Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs
Quick Reference Guide

For further details please refer to the full guidance, available at www.sdcep.org.uk
The NOACs (Novel Oral Anticoagulants) are also known as DOACs (Direct Oral Anticoagulants) or TSOACs (Target Specific Oral Anticoagulants).

Managing a dental patient taking an anticoagulant or antiplatelet drug(s)

- **Is dental treatment likely to cause bleeding?** (Table 1)
  - NO
    - Treat with caution using standard procedures, taking care to avoid causing bleeding.
  - YES
    - Treat early in the day, limit initial treatment area and assess bleeding before continuing, stage extensive or complex procedures, actively consider suturing and packing.

- **Is medication life-long?** (Sections 3.3 & 4.4)
  - NO
    - Delay dental treatment where possible or consult with general medical practitioner or specialist.
  - YES
    - Advise patient to miss/delay morning dose before treatment* (Conditional recommendation; very low quality evidence)

- **Does patient have other relevant medical complications?** (Sections 3.2.2 & 3.2.3)
  - NO
    - Treat without interrupting medication (Strong recommendation; low quality evidence)
    - Consider limiting initial treatment area and staging extensive or complex procedures; actively consider suturing and packing.
  - YES
    - Consult with general medical practitioner or specialist, if required.

- **Which drug type is the patient taking?**
  - Vitamin K antagonist (Section 5)
    - Warfarin, acenocoumarol or phenindione
    - Check INR, ideally no more than 24 hours before procedure (up to 72 hours if the patient is stably anticoagulated).
    - If INR is below 4:
      - Treat without interrupting medication (Strong recommendation; low quality evidence)
      - Consider limiting initial treatment area and staging extensive or complex procedures; actively consider suturing and packing.
    - If INR is 4 or above, delay treatment or refer if urgent.
  - Antiplatelet drug(s) (Section 6)
    - Aspirin alone
    - Treat without interrupting medication (Strong recommendation; low quality evidence)
    - Consider limiting initial treatment area and staging extensive or complex procedures; use local haemostatic measures.
  - Clotidogrel, diprydiamole, prasugrel or ticagrelor single or dual therapy (in combination with aspirin)
    - Treat without interrupting medication (Strong recommendation; low quality evidence)
    - Expect prolonged bleeding; limit initial treatment area and consider staging extensive or complex procedures; actively consider suturing and packing.
  - Novel Oral Anticoagulant (NOAC) (Section 7)
    - Dabigatran, apixaban or rivaroxaban
    - Low bleeding risk dental procedures (Table 1):
      - Treat without interrupting medication (Conditional recommendation; very low quality evidence)
    - Higher bleeding risk dental procedures (Table 1):
      - Advise patient to miss/delay morning dose before treatment* (Conditional recommendation; very low quality evidence)

- **Injectable Anticoagulant (Section 8)**
  - Dalteparin, enoxaparin or tinzaparin
  - Consult with general medical practitioner or specialist for more information.
- **Other drug combinations**
  - Consult with general medical practitioner or specialist for more information.

* see back of this guide for further advice on NOAC doses

General Advice (Section 4)
For all patients taking anticoagulants or antiplatelet drugs requiring dental treatment likely to cause bleeding (Table 1):
- Plan treatment for early in the day and week; treat atraumatically, use appropriate local measures and only discharge the patient once haemostasis has been achieved; if travel time to emergency care is a concern, place particular emphasis on the use of measures to avoid complications; provide patient with written post-treatment advice and emergency contact details.

Vitamin K antagonist (Section 5)
- Warfarin, acenocoumarol or phenindione
- Check INR, ideally no more than 24 hours before procedure (up to 72 hours if the patient is stably anticoagulated).
  - If INR is below 4:
    - Treat without interrupting medication (Strong recommendation; low quality evidence)
    - Consider limiting initial treatment area and staging extensive or complex procedures; actively consider suturing and packing.
  - If INR is 4 or above, delay treatment or refer if urgent.

Anticoagulant (Section 8)
- Dalteparin, enoxaparin or tinzaparin
- Consult with general medical practitioner or specialist for more information.

Antiplatelet drug(s) (Section 6)
- Aspirin alone
  - Treat without interrupting medication (Strong recommendation; low quality evidence)
  - Consider limiting initial treatment area and staging extensive or complex procedures; use local haemostatic measures.
- Clotidogrel, diprydiamole, prasugrel or ticagrelor single or dual therapy (in combination with aspirin)
  - Treat without interrupting medication (Strong recommendation; low quality evidence)
  - Expect prolonged bleeding; limit initial treatment area and consider staging extensive or complex procedures; actively consider suturing and packing.

