



## Visiting the dentist when you have APS

**If you have antiphospholipid syndrome (APS) and are only anticoagulated with low dose aspirin, it is now recommended that you continue with your treatment if you need any minor surgical dental procedures. In the past, patients were advised to stop their aspirin 7-10 days earlier, but it has been found safer to continue with treatment and use some of the aftercare techniques described later in this fact sheet.**

Some patients may be taking heparin (Clexane or Fragmin) if they are pregnant. As heparin increases the risk for bleeding complications during dental procedures, your dentist should consult with your obstetrician before planning any surgical work.

With warfarin there is also an increased risk of bleeding when you have a surgical procedure. However, the risk of clotting if the warfarin is stopped is greater, so guidelines advise that warfarin should not be stopped or altered before minor dental procedures unless:

- Your INR is over 4.0 and/or very unstable. If it is, then the clinician responsible for looking after your anticoagulation would most likely be consulted prior to the dental procedure, or the dentist may refer you to a hospital dental department.
- You have any of these additional medical conditions: liver impairment/ alcoholism, renal failure, thrombocytopenia, haemophilia or other haemostasis disorder.

The dental procedures which are considered safe as long as you meet the above criteria are:

- Dental fillings, root canal treatment and tooth whitening
- Crown and bridge work and construction of dentures
- Orthodontic treatment
- Dental scaling (visiting dental hygienist) and gingival surgery. Scaling and root planning (deep scaling) could initially be restricted to a limited area to assess if the bleeding is problematic
- Simple extraction of up to three teeth. If more than three teeth need to be extracted, then multiple visits are advised
- Surgical removal of teeth

### Before the dental procedure

Try to get your appointment in the morning and early in the week in case there are any problems and you need to return to the surgery.

Let your dentist know you have antiphospholipid syndrome, what medication you are taking, what your INR range is and your recent INR reading.

Tell your dentist about any significant bleeding episodes such as bleeding for more than twelve hours.

You must check your INR within 72 hours and, preferably, the day before an invasive procedure and let your dentist have the reading.