NHS Education for Scotland

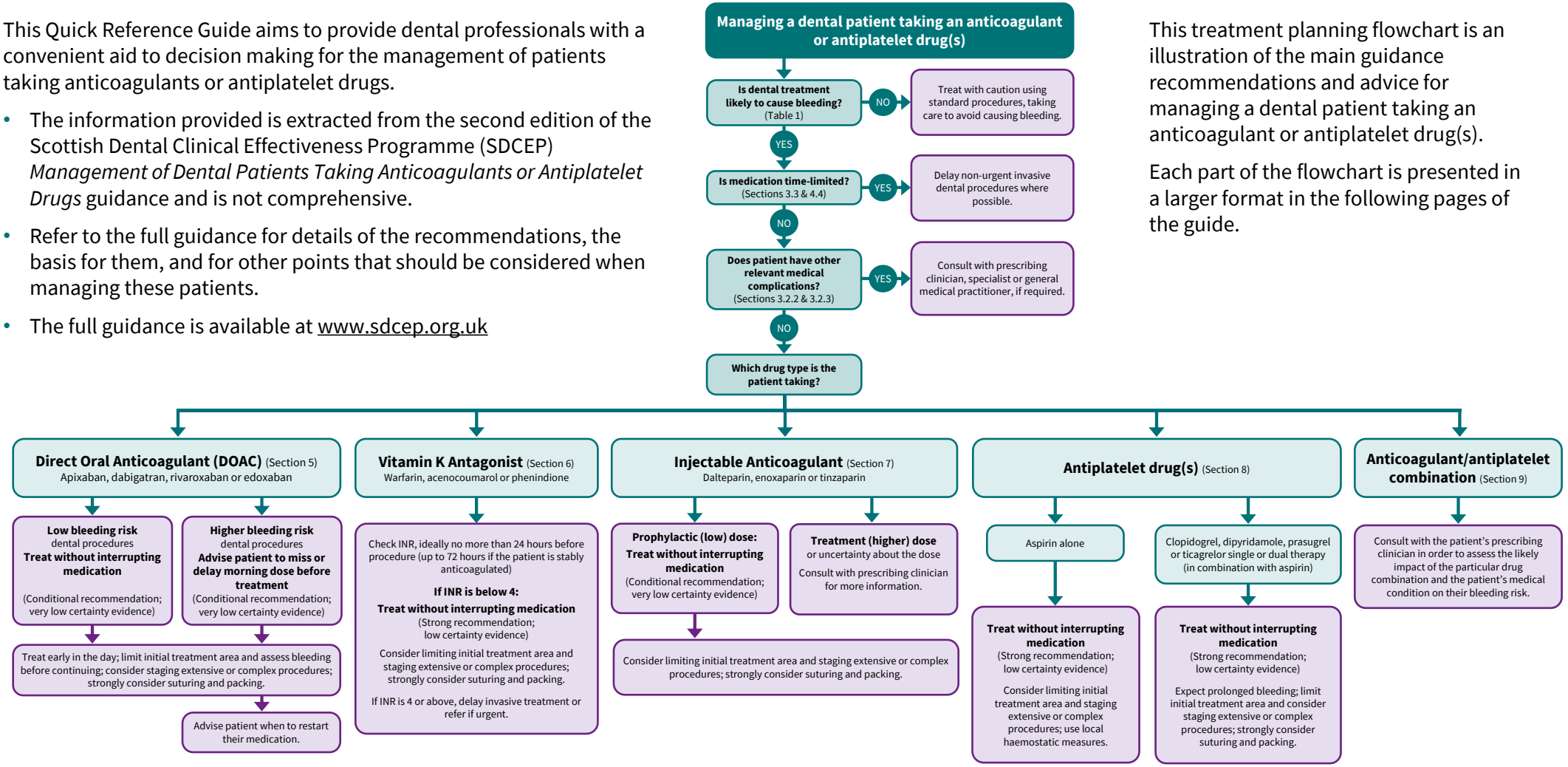
Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs

Quick Reference Guide

March 2022

This Quick Reference Guide aims to provide dental professionals with a convenient aid to decision making for the management of patients taking anticoagulants or antiplatelet drugs.

- The information provided is extracted from the second edition of the Scottish Dental Clinical Effectiveness Programme (SDCEP) *Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs* guidance and is not comprehensive.
- Refer to the full guidance for details of the recommendations, the basis for them, and for other points that should be considered when managing these patients.
- The full guidance is available at www.sdcep.org.uk



This treatment planning flowchart is an illustration of the main guidance recommendations and advice for managing a dental patient taking an anticoagulant or antiplatelet drug(s).

