

# Temporomandibular Jaw Motion Rehabilitation Devices & Mandibular Advancement Devices Policy

## Exceptional Funding Request

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk/](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available.

Temporomandibular jaw motion rehabilitation devices are not routinely commissioned and GPs should not accept requests to prescribe such devices.

NHS England commissions both the oncology and dentistry pathways for these devices.

Devices linked to the assistance of the treatment of sleep apnoea are only provided under the guidelines of the Assessment Referral & Treatment of Obstructive Sleep Apnoea / Hypopnoea Syndrome (OSAHS) policy.

BNSSG ICB is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. All operations carry significant risks and where symptoms are mild or moderate it is likely that the risks outweigh the benefits. Not all conditions progress and when symptoms can be managed conservatively, that is the safest option. The ICB does not commission mandibular devices, the ICB has determined that the value provided by the procedure does not outweigh the risks of the procedure.

## **Temporomandibular Jaw Motion Rehabilitation Devices Policy – Plain Language Summary**

The temporomandibular joint (Jaw joint) is prone to a range of disorders that vary from minor discomfort to those requiring replacement of the joint. The most common disorder is a painful muscular disorder that affects up to 30% of adults at some time of life. Most patients get better without intervention, although many seek advice from primary care (doctors or dentists). Generally, non-surgical treatments such as lifestyle changes and self-help physiotherapy-type treatments are tried first. A small number of people with severe temporomandibular disorders (TMD) may be referred to an oral and maxillofacial surgeon to discuss further treatment options.

### **This policy has been developed with the aid of the following references:**

1. NICE (2021) Obstructive sleep apnoea / hypopnoea syndrome and obesity hypoventilation syndrome in over 16s (Interventional Guidance NG202) [www.nice.org.uk](http://www.nice.org.uk)
2. National Health Service (2020) Health A to Z: Temporomandibular disorder (TMD) [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
3. National Library of Medicine (2017) Effectiveness of percutaneous tibial nerve stimulation in the treatment of overactive bladder syndrome (28861404) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
4. Royal College of Surgeons England. (2014) Temporomandibular Joint Disorders (TMJ) - Commissioning Guide [www.rcseng.ac.uk](http://www.rcseng.ac.uk)
5. National Institute of Health Research (2021) Clinical and cost-effectiveness results from the TOMADO randomised controlled Trial of Oral Mandibular Advancement Devices for Obstructive sleep apnoea-hypopnoea and long-term economic analysis of oral devices and continuous positive airway pressure [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)
6. National Library of Medicine (2018) An update on mandibular advancement devices for the treatment of obstructive sleep apnoea hypopnoea syndrome (PMC5803051) [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

### **Connected Policies**

Assessment Referral & Treatment of Obstructive Sleep Apnoea / Hypopnoea Syndrome (OSAHS).

### **Due regard**

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB's are responsible, including policy development and review.

## Document Control

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## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

<b>Policy Category</b>	<b>Approval By</b>
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

## OPCS Procedure codes

Must have any of (primary only):

NA

## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net)