Excluded: Procedure not routinely funded

Policy Statement 3: Manipulation of the Temporomandibular Joint with Intra-articular Injection of Steroids under General Anaesthesia

Date of Issue: December 1999 (Berkshire Priorities Committee)
Ratified and adopted: April 2013

The Berkshire Priorities Committee recommended that manipulation of the Temporomandibular joint together with the intra-articular injection of steroids under general anaesthesia is not recommended as a first line treatment and should be considered as a second line treatment in exceptional circumstances only.

The main features of dysfunction syndrome (TMJDS) are oro-facial pain, joint noises and restricted jaw function.

Since the last review (December 1999) there have been 3 further publications related to the manipulation of the temporomandibular joint and a local retrospective audit undertaken at Wexham Park Hospital (2000) on TMJDS8.

The results from the audit at Wexham Park were broadly similar to those presented to the regional audit group in 1994. The recommendations of the regional audit in relation to steroid injections were that due to the invasiveness of this procedure and its potential problems, it cannot be recommended for routine use and should be used only in a small proportion of selected cases. The audit also reviewed manipulation under general anaesthetic and bearing in mind the overall results of the treatment, the cost and invasiveness of this procedure, the group did not recommend this method of treatment.

Of the three recent publications, two of these papers7,11 only deal with treatment conducted under local anaesthesia and though the third paper4 does address the effectiveness of the use of therapeutic manipulation of the TMJ under general anaesthesia, it does not address the concurrent administration of intra-articular steroid injections.

Other evidence including the NIH technology assessment conference (May 1996) and draft clinical guidelines from the Royal College of Surgeons on the treatment of Temporomandibular disorders have also been reviewed and recommend non-invasive treatments as the first line of treatment. Although some studies report favourable outcomes for treatment with intra-articular steroids and intra-articular sodium hyaluronate these studies are limited and most were undertaken under local
anaesthesia. Manipulation of the mandible for the treatment of "closed lock (disk displacement without reduction)" is also reported to have favourable outcomes. Again this procedure is normally carried out in the surgery without any form of anaesthesia.

Reported side effects of treatment include bradycardia and joint damage particularly with repeated intra-articular steroid injections.

REFERENCES:

NOTES:
1. Procedure not routinely funded formerly known as Low Priority/Procedure of Limited Clinical Value/Never Dos.
2. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.
3. This policy will be reviewed in the light of new evidence or guidance from NICE.
4. Further information on policy statements is available from http://www.fundingrequests.cscsu.nhs.uk/