



Evidence Based Intervention

Temporomandibular Joint Replacement

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Policy: Temporomandibular Joint Replacement

Temporomandibular Joint Replacement is not normally funded due to limited evidence of clinical effectiveness. Exceptional cases may be considered by the NHS Hertfordshire & West Essex ICB IFR team.

Rationale

There is limited evidence of effectiveness for this procedure. There are no RCTs, no agreed diagnostic classification scheme or universally accepted outcome measures or evidence on the relative cost effectiveness of total TMJ replacement. The research community in the USA have expressed caution about using irreversible surgery for TMJ disorders. In very rare cases of patients with extremely severe cases of TMJ disorder with re-ankylosis who cannot open their mouth and who are at great risk from failure to maintain the airway, there may be a case for total TMJ replacement. If this surgical service development were to proceed then it must be on the condition that all patients should give full informed consent and be included in a national register using valid outcome measures. The surgery should only be offered by specialist reconstructive maxilla-facial units and funding on the grounds of exceptionality must be sought from the ICB.

Glossary

■ **Temporomandibular Joint** – The hinge joint of the lower jaw

REFERENCES

- British association of TMJ surgeons B.A.T.S https://www.batmjs.co.uk/
- American Society of Temporomandibular Joint Surgeons: Guidelines for Diagnosis and Management of Disorders involving the Temporomandibular Joint and Related Musculoskeletal Structures Dec 2000. http://www.astmjs.org/
- https://www.nice.org.uk/guidance/ipg500/

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

Change History:

Version	Date	Reviewer(s)	Revision Description

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