

# Managing Antithrombotics Before Dental Procedures

Dear \_\_\_\_\_,

Did you know that it is not necessary to stop anticoagulants or antiplatelets before most dental procedures? These include crowns, bridges, root canals, extraction of a limited number of teeth, implants, surgical tooth removal, supragingival scaling, and gingival surgery. In general, the risk of death or disability from stopping the medication is higher than the risk of clinically significant bleeding due to continuing it. However, there are some precautions to keep in mind:

- Warfarin: patients' INR should be less than 4. Check it within 24 hours prior to the procedure, or within 72 hours prior if the INR is generally stable over time.
- Schedule the patient early in the day (and week) to facilitate management of potential bleeding.
- Patients taking combinations of antithrombotics (e.g., clopidogrel [*Plavix*] plus aspirin) or patients requiring major oral surgery are at higher bleeding risk. Consider for inpatient management by a dentist or oral surgeon familiar with these patients.
- NSAIDs also increase bleeding risk. If the risk of stopping them isn't significant, it may be best to stop them before the procedure. Stop diclofenac, ibuprofen, indomethacin, and ketoprofen at least one day before; celecoxib, diflunisal, naproxen, and sulindac two days before; and meloxicam, nabumetone, and piroxicam ten days before the procedure. Wait at least 24 hours after surgery to restart NSAIDs.
- Avoid prescribing antibiotics that interact with warfarin (e.g., erythromycin, clarithromycin, or metronidazole). Check with a pharmacist.

Things that have been done to manage bleeding in these patients include:

- Use of a gelatin sponge sutured within the socket.
- Having the patient bite down on a gauze sponge/pad for 15 to 30 min., and observing for hemostasis before leaving the dental office.
- For persistent bleeding, having the patient bite down for 10 to 15 min. on a sponge soaked in a thrombin solution.
- Use of aminocaproic acid solution. The solution can be made by diluting a 5 gram vial with sterile water for injection to a total volume of 100 mL. In one protocol, patients are instructed to hold 10 mL of the solution for two min. in the affected area just before the procedure. After the procedure, they are instructed to repeat this every one to two hours until the solution is gone. Tell patients to hold the solution in the area, not swish it.

After the procedure, instruct patients to:

- Rest for two or three hours with the head elevated.
- Do not disturb the clot with any object, or by sucking on straws, cigarettes, etc.
- Avoid hot or spicy foods/liquids or hard foods for the first day. No rinsing for 24 hours.
- Avoid chewing on the affected side for at least a day or two.
- Hold pressure with gauze or a slightly moistened tea bag (black tea) for 20 min. if bleeding starts; call if bleeding does not stop.

Feel free to contact me at \_\_\_\_\_ to discuss this further.

Sincerely, \_\_\_\_\_