Novel Oral Anticoagulant (NOAC) (Section 7)
- Dabigatran, apixaban or rivaroxaban
- Low bleeding risk dental procedures (Table 1):
  - Treat without interrupting medication (Conditional recommendation; very low quality evidence)
- Higher bleeding risk dental procedures (Table 1):
  - Advise patient to miss/delay morning dose before treatment* (Conditional recommendation; very low quality evidence)

* see back of this guide for further advice on NOAC doses

YES

NO

YES

NO

NO
Table 1 Post-operative bleeding risks for dental procedures

<table>
<thead>
<tr>
<th>Dental procedures that are <strong>unlikely to cause bleeding</strong></th>
<th>Dental procedures that are <strong>likely to cause bleeding</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low risk</strong> of post-operative bleeding complications</td>
<td><strong>Higher risk</strong> of post-operative bleeding complications</td>
</tr>
<tr>
<td>Local anaesthesia by infiltration, intraligamentary or mental nerve block</td>
<td>Simple extractions (1-3 teeth, with restricted wound size)</td>
</tr>
<tr>
<td>Local anaesthesia by inferior dental block or other regional nerve blocks†</td>
<td>Incision and drainage of intra-oral swellings</td>
</tr>
<tr>
<td>Basic periodontal examination (BPE)</td>
<td>Detailed six point full periodontal examination</td>
</tr>
<tr>
<td>Supragingival removal of plaque, calculus and stain</td>
<td>Root surface instrumentation (RSI) and subgingival scaling</td>
</tr>
<tr>
<td>Direct or indirect restorations with supragingival margins</td>
<td>Direct or indirect restorations with subgingival margins</td>
</tr>
<tr>
<td>Endodontics - orthograde</td>
<td>Complex extractions, adjacent extractions that will cause a large wound or more than 3 extractions at once</td>
</tr>
<tr>
<td>Impressions and other prosthetics procedures</td>
<td>Flap raising procedures:</td>
</tr>
<tr>
<td>Fitting and adjustment of orthodontic appliances</td>
<td>• Elective surgical extractions</td>
</tr>
<tr>
<td></td>
<td>• Periodontal surgery</td>
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<tr>
<td></td>
<td>• Preprosthetic surgery</td>
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<tr>
<td></td>
<td>• Periradicular surgery</td>
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<td></td>
<td>• Crown lengthening</td>
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<td></td>
<td>• Dental implant surgery</td>
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<tr>
<td></td>
<td>Gingival recontouring</td>
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<tr>
<td></td>
<td>Biopsies</td>
</tr>
</tbody>
</table>

† There is no evidence to suggest that an inferior dental block performed on an anticoagulated patient poses a significant risk of bleeding.

Table 1 categorises dental procedures according to the risk of post-operative bleeding complications. This table should be used as part of the assessment of bleeding risk for the patient, to inform patient management and treatment planning guided by the flowchart.
## NOAC dose schedules for dental procedures with a higher risk of bleeding complications

<table>
<thead>
<tr>
<th>NOAC</th>
<th>Usual drug schedule</th>
<th>Morning dose (pre-treatment)</th>
<th>Post-treatment dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>apixaban or dabigatran</td>
<td>Twice a day</td>
<td>Miss morning dose</td>
<td>Usual time in evening‡</td>
</tr>
<tr>
<td>rivaroxaban</td>
<td>Once a day; morning</td>
<td>Delay morning dose</td>
<td>4 hours after haemostasis has been achieved</td>
</tr>
<tr>
<td></td>
<td>Once a day; evening</td>
<td>Not applicable</td>
<td>Usual time in evening‡</td>
</tr>
</tbody>
</table>

‡ As long as no earlier than 4 hours after haemostasis has been achieved. 
*The patient should continue with their usual drug schedule thereafter.*

This Quick Reference Guide aims to provide dental professionals with a convenient aid to decision making for the management of patients taking anticoagulants or antiplatelet drugs.

The information provided within this guide is extracted from the Scottish Dental Clinical Effectiveness Programme (SDCEP) ‘Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs’ guidance and is not comprehensive. The user should refer to the guidance for a full explanation of the recommendations, the basis for them, and for other points that should be considered when managing these patients.

The full guidance is available at [www.sdcep.org.uk](http://www.sdcep.org.uk).