned and sealed.

Root canal treatment is not appropriate if your oral hygiene is poor or you have uncontrolled tooth decay or gum disease. In these situations you will be referred to your dentist for treatment to make the rest of your mouth healthy.

Your tooth will need good bone support and enough healthy tooth above the gum line to support an artificial crown.

Are there any alternative treatments?

Alternative treatment options that may be discussed include:

- Having the tooth taken out (extraction). You will then have a gap instead of a tooth. We do not usually recommend extraction when root canal treatment is likely to be successful.
- Apical surgery is done on a tooth with a persistent infection. The root tip and any infection is removed. A small filling is then placed to seal the root tip. Apical surgery is usually done using local anaesthetic and is not always successful. Apical surgery is also linked with:
 - a risk of pain after surgery
 - bleeding
 - gum recession
 - swelling
 - infection

Apical surgery is only usually considered when the tooth has a satisfactory root canal treatment.

www.leicestershospitals.nhs.uk

NHS
University Hospitals of Leicester
NHS Trust

Who will do my root canal treatment?

Root canal treatment is usually carried out by your own dentist. However, some teeth are more complicated to treat and may benefit from treatment in a hospital. There is information on our website about the type of teeth we can provide root canal treatment for. Please visit www.leicestershospitals.nhs.uk/about-us/departments-services/dental-services

Examples of teeth that we may treat:

- Teeth with roots that have curves or unusual shapes
- Young teeth with roots that have not formed properly
- Fractured roots
- Teeth containing broken root canal instruments or broken posts
- Teeth with very narrow root canals that your dentist has been unable to locate
- People who have received radiotherapy to the tooth area of the jaws or have been on bisphosphonate therapy for a long period of time.

Contact details


Department of Orthodontics & Restorative Dentistry: 0116 258 3525 / 3526

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر تیلیفون کریں۔
 على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل.
 0116 258 3525 / 3526 (0116 258 3525 / 3526) (0116 258 3525 / 3526) (0116 258 3525 / 3526)


אם אתם צריכים מידע בשפה אחרת, אנא פנו לדפדפן, או פנו לטלפון המסומן למטה.
 Aby uzyskać informacje w innym języku, proszę skorzystać pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk


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STANDARD OPERATING PROCEDURE (SOP)	Issue date: 09/01/23
Trust Reference Number: C35/2019	Revision date: November 2022
University Hospitals of Leicester 	Review date: November 2025
GH, LGH, LRI	Page 15 of 20 Version: 2

Appendix 3: UHL Restorative Dentistry Team Brief and Debrief Checklist



Team Brief Checklist
Restorative Dentistry Outpatients/Department



LocSSIPs

Dental Surgery: _____ Date: _____
Named Consultant: _____
Clinician: _____

This checklist MUST be filed in the Dental Surgery Brief/Debrief folder

1. TEAM BRIEF		SURGICAL INPUT		NURSING INPUT	TEAM INPUT	
Patient Name/ Number/ Procedure/ & Site	All patients unless otherwise stated below	Equipment Available	Essential Imaging checked and available	Concerns/ Requirements	Implants/Prostheses checked & available	Antibiotics Required
		<input type="checkbox"/> All team members have introduced themselves by name & role <input type="checkbox"/> Issues resolved from last debrief <input type="checkbox"/> Any outstanding investigations		<input type="checkbox"/> Are the patients where the list says they are <input type="checkbox"/> Any latex allergies		
1						
2						
3						
4						
STAFF PRESENT:		Staff present (role):	Team signature(s):	Print name:	Designation:	
	Dentist <input type="checkbox"/>					
	Dental Nurse <input type="checkbox"/>					
	HCA <input type="checkbox"/>					
	Other <input type="checkbox"/>					
	Date: _____					

102213875 Bm&E
Restorative Dentistry Standard Operating Procedures UHL Restorative Dentistry Outpatients (LocSSIPs)
Approved by Safe Surgery Board November 2022
Based on the WHO Surgical Safety Checklist, URL <http://www.who.int/patientsafety/safesurgery/en>
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Title: Restorative Dentistry Standard Operating Procedure UHL Restorative Dentistry Outpatients (LocSSIPs)


