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| --- | --- |
| **A.** | **A diagnosis of mandibular osteoradionecrosis (ORN) is confirmed by documented history of radiotherapy and at least one of the following** *(Check all that apply)* |
|  | [ ]  | Exposed non-vital alveolar bone |  |  |
|  | [ ]  | Mandibular fracture |  |  |
|  | [ ]  | Trismus-reduced jaw opening |  |  |
|  | [ ]  | Necrosis |  |  |
|  | [ ]  | Orocutaneous fistulae *(This may also represent a “stand alone” diagnosis of soft tissue radionecrosis)* |
| **B.** | **Documentation includes all of the below related oncology history and referral details:** |
|  | [ ]  | Date cancer first diagnosed |  |  |
|  | [ ]  | Tumor type |  |  |
|  | [ ]  | Tumor anatomic location |  |  |
|  | [ ]  | Dates radiation treatments started and completed |
|  | [ ]  | Radiation dose and number of treatments provided |
|  | [ ]  | Name(s) of person(s) who provided previous care |
|  |  | [ ]  | Oral maxillofacial surgeon | Dr. |  |
|  |  | [ ]  | Dental surgeon | Dr. |  |
|  |  | [ ]  | Other : Specialty |  | Dr. |  |
|  | [ ]  | Date mandibular diagnosis first diagnosed *(Generally at least six months after completion of radiotherapy)* |
| **C.** | **Documentation of current cancer status** *(Must have one checked)* |
|  | [ ]  | Disease free (includes date last checked) |  |  |
|  | [ ]  | Residual/recurrent tumor |  |  |
| **D.** | **Documentation of previous mandibular ORN management** *(Check all that apply)* |
|  | [ ]  | Pain Control |  |  |
|  |  | [ ]  | Surgical intervention |  |
|  |  | [ ]  | Regular narcotic |  |
|  |  | [ ]  | Regular non-narcotic |  |
|  |  | [ ]  | Occasional non-narcotic |  |
|  | [ ]  | Superficial debridement |  |  |
|  | [ ]  | Oral saline irrigation |  |  |
|  | [ ]  | Trans-oral sequestrectomy or saucerization  |  |  |
|  | [ ]  | Oro-cutaneous fistula repair |  |  |
|  | [ ]  | Mandibular resection +/- reconstruction |  |  |
|  | [ ]  | Other: |  |
|  |  | **Additional Guidance** |
| **1.** | HBO is increasingly adopted as first line therapy for early/localized ORN, that limited to a small (<3 cm’s) amount of exposed alveolar bone. Interventions listed in “D” above, therefore, may not have occurred. |
| **2.** | Treatment basis for mandibular ORN is the “Marx Protocol”. \* This involves peri-operative HBO. Today, this is increasingly is limited to early/localized cases. Management of more advanced disease requiring resection and reconstruction has evolved to a microsurgical-based single stage resection and reconstruction with a vascularized free bone (commonly fibula) graft. This occurs in the absence of perioperative HBO, although HBO may be considered in support of post-op healing complications. \*\*  \* *Marx RE. A New Concept in the Treatment of Osteoradionecrosis. J Oral Maxillofacial Surgery 1983;41* *\*\* Clarke R. Challenges Threaten, Opportunity Awaits Hyperbaric Medicine and the Head and Neck Cancer* *Patient. Undersea Hyperbaric Medicine 2019;46(4)* |