



A Web-Based Cross-Sectional Survey on the Referral patterns of General Dentists to Oral and Maxillofacial Surgeons

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Introduction

Referral letters serve to function as a means of communication between general dentists (GD) and oral maxillofacial surgeons (OMFS) to provide necessary specialty treatments for a patient (1). This study outlines the expectations made by OMFS and explains the motivations for referrals. Integrating the study into both the public and private health care systems aids in comprehending and supplying the resources needed to meet referral-related demands.

Objectives

1. To determine the most common reasons for which GDs refer patients to OMFS.
2. To determine the frequency of referral and preferred choice of the health system.

Methodology

- Ethical approval granted by the University of the West Indies ethical approval committee on November 5th, 2021.
- All dentists registered on the DCTT's website were emailed the questionnaire via an online platform, Surveyplanet™.
- 136 responses were obtained over a 3-month period.
- Dentists' basic demographics, educational achievements, health care systems (public or private), and pattern of referral such as reasoning, frequency, and preferred referral health system to OMFS was obtained.
- Data was analyzed with a statistics software IBM® SPSS® Statistics for Windows, Version 24.0. (Armonk, NY: IBM Corp).

Results

Of the 136 participants, 63% of them were females, 36% were males and 1% identified as other. The 31-40 age group predominated (40%), followed by 23-30 (34%). The mean age was 37 years.

TABLE 1: TABLE SHOWING HOW REGULARLY GDs REFER THEIR PATIENTS

Frequency of Referrals	Percentage(%)
Daily	1
Weekly	29
Monthly	50
Yearly	19

TABLE 2: TABLE SHOWING THE SECTOR TO WHICH GDs REFER THEIR PATIENTS

Sector chosen	Percentage(%)
Private	55
Public	14
Both	31

TABLE 3: TABLE SHOWING THE PERSONAL REASONS FOR REFERRALS TO AN

Personal Reasons for Referrals	Number of GDs
Anticipated difficulty of surgery	123
Complicated medical history	100
Lack of General Anesthetic Facilities	98
Lack of Intravenous or Inhalation Sedation Facilities	86
Need of second opinion	76
Lack of Patient Cooperation	58
Inadequate Surgical Experience	55
Lengthy Procedure	39
Dislike of Carrying Out Oral Surgery Procedures	34
Patient Not Prepared to Pay Treatment Charges	22
Complicated Social History	22
Out of Hours Treatment	14
Emergency Pain Relief	7
Other	4

Discussion

The local referral rate was observed to mainly be 1-4 patients per month and they were mainly made to the private sector. From previous studies it was seen that several factors may positively contribute to the referral rate such as sex, age, level of education/ training/ confidence and personal reasons of the General Dentists (1,2,3). In this study the participation rate was low and therefore definite trends were not clearly observed; but generally, older male dentists (61yrs and over) and dentists that had a greater level of education, training and confidence within the field had lower referral rates. While some of the younger dentists had less experience, years of training and only up to undergraduate level of education thus causing their referral rates to be higher. On the contrary there were many young GDs (23-30yrs) who had very low referral rates and it was assumed that these dentists had a limited patient database that resulted to this observation (1). Other factors such as the severity of the case and other personal reasons like anticipated difficulty of surgery also influenced referral rates across most of the General Dentists of all ages and sexes. However, the data would not accurately represent the local population since the response rate was below fifty percent (50%).

Conclusion

- Oral cancer cases were found to be the most frequent case referred to OMFS
- Anticipated difficulty of surgery was the most common personal reason for referrals to OMFS.
- GDs refer approximately 1-4 patients per month to OMFS, with patients being referred to the private healthcare system most commonly.
- There is a need for future research to assess other factors influencing referral patterns to OMFS.

References

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