

**SUGGESTIONS FOR ANTICOAGULATION MANAGEMENT BEFORE AND AFTER DENTAL PROCEDURES**

Management of anticoagulation before and after dental procedures requires careful, patient-specific evaluation of the risk of bleeding associated with the dental procedure as well as the risk of thromboembolism associated with the underlying disease state for which anticoagulation is indicated. Patient specific management plans will be made in consultation with the dentist performing the procedure.

	<b>Low Bleeding Risk</b>	<b>Moderate Bleeding Risk</b>	<b>High Bleeding Risk</b>
<b>Procedures</b>	Supragingival scaling Simple restorations Local anesthetic injections	Subgingival scaling Restorations with subgingival preparations standard root canal therapy Simple extractions* Regional injection of local anesthetics	Extensive surgery apicoectomy (root removal) Alveolar surgery (bone removal) Multiple extractions
<b>Suggestions</b>	Do not interrupt warfarin tx Use local measures to prevent or control bleeding	Interruption of warfarin therapy is not necessary Use local measures to prevent or control bleeding  <i>Consult with dentist to determine comfort with use of local measures to prevent bleeding when anticoagulation is not interrupted</i>	may need to reduce INR or return to normal hemostasis. follow "Suggestions for Anticoagulation Management Before and After Invasive Procedures" Use local measures to prevent or control bleeding

**Local Methods to Prevent or Control Bleeding**

- cold water rinse
  - local pressure (biting on gauze or tea bags)
  - site packing [gelatin sponges (Gelfoam); absorbable oxycellulose (Surgicel); microcrystalline collagen (Avitene)]
  - additional suturing
  - electrocautery
  - topical thrombin powder
  - tranexamic acid mouth rinse 5%\*
  - aminocaproic acid mouth rinse 5%\*
- hold 10ml in mouth for 2min \_ hour pre-procedure then repeat q2h for 6-10 doses prn

**Avoid Additional Bleeding Risks for 24 hours**

- hot liquids
- mouth washes
- hard foods
- NSAIDS and antiplatelet agents