



SELF HELP

# Visiting the dentist

**If you have Hughes/antiphospholipid syndrome 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 Hughes/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 at least 72 hours (3 days) before an invasive procedure and let your dentist have the reading. »

## VISITING THE DENTIST

The table below shows procedures which are considered invasive and for which you need to check your INR:

INR does NOT need to be checked	INR DOES need to be checked
Prosthodontics (construction of dentures)	Local anaesthesia
Fillings, crowns, bridges	Deep scaling
Simple scale and polish	Root canal treatment
	Extractions (tooth removal)
	Minor oral surgery (e.g. surgical extractions)
	Periodontal Surgery
	Biopsies

### After the dental procedure

The dentist will commonly perform the following measures to stop the bleeding before you leave the surgery:

- Dressings may be gently packed in the socket if a tooth has been removed
- Stitches may be necessary – they can be either resorbable, where they dissolve away within 7-14 days, or non-resorbable where the dentist will have to remove them after 4-7 days
- Pressure may also be applied to the site and the dentist will ask you to bite on some gauze for 20 minutes
- When you get home it is important to rest while the anaesthetic wears off and:
- Avoid rinsing your mouth and drinking hot drinks for 24 hours
- Do not suck hard or disturb the affected site with the tongue or foreign object
- Avoid chewing on the injured side until it all bleeding has stopped

If the bleeding does continue or restart apply pressure over the affected area using a gauze pad or folded clean tissue. Place the pad over the area and bite down firmly for 20 minutes continuously. This can be repeated if necessary and, in most cases, the bleeding will stop. However, if it doesn't, contact the dentist as they may be able to repack the area or put stitches in.

If you are on warfarin and need pain relief, remember that a lot of medication can affect warfarin so the safest and simplest form is paracetamol. In particular, avoid aspirin (unless you are already prescribed it) and non-steroidal anti-inflammatory drugs (NSAIDSs) such as ibuprofen and diclofenac.

**VISITING THE DENTIST**

You can ask your doctor to complete the details on the slip below and show it to your dentist at your initial consultation to plan your treatment appropriately.

**Patient Name»****Target INR range»****Current medication»****Name of Doctor»****Name of Practice»****Town/City»****Telephone No»****Any advice the doctor would like to convey to the dentist»**