Dental notes

Prepared by Michael McCullough, Chair, Therapeutics Committee, Australian Dental Association

Antiplatelet drugs, anticoagulants and elective surgery

There can be a small increase in bleeding and bruising after tooth extraction, deep scaling, implant placement or minor soft tissue surgery in patients taking anticoagulants. However, the traditional approach of ‘ceasing all blood thinners’ before dental treatment has been challenged and overturned in the last decade. Practitioners should consider that ‘a stroke is a catastrophic event, whereas bleeding from the mouth, although messy and troublesome, can be easily managed by local means’.1 Current recommendations are that, provided anticoagulation is within the therapeutic range, anticoagulants should not be ceased and instead local measures are applied to stop bleeding.

The current guidelines were published in the Australian Dental Association’s News Bulletin in November 2007. These guidelines were reviewed by the National Heart Foundation and the Australasian Haemostasis and Thrombosis Society. These guidelines clearly outline a dental management plan for patients taking antiplatelet and anticoagulant drugs. Non-invasive treatment may be preferred over surgical options and in the first three months after a cardiovascular event or procedure, only emergency dental treatment should be provided. Routine dental extractions and minor soft tissue surgery may be performed using local measures such as resorbable haemostatic materials and resorbable sutures. Tranexamic mouthwash does not affect systemic clotting in patients taking clopidogrel. A patient needing extensive oral surgery, or who has unstable cardiovascular problems, is best referred to an oral and maxillofacial surgeon who will work in collaboration with the patient’s cardiologist.

Reference