Authors: Dr Ade Mosaku

Approved by: MSS CMG Board & Safe Surgery Board November 2022

Review: 01/11/2025

Trust Ref: C35/2019



Team Debrief Checklist

Restorative Dentistry

Restorative Dentistry Outpatients/Department

Dental Surgery: _____


Named Consultant: _____

Clinician: _____

Date: _____

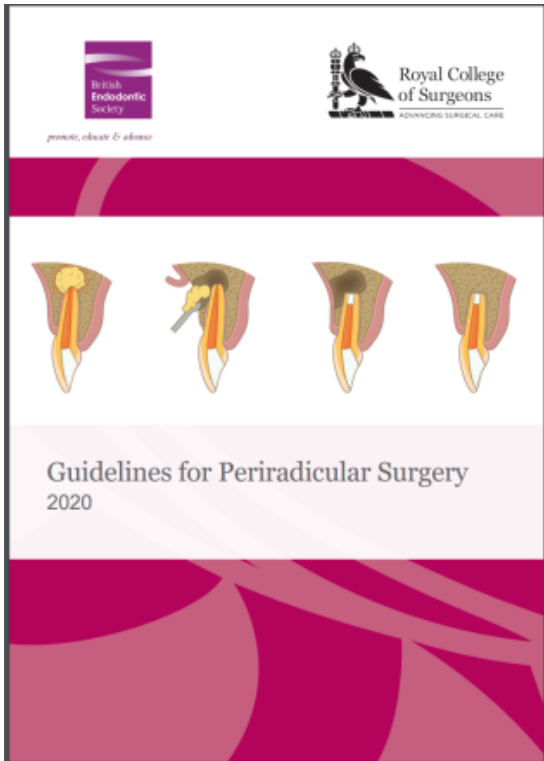
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Post op debrief performed	Any issues arising that need to be addressed		Yes <input type="checkbox"/> No <input type="checkbox"/>														
All 'Stop the Line' issues recorded and Dated	If 'YES', is Debrief Action Log complete (below)		Yes <input type="checkbox"/> No <input type="checkbox"/>														
Issue	Action Required	Responsible Person	Due Date	Completed?													
Achievements and what went well?																	
Could we have made this list more productive?																	
STAFF PRESENT: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 5%;">Dentist</td> <td style="border: none; width: 5%;"><input type="checkbox"/></td> <td style="border: none; width: 5%;">Dental Nurse</td> <td style="border: none; width: 5%;"><input type="checkbox"/></td> <td style="border: none; width: 5%;">HCA</td> <td style="border: none; width: 5%;"><input type="checkbox"/></td> <td style="border: none; width: 5%;">Other</td> <td style="border: none; width: 5%;"><input type="checkbox"/></td> <td style="border: none; width: 5%;">Date:</td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> <td style="border: none; width: 10%;"></td> </tr> </table>					Dentist	<input type="checkbox"/>	Dental Nurse	<input type="checkbox"/>	HCA	<input type="checkbox"/>	Other	<input type="checkbox"/>	Date:				
Dentist	<input type="checkbox"/>	Dental Nurse	<input type="checkbox"/>	HCA	<input type="checkbox"/>	Other	<input type="checkbox"/>	Date:									

102213875 Debrief
 Restorative Dentistry Standard Operating Procedures UHL Restorative Dentistry Outpatients (LocSSIPs)
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 Based on the WHO Surgical Safety Checklist, URL: <http://www.who.int/patient-safety/safesurgery/en>,
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University Hospitals of Leicester 	Review date: November 2025	
GH, LGH, LRI	Page 17 of 20	Version: 2

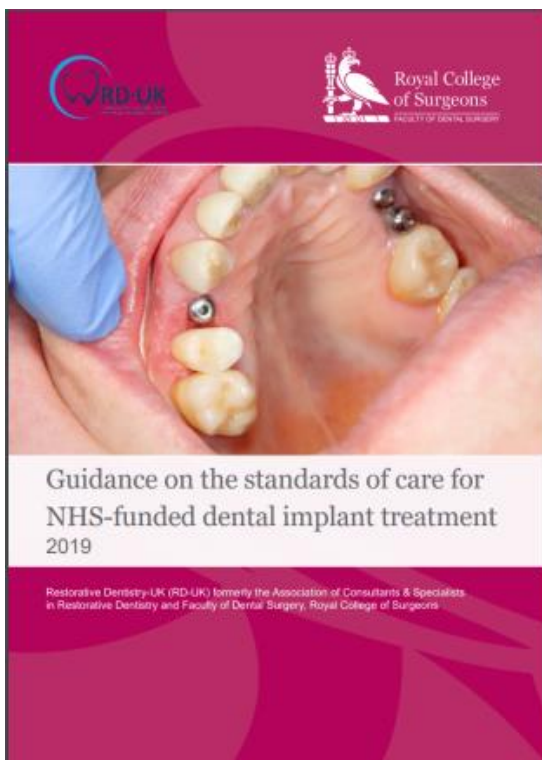
Appendix 4: Guidelines for Surgical Endodontics:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/periradicular_surgery_guidelines_2020.pdf