Each part of the flowchart is presented in a larger format in the following pages of the guide.

SDCEP Scottish Dental Clinical Effectiveness Programme

Managing a dental patient taking an anticoagulant or antiplatelet drug(s)

General Advice

(Section 4)

For **all patients taking anticoagulants or antiplatelet drugs** requiring dental treatment **likely to cause bleeding** (Table 1):

- plan treatment for early in the day and week;
- provide pre-treatment instructions;
- treat atraumatically, use appropriate local measures and only discharge the patient once haemostasis has been achieved;
- if travel time to emergency care is a concern, place particular emphasis on the use of measures to avoid complications;
- provide patient with post-treatment advice and emergency contact details.

Is dental treatment likely to cause bleeding? (Table 1)

NO → Treat with caution using standard procedures, taking care to avoid causing bleeding.

YES

Is medication time-limited? (Sections 3.3 & 4.4)

YES → Delay non-urgent, invasive dental procedures where possible.

NO

Does patient have other relevant medical complications? (Sections 3.2.2 & 3.2.3)

YES → Consult with prescribing clinician, specialist or general medical practitioner, if required.

NO

Which drug type is the patient taking?

Refer to Table 1 on the next page for bleeding risk categories for dental procedures.

The sections indicated in the panels refer to those in the full guidance.

Do not interrupt anticoagulant or antiplatelet therapy for:

- patients with prosthetic metal heart valves or coronary stents;
- patients who have had a pulmonary embolism or deep vein thrombosis in the last three months;
- patients on anticoagulant therapy for cardioversion.

Direct Oral Anticoagulant (DOAC)
Go to page 3

Warfarin (or other Vitamin K antagonist)
Go to page 4

Injectable anticoagulant
Go to page 4

Antiplatelet drug(s)
Go to page 5

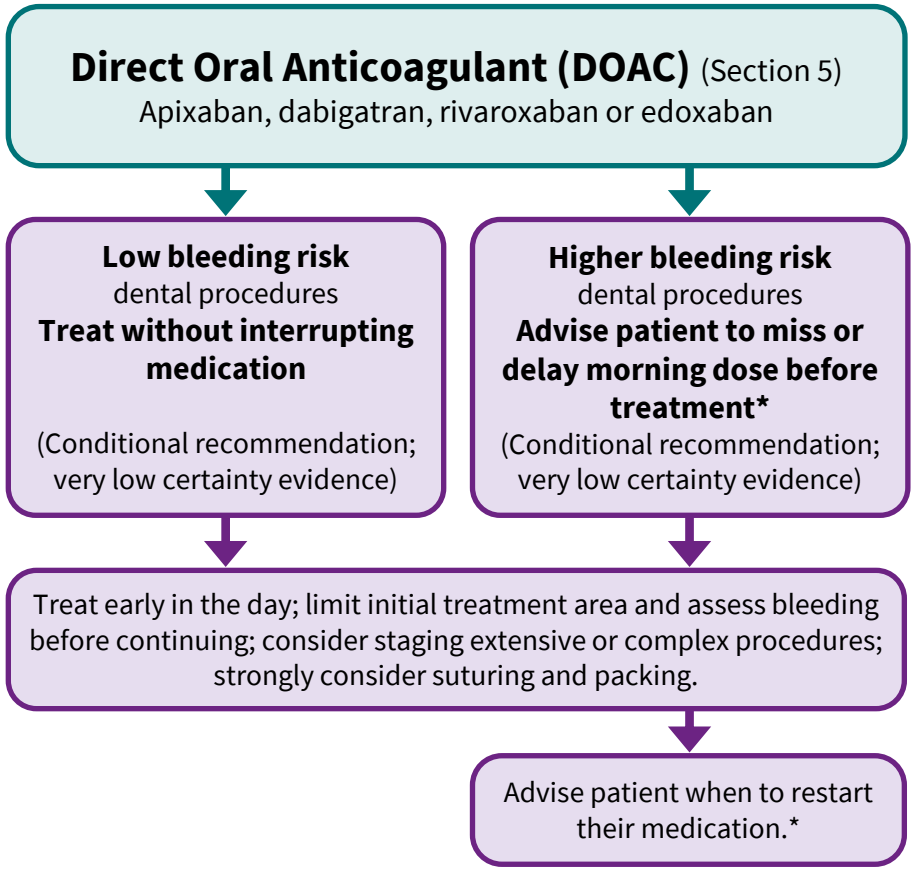
Anticoagulant/ antiplatelet combination
Go to page 5

The key recommendation(s) and advice for each type of drug can be found in this guide on the page numbers indicated.

