

Management of Dental Patients Taking Anticoagulant Medications

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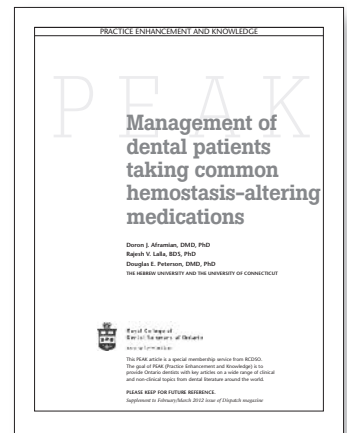
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Millions of patients worldwide take medications that alter hemostasis in order to reduce the risk for thromboembolic events, such as strokes. These patients, however, present the most common potential bleeding problem that dentists encounter.

Dental care for such patients requires an assessment of the opposing risks of significant hemorrhage from procedures against the potential for thromboembolism resulting from reducing or withdrawing anticoagulant therapy.

In addition to the use of the International Normalized Ratio (INR) system for monitoring anticoagulation status, it is also important to



consider the use of adjunctive bleeding management strategies to further reduce the risk of an untoward medical event.

Appropriate measures may include minimizing trauma, primary closure of surgical wounds and pressure application, combined with the use of absorbable gelatin sponges to encourage hemostasis by promoting occlusion at the site of the surgical injury and providing a mechanical aid to clot formation.

With the current issue of Dispatch, PEAK is pleased to offer members the following article on this important subject: "Management of dental patients taking common hemostasis-altering medications," from the March 2007 issue of Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology.

The article begins with a description of the aim of oral anticoagulant therapy and presents the results of an extensive literature review. While the primary focus of the article is related to the anticoagulant medication warfarin (Coumadin), issues specifically related to heparin and aspirin are also discussed.

Of particular interest is the article's inclusion of an algorithm for the treatment of patients taking warfarin.

Based on their research findings, the authors present several evidence-based recommendations:

- For most patients taking oral anticoagulant medications, the benefit of preventing a thromboembolic event clearly outweighs the risk of a significant bleeding episode.
- For patients within the therapeutic range of INR of 3.5 or below, warfarin therapy need not be modified or discontinued for simple dental extractions. However, the clinical judgement, experience and training of the clinician, as well as access to appropriate bleeding management strategies, are important considerations.
- A two-day regimen of post-operative 4.8% tranexamic acid mouthwash (an antifibrinolytic agent) is beneficial to achieve adequate hemostasis after simple oral surgical procedures. Other effective hemostatic agents include gelatin sponges, fibrin glue or fibrin adhesive dressing, oxidized cellulose and epsilon-amino caproic acid (EACA) mouthwash.
- It is not necessary to interrupt low-dose aspirin therapy (100 mg/day or less) for simple dental extractions.

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