Restorative dentistry - Oral rehabilitation for HN cancer patients

QOMS
Quality Outcomes in Oral and Maxillofacial Surgery

Patient indentifiable information

NHS, CHI or Hospital number | | | | | | | | | | |

DOB D D M M Y Y

Sex Female ☐ Male ☐

Postcode | | | | | | | | |

Clinical questionnaire

Does the patient have a GDP? Y N

Date of restorative referral D D M M Y Y

Date of DTT (MDT) D D M M Y Y

Was a restorative appointment booked and attended? Y N

Date of restorative dental assessment D D M M Y Y

Date of completion of dental extraction D D M M Y Y

Date of start of radiotherapy D D M M Y Y

Was a holistic dental reconstruction incorporated into this patient's treatment plan? Y N

Were dental implants placed during the index surgery? Y N

If yes, was primary dental implant placement included as part of the virtual surgical plan carried out? Y N

If yes, Did this involve dental implant planning in conjunction with a restorative consultant? Y N

Were the dental implant(s) restored by 18 months after the date of index surgery? Y N

If no, reason(s)

Comment

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Oral Health Impact Profile (OHIP-14) Questionnaire

INSTRUCTIONS THE QUESTIONNAIRE

This questionnaire asks how troubles with your teeth, mouth or dentures may have caused problems in your daily life. We would like you to complete the questionnaire even if you have good dental health. We would like to know how often you have had each of the 14 listed problems during the LAST YEAR.

HOW TO ANSWER THE QUESTIONS

Each question on the left hand side of the page asks you about a particular dental problem. You should think about each question in turn, and circle the answer to the right of the question, to indicate how often you have had the problem during the last year.

Sources: *OHIP Development: Slade GD. Derivation and validation of a short-form oral health impact profile. Community Dentistry & Oral Epidemiology 1997; 25:284-90.OHIP Summary Scoring: Slade GD, Nuttall N, Sanders AE, Steele JG, Allen PF, Lahti S. Impacts of oral disorders in the United Kingdom and Australia. Br Dent J. 2005 Apr 23;198(8):489-93. Non-proprietary. Review articles before using as recommended by author Slade 2012*

Timeline:

The OHIP-14 is to be completed at three time points: (1) upon consent (priror to the start of treatment), (2) 18 months post-surgery and (3) 36 months post-surgery. At the 18 and 36 months FU, therer are two extra questions.

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Oral Health Impact Profile (OHIP-14) Questionnaire (Baseline & FU)

HOW OFTEN have you had the problem during the last year?	Very often	Fairly often	Occasionally	Hardly ever	Never	Don't know
Have you had trouble pronouncing any words because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you had painful aching in your mouth?	☐	☐	☐	☐	☐	☐
Have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you been self conscious because of your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you felt tense because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you had to interrupt meals because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you found it difficult to relax because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you been a bit embarrassed because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐
Have you been totally unable to function because of problems with your teeth, mouth or dentures?	☐	☐	☐	☐	☐	☐

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Oral Health Impact Profile (OHIP-14) Questionnaire (FU only)

Do you have any ongoing treatment with a Restorative Dentistry specialist?	Y	N
Have you had a dental prosthesis/replacement teeth provided after your cancer treatment?	Y	N

Comment