Appendix 5: Guidelines for Selection of Appropriate Patients to Receive Treatment with Dental Implants on the NHS 2019:

<https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines.pdf>



Title: Restorative Dentistry Standard Operating Procedure UHL Restorative Dentistry Outpatients (LocSSIPs)

Authors: Dr Ade Mosaku

Approved by: MSS CMG Board & Safe Surgery Board November 2022

Review: 01/11/2025


Trust Ref: C35/2019

Appendix 6: Management of Dental Patients taking Anticoagulants or Antiplatelet Drugs. Guidance Document SDCEP March 2022:

<https://www.sdcep.org.uk/published-guidance/anticoagulants-and-antiplatelets>

[SDCEP Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs \(2nd Edition\)](#)

[SDCEP Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs Quick Reference Guide \(2nd Edition\)](#)



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Education
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Scotland

Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs

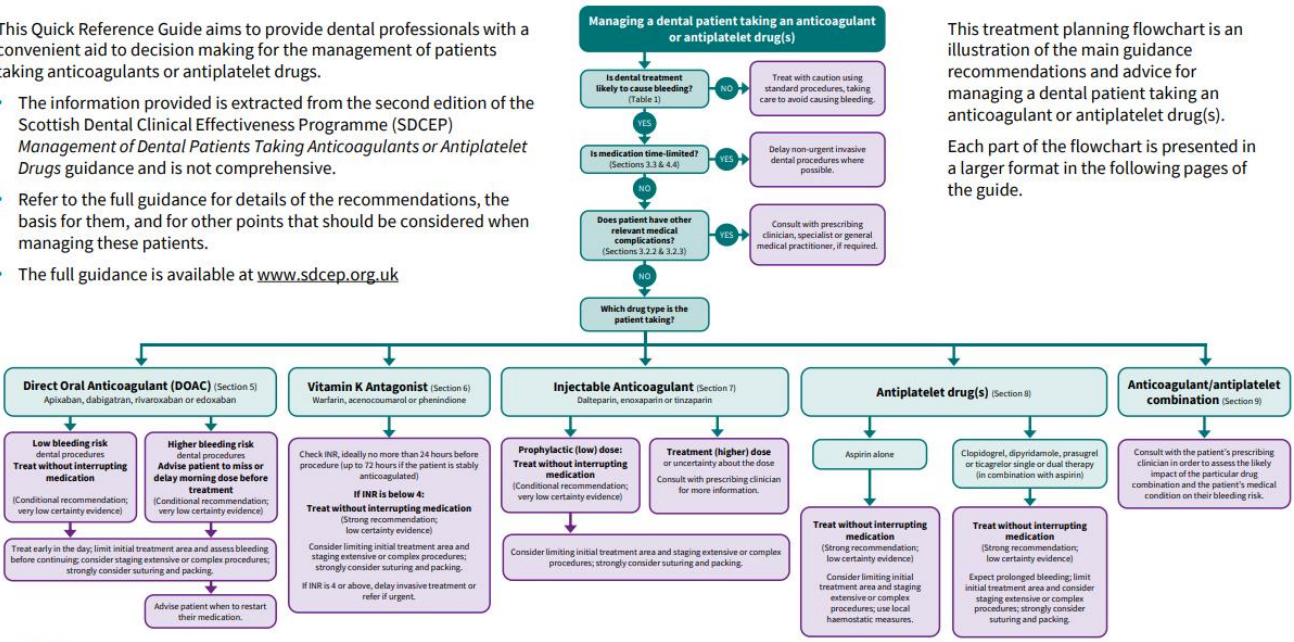
Quick Reference Guide

March 2022


This Quick Reference Guide aims to provide dental professionals with a convenient aid to decision making for the management of patients taking anticoagulants or antiplatelet drugs.

- The information provided is extracted from the second edition of the Scottish Dental Clinical Effectiveness Programme (SDCEP) *Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs* guidance and is not comprehensive.
- Refer to the full guidance for details of the recommendations, the basis for them, and for other points that should be considered when managing these patients.
- The full guidance is available at www.sdcep.org.uk

Managing a dental patient taking an anticoagulant or antiplatelet drug(s)



This treatment planning flowchart is an illustration of the main guidance recommendations and advice for managing a dental patient taking an anticoagulant or antiplatelet drug(s). Each part of the flowchart is presented in a larger format in the following pages of the guide.



