Bleeding Disorders Dental Program

Information for the Dentist

The patient listed below has a bleeding disorder or is a carrier with increased bleeding potential. For some patients with bleeding disorders, a routine exam consisting of a cleaning and x-rays may cause bleeding. Every patient bleeds differently. Patients may therefore require treatment with factor concentrate, DDAVP, Amicar or prophylactic antibiotics in relation to an office visit.[1, 2]

Please contact the patient's Hemophilia Treatment Center (HTC) or hematologist BEFORE you begin any treatment. (SEE BELOW) The HTC or hematologist will work with you to coordinate the specific needs of the patient to control bleeding.[3] Important information is provided on the back of this form.

Patient Information To be completed by the Patient

Patient Name: Date:

Circle Choice

Bleeding Disorder: Hemophilia A Hemophilia B Von Willebrand Disease Carrier Other:

Severity: Mild Moderate Severe

Inhibitor: Yes No

Central Venous Access Device/Central Line/Port: Yes No

Joint Replacement: Yes No

Write out your answer in space provided

Infections (i.e., HIV, Hepatitis):

Medications:

Special Instructions:

Hemophilia Treatment Center (HTC)/Hematologist Contact Information

Contact Person: Hematologist:

Telephone Number: Emergency Phone Number:

Address:

Antibiotic Prophylaxis may be required if patient has:

- CVAD/Central Line/Port
- Total Prosthetic Joint with Hemophilia
- Total Prosthetic Joint with Immunocompromised/ Immunosuppressed state

Medications commonly used for patients with bleeding disorders that may be prescribed by patient's HTC or hematologist:

Factor Concentrate Replacement Therapy:

- Specific for factor VIII, IX, or severe Von Willebrand deficiency[4, 6]

DDAVP[6, 7]

- Synthetic hormone, which elevates natural factor VIII concentrations in the blood
  - Used by patients with mild bleeding disorders and in carriers
  - Usually effective in patients with mild to moderate type 1 'W'/D or mild hemophilia A in controlling bleeding during and after minor surgery
  - Not effective for patients with hemophilia B, severe hemophilia, severe Type 1 VWD or other VWD types

Lysteda (Tranexamic Acid)[3, 6, 8]

- Antifibrinolytic agent that helps prevent clot degradation for minor bleeds
  - Available in pill form
- Check with the patient's HTC or hematologist for specific use

Amicar (Aminocaproic Acid)[9, 10]

- Aminocaproic acid, which inhibits fibrinolysis of a clot
  - Available in pill form or elixer
  - Should not be used if patient has hematuria, renal disease, or a UTI
  - Check with the patient's HTC or hematologist for specific use

Important: Patients may require factor concentrate for a standard oral exam (i.e., cleaning and x-rays.)

Bleeding Disorders Dental Program

Injections Requiring Factor Concentrate Replacement: [11]

(NOTE: vasoconstrictors can help provide additional local hemostasis)

Patients require factor concentrate replacement with the following:

- If positive aspiration, you must inform patient because they will require factor concentrate replacement. Patient could have a major bleed from that leaking vessel.
- A mandibular block due to the risk of bleeding into the muscles compromising the airway from a hematoma in the retromolar or pterygoid space.
- A lingual infiltration also requires factor concentrate replacement due to the risk of airway obstruction in the event of a bleed.

Other alternatives and considerations:

- The intraligamental or interosseous technique should be considered instead of the mandibular block.
- Buccal infiltration with Articaine® can be used to anesthetize the lower molar teeth as an alternative to a mandibular block.
- Mandibular or maxillary blocks should not be performed on patients with inhibitors. Call the patient's HTC or hematologist.

In-Office Procedures Requiring Factor Concentrate Replacement: [3, 6]

Require factor replacement (always contact HTC)

- Mandibular blocks and lingual infiltrations
- Deep scaling and root planing
- Extractions
- Any oral surgery

Restorative Procedures: [11]

It is essential to prevent accidental damage to the oral mucosa. Injury can be avoided by:

- Limited use of matrix bands and wooden wedges, as serious bleeding can occur
- Care in the placement of X-ray films (particularly in the sublingual region)
- Careful use of saliva ejectors
- Careful removal of impressions
- Protection of soft tissues during restorative treatment by using a rubber dam

Pain Management: [11]

- No NSAIDs or aspirin—as they can cause bleeding
- Dental pain can usually be controlled with a minor analgesic such as acetaminophen (Tylenol)

Oral Surgery/Periodontal Surgery: [6, 11]

Surgical treatment, including a simple dental extraction, must be planned in advance to minimize the risk of bleeding, excessive bruising, or hematoma.

- Must coordinate with the patient's HTC or hematologist
- Patients with serious bleeding problems may need to be hospitalized for invasive extractions and impacted bony extractions
- Soft vacuum-formed splints can be used to provide local protection following a dental extraction or prolonged post-extraction bleed

Orthodontics: [6, 12]

- Antibiotic prophylaxis (if required) before placement of bands
- Adopt a non-extraction approach, if possible
- Adopt a single-phase treatment, if possible
- Use bonded attachments (instead of bands) on molars
- Invisalign® may be an option for minor cases

Things to Remember [3, 11, 13]

- In the Event of a Bleed: Contact the patient's HTC or hematologist immediately, hospitalization may be required.
- Be aware that hemophilia CARRIERS may also need treatment in advance of a procedure, especially with extractions.
- Work closely with your patient and their HTC or hematologist to coordinate treatment needs in advance of any procedure.
- Let your patient know what to expect at their next appointment so they can take appropriate measures to control bleeding.

Important: Every patient bleeds differently. Stay in close contact with the patient's HTC or hematologist.

References: **1.** Gómez-Moreno G, Cutando-Soriano A, Arana C, Scully C. Hereditary blood coagulation disorders: management and dental treatment. J Dent Res. 2005;84:978-985. **2.** Antibiotic Prophylaxis Quick Reference Guide. American Association of Endodontists; 1997. **3.** Harrington B. Primary Dental Care of Patients with Hemophilia. Montreal, QC: World Federation of Hemophilia; 2004. **4.** CDA Position on Antibiotic Prophylaxis for Dental Patients at Risk. Canadian Dental Association. 2005. **5.** The National Hemophilia Foundation. MASAC Recommendations Regarding Central Venous Access Devices Including Ports and Passports. MASAC Document #115. June 2001. **6.** Scully C, Dios PD, Giangrande P. Oral Care for People With Hemophilia or a Hereditary Bleeding Tendency. 2nd ed. Montreal, QC: World Federation of Hemophilia; 2008. **7.** Stimate [package insert]. King of Prussia, PA: CSL Behring; 2009. **8.** Cyklokapron [package insert]. Kalamazoo, MI: Pharmacia and Upjohn; 2001 **9.** The Hemophilia Handbook, Atlanta, GA; Hemophilia of Georgia; 2007. **10.** Amicar [package insert]. Newport, KY: Xanodyne Pharmaceuticals; 2008. **11.** Brewer A, Correa ME. Guidelines for Dental Treatment of Patients With Inherited Bleeding Disorders. Montreal, QC: World Federation of Hemophilia; 2006. **12.** Frequently asked questions. Invisalign Web site. http://www.invisalign.com/FAQs/Pages/InvisalignFAQs.aspx. Accessed September 23, 2010. **13.** Mauser-Bunschoten EP. Symptomatic Carriers of Hemophilia. Montreal, QC; World Federation of Hemophilia; 2008

West Virginia Chapter
NATIONAL BLEEDING DISORDERS FOUNDATION

WEST VIRGINIA ORAL HEALTH COALITION
Healthy smiles for all!