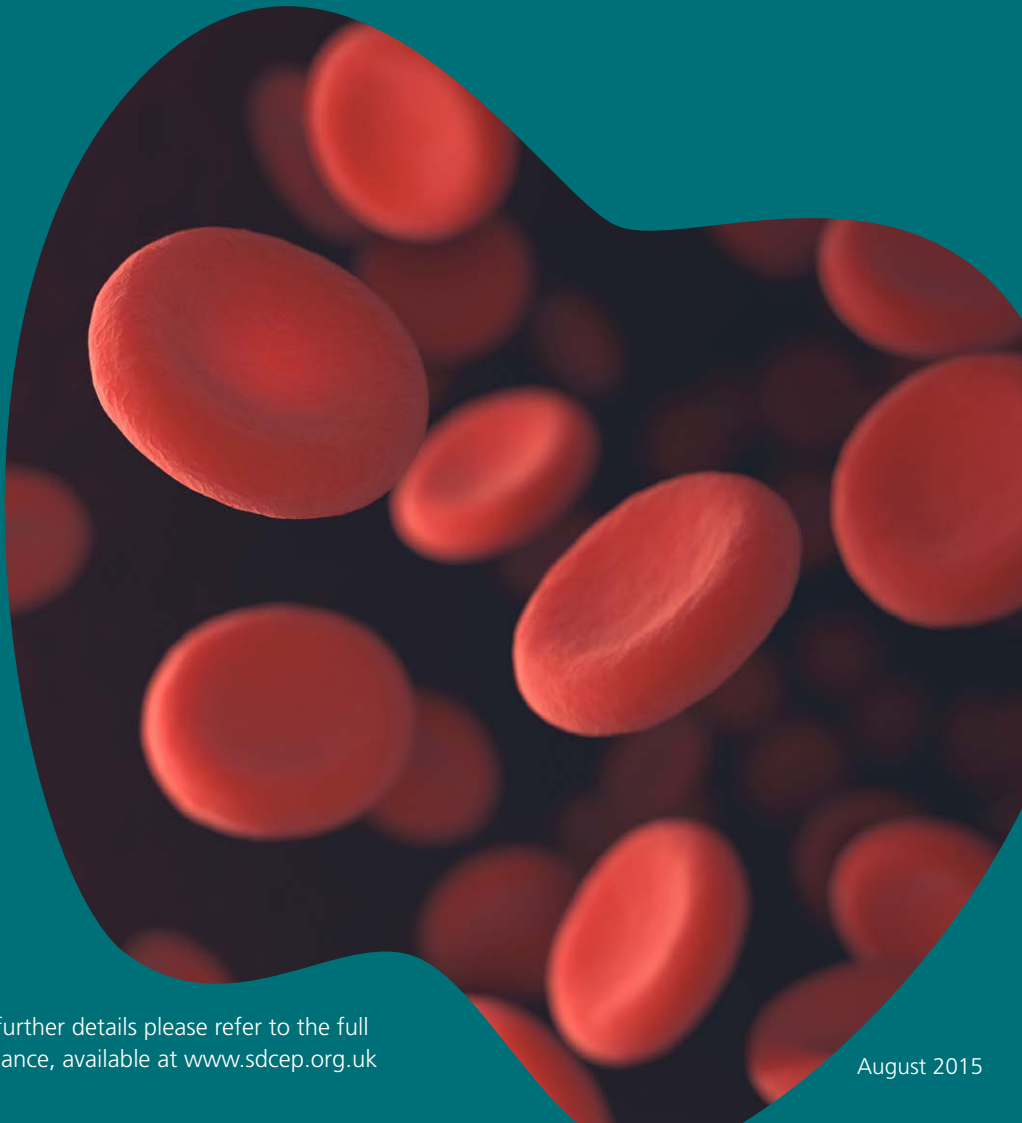
Scottish Dental
Clinical Effectiveness Programme

Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs

Quick Reference Guide



For further details please refer to the full guidance, available at www.sdcep.org.uk

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

Please refer to Table 1 on opposite flap for bleeding risk categories for dental procedures.

Full guidance available at www.sdcep.org.uk

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

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 life-long? (Sections 3.3 & 4.4)

NO → Delay dental treatment where possible or consult with general medical practitioner or specialist.

YES

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

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

NO

Which drug type is the patient taking?

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; 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 written post-treatment advice and emergency contact details.

The NOACs (Novel Oral Anticoagulants) are also known as DOACs (Direct Oral Anticoagulants) or TSOACs (Target Specific Oral Anticoagulants).

Vitamin K antagonist (Section 5)

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 quality evidence)

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

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

Antiplatelet drug(s) (Section 6)

Aspirin alone

Treat without interrupting medication

(Strong recommendation; low quality evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; use local haemostatic measures.

Clopidogrel, dipyridamole, prasugrel or ticagrelor single or dual therapy (in combination with aspirin)

Treat without interrupting medication

(Strong recommendation; low quality evidence)

Expect prolonged bleeding; limit initial treatment area and consider staging extensive or complex procedures; actively consider suturing and packing

Novel Oral Anticoagulant (NOAC) (Section 7)

Dabigatran, apixaban or rivaroxaban

Low bleeding risk

dental procedures (Table 1):

Treat without interrupting medication

(Conditional recommendation; very low quality evidence)

Higher bleeding risk

dental procedures (Table 1):

Advise patient to miss/delay morning dose before treatment*

(Conditional recommendation; very low quality evidence)

Treat early in the day; limit initial treatment area and assess bleeding before continuing; stage extensive or complex procedures; actively consider suturing and packing.

Advise patient when to restart their medication.*

Injectable Anticoagulant (Section 8)

Dalteparin, enoxaparin or tinzaparin

Consult with general medical practitioner or specialist for more information.

Other drug combinations

* see back of this guide for further advice on NOAC doses

Table 1 Post-operative 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 instrumentation (RSI) and subgingival scaling 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: • Elective surgical extractions • Periodontal surgery • Preprosthetic surgery • Periradicular surgery • Crown lengthening • Dental implant surgery Gingival recontouring Biopsies

[†] There is no evidence to suggest that an inferior dental block performed on an anticoagulated patient poses a significant risk of bleeding.

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, to inform patient management and treatment planning guided by the flowchart.

NHS Education for Scotland

NDAC

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

NOAC	Usual drug schedule	Morning dose (pre-treatment)	Post-treatment dose
apixaban or dabigatran	Twice a day	Miss morning dose	Usual time in evening‡
rivaroxaban	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.*

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 within this guide is extracted from the Scottish Dental Clinical Effectiveness Programme (SDCEP) 'Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs' guidance and is not comprehensive. The user should refer to the guidance for a full explanation 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.

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