Scottish Dental
Clinical Effectiveness Programme

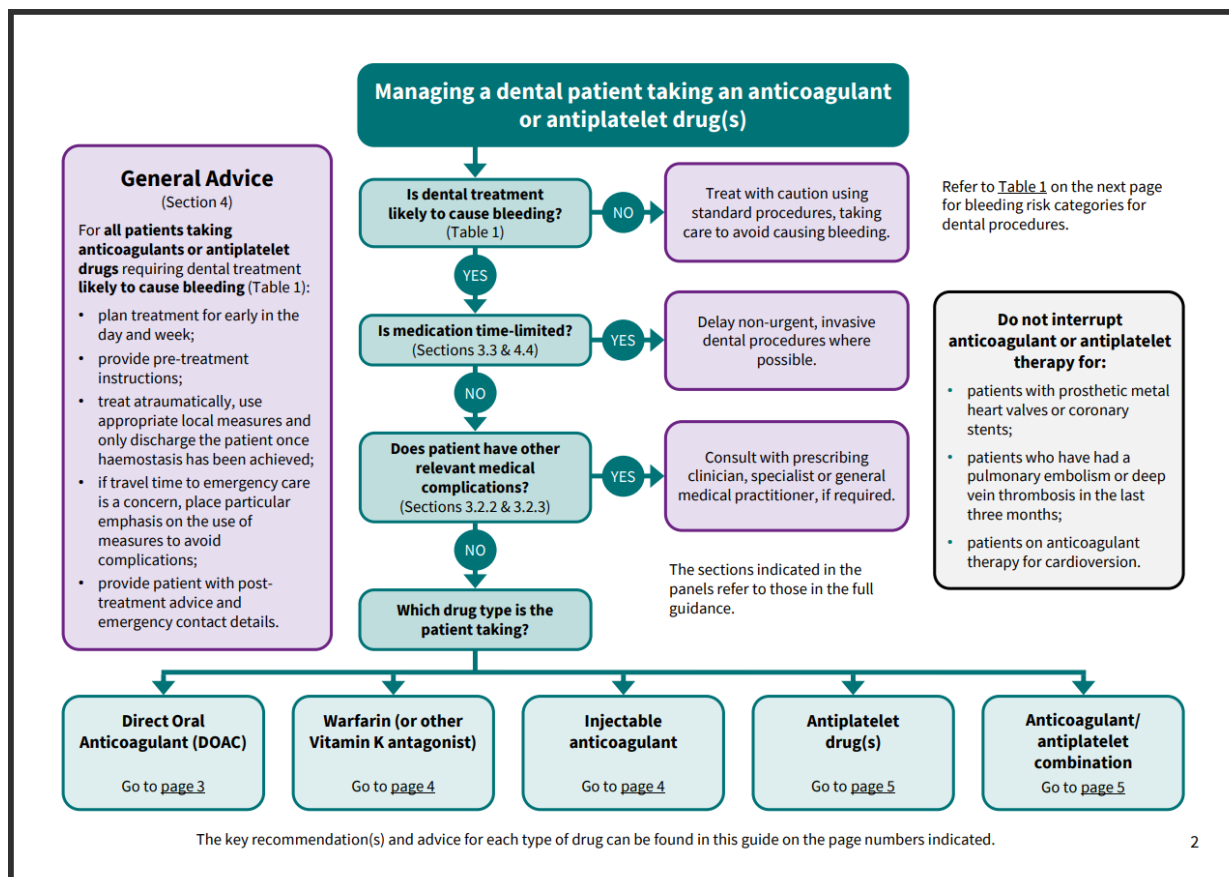


Table 1 Bleeding risks for dental procedures

Dental procedures that are unlikely to cause bleeding	Dental procedures that are likely to cause bleeding	
	Low risk of post-operative bleeding complications	Higher risk of post-operative bleeding complications
Local anaesthesia by infiltration, intraligamentary or mental nerve block	Simple extractions (1-3 teeth, with restricted wound size)	Complex extractions, adjacent extractions that will cause a large wound or more than 3 extractions at once
Local anaesthesia by inferior dental block or other regional nerve blocks	Incision and drainage of intra-oral swellings	Flap raising procedures including:
Basic periodontal examination (BPE)	Detailed six-point full periodontal examination	<ul style="list-style-type: none"> Elective surgical extractions Periodontal surgery Preprosthetic surgery Periradicular surgery Crown lengthening Dental implant surgery
Supragingival removal of plaque, calculus and stain	Root surface debridement (RSD)	Gingival recontouring
Direct or indirect restorations with supragingival margins	Direct or indirect restorations with subgingival margins	Biopsies
Endodontics - orthograde		
Impressions and other prosthetics procedures		
Fitting and adjustment of orthodontic appliances		

Table 1 categorises dental procedures according to the risk of post-operative bleeding complications. This table should be used as part of the assessment of bleeding risk for the patient.

