

7. Spyropoulos AC, Turpie AG, Dunn AS, Spandorfer J, Douketis J, Jacobson A, et al. Clinical outcomes with unfractionated heparin or low-molecular-weight heparin as bridging therapy in patients on long-term oral anticoagulants: the REGIMEN registry. *J Thromb Haemost* 2006;4:1246-52.
8. Dunn AS, Spyropoulos AC, Turpie AG. Bridging therapy in patients on long-term oral anticoagulants who require surgery: the Prospective Peri-operative Enoxaparin Cohort Trial (PROSPECT). *J Thromb Haemost* 2007;5:2211-8.
9. Douketis JD. Perioperative management of patients who are receiving warfarin therapy: an evidence-based and practical approach. *Blood* 2011;117:5044-9.
10. Sacco R, Sacco M, Carpenedo M, Moia M. Oral surgery in patients on oral anticoagulant therapy: a randomized comparison of different INR targets. *J Thromb Haemost* 2006;4:688-9.
11. Al-Mubarak S, Rass MA, Alsuwyed A, Alabdulaaly A, Ciancio S. Thromboembolic risk and bleeding in patients maintaining or stopping oral anticoagulant therapy during dental extraction. *J Thromb Haemost* 2006;4:689-91.
12. Weitz JI. New oral anticoagulants in development. *Thromb Haemost* 2010;103:62-70.
13. Gage BF, Waterman AD, Shannon W, Boechler M, Rich MW, Radford MJ. Validation of clinical classification schemes for predicting stroke: results from the National Registry of Atrial Fibrillation. *JAMA* 2001;285:2864-70.

Further reading

Lowinger JS, Maxwell DJ. Heparins for venous thromboembolism prophylaxis – safety issues. *Aust Prescr* 2009;32:108-12.

Conflict of interest: none declared

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

1. Oral and Dental Expert Group. Dental management of patients taking medications. In: Therapeutic guidelines: oral and dental. Version 1. Melbourne: Therapeutic Guidelines Limited; 2007. p. 62.



**FINDING
EVIDENCE –
RECOGNISING
HYPE**

Finding Evidence – Recognising Hype is a free online case-based learning program for prescribers that aims to improve your skills in assessing new drugs. Developed by NPS, it has six interactive modules that focus on how to make

informed decisions about new medicines, efficiently and reliably.

Participants can earn professional development points for the 2011–13 triennium. Finding Evidence – Recognising Hype has been approved by the Royal Australian College of General Practitioners, The Australian College of Rural and Remote Medicine, The Pharmaceutical Society of Australia and The Royal College of Nursing.

To enrol for Finding Evidence – Recognising Hype, visit www.nps.org.au/ferh