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Oral Surgery and Anticoagulants!

Did you know?

It is almost a daily occurrence where we are asked by patients, physicians, patient relatives and dental colleagues about the management of anticoagulants and oral surgery. In our newsletter this month, we want to provide real, to the point answers to help debunk the myths and clarify the facts about common anticoagulants as it pertains to oral surgery and dentistry.

If we can be of any assistance in helping manage any of your patients please don't hesitate to call on us.

The 3 Most Common Anticoagulants

Not a day goes by where we don't see patients who are taking an anticoagulant for some medical reason or another. The most common ones we see in our practice (and we're betting yours too) are *Warfarin* (Coumadin), *Aspirin (Bayer)*, and *Clopidogrel* (Plavix).

How These Medicines Work

Warfarin (Coumadin) works to inhibit the vitamin K dependent clotting factors. If you think back to physiology and pharmacology, these are Factors II, VII, IX, X and Protein C and Protein S. This is also known as the 'extrinsic' clotting pathway.

Aspirin (Bayer) irreversibly blocks cyclooxygenase function, inhibiting platelet aggregation for their 7-10 day life span. This prolongs bleeding time in the patient. Most patients are on a low dose of Aspirin (81mg), however some patients who are higher risk for cardiovascular events are on a full (325mg) dose.

Clopidogrel (Plavix) works also by inhibiting platelets. This too, is given for its cardiovascular protective effects and has been shown to be more effective in patients with existing peripheral artery disease.

Here's to an Amazing 2012!

Why Are So Many Patients on These Medications?

Patients are placed on anticoagulants for their cardioprotective effects. Patients with Atrial Fibrillation, Coronary Artery Disease, Artifical Heart Valves, History of DVT/PE are all at risk of developing significant thrombolic events that can lead to strokes, MI's and PE's.

Testing:

INR (International Normalized Ratio): This tests the coagulation status of patients, and is the gold standard for measuring Coumadin effectiveness. It is derived from the Prothrombin Time (PT). Someone without a coagulation problem would have a value of 1.0 Most patients on Coumadin are 'therapeutic' at an INR between 2.0 and 3.0. The exception here is artificial valve patients who are usually maintained between 2.5 and 3.5.

How We Manage These Situations

Be mindful of these patients as almost all of them represent patients with a significant underlying cardiovascular risk!

Coumadin:

In our office, our patients need to have an INR done prior to surgery. They are asked to phone our office at least the day before surgery with their current INR. Patients who have INR's **over 3.0** will be delayed for elective surgery. Otherwise, a patient who has an INR less than 3.0 can have elective surgery without any alteration to their Coumadin dosing. There can be significant risk in taking a patient off of their Coumadin. Generally, minor surgical bleeding is far less morbid than a thromboembolic event such as a stroke or MI. You must consult the prescribing physician if you are going to alter a patient's Coumadin schedule. It is the standard of care to have a recent INR when doing a surgical procedure on a Coumadin patient.

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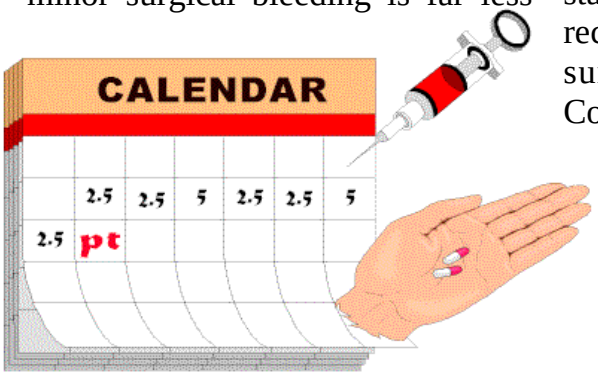

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We realize that each patient and each situation is different

In our office, patients on Aspirin and/or Plavix are told to maintain their normal routine. Surgical management of these patients includes local hemostatic measures such as oversewing, resorbable gelatin sponges and topical thrombin when necessary. Occasionally electrocautery can be used to manage persistent oozing, however this is pretty rare. On all of these patients, we make sure that bleeding is well controlled prior to discharging our patient home. Our patients routinely leave with ample gauze for biting pressure and detailed written instructions.

As Always, if we can be of any service to you or your patients, please don't hesitate to call on us.

Warmly,
The Doctors and Staff at Falls Oral Surgery

ORAL SURGERY & Falls DENTAL IMPLANT CENTER

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www.fallsoralsurgery.com