Direct Oral Anticoagulant (DOAC) (Section 5)

Apixaban, dabigatran, rivaroxaban or edoxaban

Low bleeding risk dental procedures

Treat without interrupting medication

(Conditional recommendation; very low certainty evidence)

Higher bleeding risk dental procedures

Advise patient to miss or delay morning dose before treatment*

(Conditional recommendation; very low certainty evidence)

Treat early in the day; limit initial treatment area and assess bleeding before continuing; consider staging extensive or complex procedures; strongly consider suturing and packing.

Advise patient when to restart their medication.*

***DOAC dose schedules for dental procedures with a higher risk of bleeding complications**

DOAC	Usual drug schedule	Morning dose (pre-treatment)	Post-treatment dose
Apixaban or Dabigatran	Twice a day	Miss morning dose	Usual time in evening [‡]
Rivaroxaban or Edoxaban	Once a day; morning	Delay morning dose	4 hours after haemostasis has been achieved
	Once a day; evening	Not applicable	Usual time in evening [‡]

[‡]As long as no earlier than 4 hours after haemostasis has been achieved. The patient should continue with their usual drug schedule thereafter.

Vitamin K Antagonist (Section 6)
Warfarin, acenocoumarol or phenindione

Check INR, ideally no more than 24 hours before procedure (up to 72 hours if the patient is stably anticoagulated)

If INR is below 4:
Treat without interrupting medication
(Strong recommendation; low certainty evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; strongly consider suturing and packing.

If INR is 4 or above, delay invasive treatment or refer if urgent.

Drug Interactions Between Anticoagulants or Antiplatelet Drugs and Other Medications

When prescribing drugs to patients who are taking anticoagulants or antiplatelet agents, be aware of potential interactions that might affect coagulation levels (see Appendix 4 of the full guidance, the [BNF](#) and [SDCEP Drug Prescribing for Dentistry](#) for details).

Injectable Anticoagulant (Section 7)
Dalteparin, enoxaparin or tinzaparin

Prophylactic (low) dose:
Treat without interrupting medication
(Conditional recommendation; very low certainty evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; strongly consider suturing and packing.

Treatment (higher) dose
or uncertainty about the dose
Consult with prescribing clinician for more information.

Table 4 Licensed prophylactic and treatment doses of LMWHs

LMWH	Prophylactic (low) dose	Treatment (higher) dose
Dalteparin	2,500-5,000 units OD	7,500-18,000 units OD or 5,000-10,000 units BD In a 70kg adult expect 15,000 units OD
Enoxaparin	2,000-4,000 units OD (20-40mg)	150 units/kg (1.5 mg/kg) OD or 100 units/kg (1 mg/kg) BD In a 70 kg adult expect 10,500 units (105 mg) OD or 7,000 units (70mg) BD
Tinzaparin	3,500-4,500 units OD	175 units/kg OD In a 70 kg adult expect 12,250 units OD

Doses may be adjusted in patients with renal impairment, or body weight <50kg or >100kg.

OD; once daily
BD; twice daily

Antiplatelet drug(s) (Section 8)

Aspirin alone

Treat without interrupting medication
(Strong recommendation; low certainty evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; use local haemostatic measures.

Clopidogrel, dipyridamole, prasugrel or ticagrelor single or dual therapy (in combination with aspirin)

Treat without interrupting medication
(Strong recommendation; low certainty evidence)

Expect prolonged bleeding; limit initial treatment area and consider staging extensive or complex procedures; strongly consider suturing and packing.

Anticoagulant/antiplatelet combination (Section 9)

Consult with the patient's prescribing clinician in order to assess the likely impact of the particular drug combination and the patient's medical condition on their bleeding risk.

Environmental Considerations for this Guidance

Patient travel is a significant contributor to a dental practice's carbon footprint. To minimise wasted appointments and unnecessary travel:

- Confirm the details of the patient's medical history in advance (e.g. by phone) to check for any changes that could impact treatment and require postponement.
- Consult with the patient's prescribing clinician, specialist or medical practitioner in advance of the appointment, if more information is required.
- Provide pre- and post-treatment instructions (e.g. electronically, or written if required).
- Suture and pack at the time of treatment, since this may reduce the likelihood of the patient having to reattend for the management of post-operative bleeding.

Scottish Dental Clinical Effectiveness Programme
Dundee Dental Education Centre, Frankland Building, Small's Wynd, Dundee DD1 4HN
Email: scottishdentalcep@nes.scot.nhs.uk
Website: www.sdcep.org.uk

This resource may be made available, in full or in summary form, in alternative formats and community languages.
Please contact NHS Education for Scotland on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements

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