

Understanding NICE guidance

Information for people who use NHS services

Artificial total temporomandibular joint replacement

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how artificial total temporomandibular joint (TMJ) replacement can be used in the NHS. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe the procedure in detail – a member of your healthcare team should also give you full information and advice about this. The leaflet includes some questions you may want to ask your doctor to help you reach a decision.

What has NICE said?

While there is evidence that this procedure works well in the short and medium term, there is not much good evidence about how well it works and how safe it is in the long term. If a doctor wants to use this procedure, they should make sure that extra steps are taken to explain the uncertainty about how well it works, as well as the uncertainty surrounding potential risks of the procedure, in the long term. This should happen before the patient agrees (or doesn't agree) to the procedure. The patient should be given this leaflet and other written information as part of the discussion. There should also be special arrangements for monitoring what happens to the patient after the procedure.

A team of specialist doctors experienced in managing TMJ disease should choose who should have this procedure, and they should consider all possible treatment options. There are guidelines on this at www.baoms.org.uk. The procedure should only be carried out by surgeons with training and experience in artificial TMJ replacement.

NICE is asking doctors to collect information about everyone who has the procedure and what happens to them afterwards so the safety of the procedure and how well it works long term can be checked over time. NICE may review the procedure if more evidence becomes available.

Other comments from NICE

People with TMJ problems may experience severe disability and this procedure could considerably improve their quality of life. NICE's patient advisers reported improvements in many activities, including speaking, singing and kissing.

This procedure may not be the only possible treatment for TMJ problems. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Artificial total temporomandibular joint replacement

The medical name for this procedure is 'total prosthetic replacement of the temporomandibular joint'. The procedure is not described in detail here – please talk to your surgeon for a full description.

Temporomandibular joint problems can be caused by arthritis, injury or problems after surgery. Symptoms include pain and difficulty opening the mouth, and not being able to eat normally. Joint replacement surgery is considered when other treatments have failed. With the patient under anaesthetic, a cut is made in front of the ear and behind or below the lower jaw. The diseased parts of the joint are replaced with artificial joints, which can be made from various materials. Part of the lower jaw is sometimes removed to allow more movement after surgery.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described here. NICE looked at 8 studies on this procedure.

What does this mean for me?

If your doctor has offered you this procedure, they should tell you that NICE has decided that the benefits and risks are uncertain. This does not mean that the procedure should not be done, but that your doctor should fully explain what is involved and discuss the possible benefits and risks with you. You should only be asked if you want to agree to this procedure after this. You should be given written information, including this leaflet, and have the opportunity to discuss it with your doctor before making your decision. NICE has also decided more information is needed about this procedure. Your doctor may ask you if details of your procedure can be used to help collect more information about this procedure. Your doctor will give you more information about this.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

How well does the procedure work?

A study of 425 patients measured pain using a 10-point scale (higher scores meant worse pain). On average, patients' pain improved from nearly 8 points before the procedure to 3 points when they were checked 6 months afterwards. In a study of 56 patients who were checked after 2.5 years, 48 patients said they had a 'fair' or 'good' result (including less pain, being able to open their mouth by at least 2.5 cm after the procedure, and being able to bite satisfactorily). The other 8 patients had little or no improvement in function or pain. In a study of 62 patients, 48 patients could eat only soft or liquid food before the procedure. Afterwards, 48 could eat solid food and 14 soft food. No patients had to eat only liquid food.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the aims of the procedure are to relieve pain, enable the patient to open their mouth more and bite better, and enable them to eat more normal food.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Risks and possible problems

In the study of 62 patients, 3 had weakness in a face muscle because of nerve damage. In a study of 50 patients who had an artificial TMJ replacement, 3 had nerve pain and 2 had nerve damage. The artificial joint was removed in 3 patients because of pain and swelling. The artificial joint failed in 19 patients in a study of 215. Reasons included the parts coming loose, dislodging, breaking, or getting infected, or the patient's immune system reacting to it. Five out of 100 artificial joints had been removed from 56 patients in 1 study and 4 out of 86 joints from 62 patients in another, when they were checked after 2.5 and 14.5 years respectively. The artificial joint had to be removed or operated on again because of abnormal bone growth in 17 of 56 patients and 5 of 42 patients in 2 other studies.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that possible problems include facial nerve weakness, problems with biting, dislocation, breakage, allergic reaction, joint stiffness, pain, loss of function, damage to nearby structures, and the artificial joint failing because the condition returns.

More information about temporomandibular joint problems

Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'total prosthetic replacement of the temporomandibular joint'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG329

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2067). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.