

Can Oral Anticoagulant Therapy be Continued During Dental Invasive Procedures?

Nilima Agrawal*

Assistant Professor, Department of Oral and Maxillofacial Surgery, VSPM's Dental College and Research, Nagpur, Maharashtra, India

***Corresponding Author:** Nilima Agrawal, Assistant Professor, Department of Oral and Maxillofacial Surgery, VSPM's Dental College and Research, Nagpur, Maharashtra, India.

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Abstract

Dental invasive procedures in patients who are on oral anticoagulation therapy for various cardiac conditions are becoming increasingly common in Dental Clinics. In the past, the Oral Anticoagulation Therapy was withdrawn 7-10 days in advance, still recently the protocol was shorten to 3 days as it was supposed to have effects on bleeding after extraction of teeth. But current literature based on sound scientific knowledge has made it evident that for these procedures the withdrawal of aspirin or Clopidogrel as stand alone or dual therapy is not required as the risk of thrombotic events increase.

Post-operative bleeding can be avoided by performing procedures in least traumatic manner and it can be controlled by using good local haemostatic measures but stoppage of anticoagulation therapy can put the patient on risk of thromboembolic events.

Risk: Benefit ratio of stoppage of anticoagulation therapy should be assessed prior to extraction of tooth or any of the surgical procedure. It can be concluded that Dental extractions, minor oral and periodontal surgeries be performed in patients on oral anti-coagulation therapy maintaining the therapeutic level of INR. Interdisciplinary approach is recommended with patient's physician or cardiologist regarding consultation and fitness of the patient for the dental invasive procedures.

Keywords: *Anticoagulation Therapy; Dental Treatment; Dental Extraction; Dental Invasive Procedure; Anticoagulant*

Dental invasive procedures in patients who are on oral anticoagulation therapy for various cardiac conditions are becoming increasingly common in Dental Clinics. In the past, the Oral Anticoagulation Therapy was withdrawn 7-10 days in advance, still recently the protocol was shorten to 3 days as it was supposed to have effects on bleeding after extraction of teeth. But current literature based on sound scientific knowledge has made it evident that for these procedures the withdrawal of aspirin or Clopidogrel as stand alone or dual therapy is not required as the risk of thrombotic events increase. Stoppage of anticoagulation therapy puts the patient on risk for thromboembolism [1].

Thus, post-operative bleeding can be avoided by performing procedures in least traumatic manner and it can be controlled by using good local haemostatic measures but stoppage of anticoagulation therapy can put the patient on risk of thromboembolic events.

Risk: Benefit ratio of stoppage of anticoagulation therapy should be assessed prior to extraction of tooth or any of the surgical procedure. Investigation such as International Normalized Ratio (INR) for patients on anticoagulation therapy should be taken into consideration in treatment planning. According to many authors it is safe to perform the majority of minor oral and periodontal procedures

without risk of severe hemorrhage when INR is within therapeutic levels [2]. If it is not in normal range then consultation and fitness from cardiologist or patients physician is mandatory before stoppage of anticoagulation therapy and planning extraction or any surgical procedure. Because there is increased risk of thromboembolic events if INR is below therapeutic level and when it is above, the risk of bleeding increases [3,4].

Guidelines recommended by the British committee for standards in Hematology, which states that risk of bleeding after dental invasive procedures is low if patients on oral anticoagulation therapy INR is between 2 and 4 [1].

Thus, it can be concluded that Dental extractions, minor oral and periodontal surgeries be performed in patients on oral anticoagulation therapy maintaining the therapeutic level of INR. Procedures must be performed in least traumatic manner possible and local haemostatic measures such as pressure pack with gauge pieces, sutures, gel foam, oxidized regenerated cellulose etc. should be used in an effective way to manage postoperative bleeding. Interdisciplinary approach is recommended with patient's physician or cardiologist regarding consultation and fitness of the patient for the dental invasive procedures.

Conflict of Interest

None.

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