Table 1 Bleeding risks for dental procedures

Dental procedures that are **unlikely to cause bleeding**	Dental procedures that are **likely to cause bleeding**	
	Low risk of post-operative bleeding complications	**Higher risk** of post-operative bleeding complications
Local anaesthesia by infiltration, intraligamentary or mental nerve block Local anaesthesia by inferior dental block or other regional nerve blocks Basic periodontal examination (BPE) Supragingival removal of plaque, calculus and stain Direct or indirect restorations with supragingival margins Endodontics - orthograde Impressions and other prosthetics procedures Fitting and adjustment of orthodontic appliances	Simple extractions (1-3 teeth, with restricted wound size) Incision and drainage of intra-oral swellings Detailed six-point full periodontal examination Root surface debridement (RSD) Direct or indirect restorations with subgingival margins	Complex extractions, adjacent extractions that will cause a large wound or more than 3 extractions at once Flap raising procedures including: • Elective surgical extractions • Periodontal surgery • Preprosthetic surgery • Periradicular surgery • Crown lengthening • Dental implant surgery Gingival recontouring Biopsies

Table 1 categorises dental procedures according to the risk of post-operative bleeding complications. This table should be used as part of the assessment of bleeding risk for the patient.



***DOAC dose schedules for dental procedures with a higher risk of bleeding complications**

DOAC	Usual drug schedule	Morning dose (pre-treatment)	Post-treatment dose
Apixaban or Dabigatran	Twice a day	Miss morning dose	Usual time in evening‡
Rivaroxaban or Edoxaban	Once a day; morning	Delay morning dose	4 hours after haemostasis has been achieved
	Once a day; evening	Not applicable	Usual time in evening‡

‡ As long as no earlier than 4 hours after haemostasis has been achieved. The patient should continue with their usual drug schedule thereafter.

Vitamin K Antagonist (Section 6)
Warfarin, acenocoumarol or phenindione

Check INR, ideally no more than 24 hours before procedure (up to 72 hours if the patient is stably anticoagulated)

If INR is below 4:

Treat without interrupting medication
(Strong recommendation; low certainty evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; strongly consider suturing and packing.

If INR is 4 or above, delay invasive treatment or refer if urgent.

Drug Interactions Between Anticoagulants or Antiplatelet Drugs and Other Medications

When prescribing drugs to patients who are taking anticoagulants or antiplatelet agents, be aware of potential interactions that might affect coagulation levels (see Appendix 4 of the full guidance, the BNF and SDCEP Drug Prescribing for Dentistry for details).

Injectable Anticoagulant (Section 7)
Dalteparin, enoxaparin or tinzaparin

Prophylactic (low) dose:
Treat without interrupting medication
(Conditional recommendation; very low certainty evidence)

Treatment (higher) dose
or uncertainty about the dose

Consult with prescribing clinician for more information.

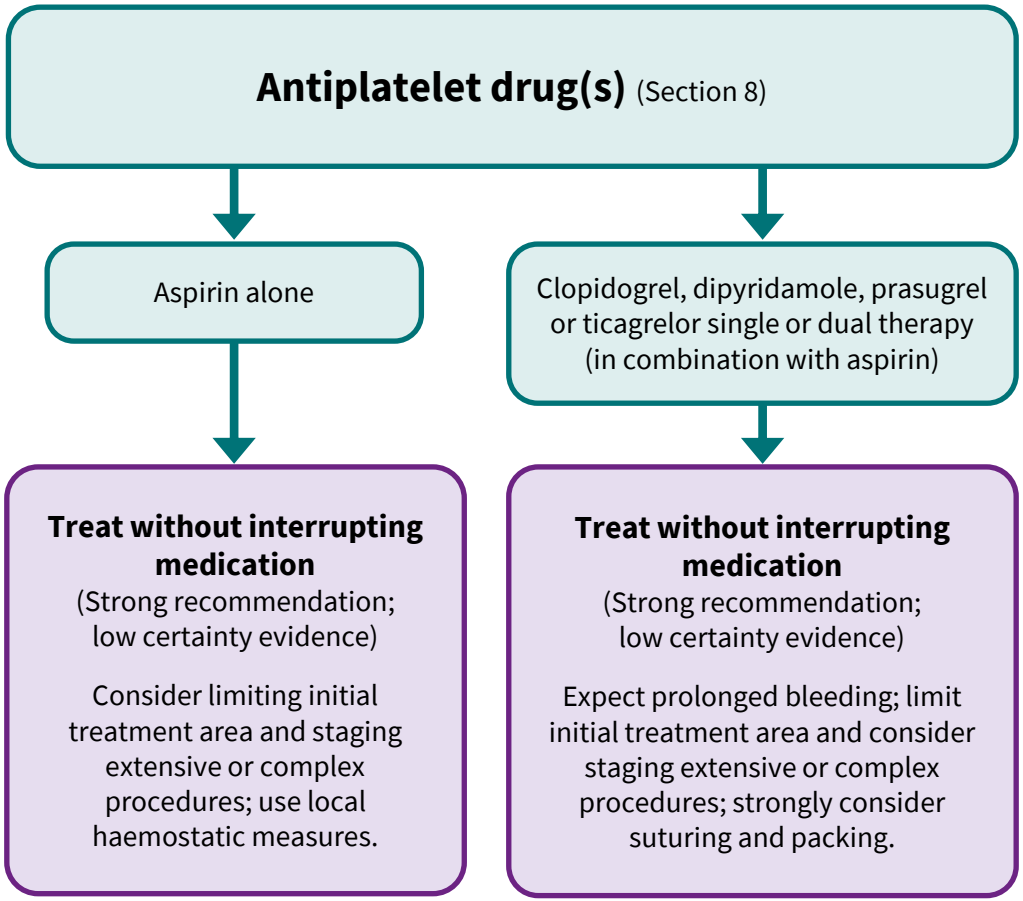
Consider limiting initial treatment area and staging extensive or complex procedures; strongly consider suturing and packing.

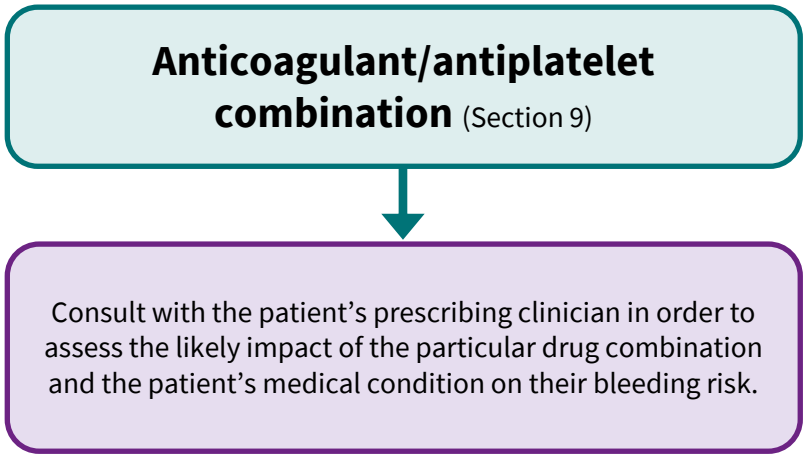
Table 4 Licensed prophylactic and treatment doses of LMWHs

LMWH	Prophylactic (low) dose	Treatment (higher) dose
Dalteparin	2,500-5,000 units OD	7,500-18,000 units OD or 5,000-10,000 units BD In a 70kg adult expect 15,000 units OD
Enoxaparin	2,000-4,000 units OD (20-40mg)	150 units/kg (1.5 mg/kg) OD or 100 units/kg (1 mg/kg) BD In a 70 kg adult expect 10,500 units (105 mg) OD or 7,000 units (70mg) BD
Tinzaparin	3,500-4,500 units OD	175 units/kg OD In a 70 kg adult expect 12,250 units OD

Doses may be adjusted in patients with renal impairment, or body weight <50kg or >100kg.

OD; once daily
BD; twice daily





Environmental Considerations for this Guidance

Patient travel is a significant contributor to a dental practice's carbon footprint. To minimise wasted appointments and unnecessary travel:

- Confirm the details of the patient's medical history in advance (e.g. by phone) to check for any changes that could impact treatment and require postponement.
- Consult with the patient's prescribing clinician, specialist or medical practitioner in advance of the appointment, if more information is required.
- Provide pre- and post-treatment instructions (e.g. electronically, or written if required).
- Suture and pack at the time of treatment, since this may reduce the likelihood of the patient having to reattend for the management of post-operative bleeding.

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