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 is extracted from the second edition of the Scottish Dental Clinical Effectiveness Programme (SDCEP) Management of Dental Patients Taking Anticoagulants or Antiplatelet Drugs guidance and is not comprehensive.
- Refer to the full guidance for details 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
Managing a dental patient taking an anticoagulant or antiplatelet drug(s)

Is dental treatment likely to cause bleeding? (Table 1)

- YES
  - Treat with caution using standard procedures, taking care to avoid causing bleeding.

- NO
  - Delay non-urgent, invasive dental procedures where possible.

Is medication time-limited? (Sections 3.3 & 4.4)

- YES
  - Consult with prescribing clinician, specialist or general medical practitioner, if required.

- NO
  - Which drug type is the patient taking?

Does patient have other relevant medical complications? (Sections 3.2.2 & 3.2.3)

- YES
  - Consult with prescribing clinician, specialist or general medical practitioner, if required.

- NO
  - Which drug type is the patient taking?

Which drug type is the patient taking?

- Direct Oral Anticoagulant (DOAC) Go to page 3
- Warfarin (or other Vitamin K antagonist) Go to page 4
- Injectable anticoagulant Go to page 4
- Antiplatelet drug(s) Go to page 5
- Anticoagulant/antiplatelet combination Go to page 5

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;
- provide pre-treatment instructions;
- 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 post-treatment advice and emergency contact details.

Do not interrupt anticoagulant or antiplatelet therapy for:

- patients with prosthetic metal heart valves or coronary stents;
- patients who have had a pulmonary embolism or deep vein thrombosis in the last three months;
- patients on anticoagulant therapy for cardioversion.

The sections indicated in the panels refer to those in the full guidance.

Refer to Table 1 on the next page for bleeding risk categories for dental procedures.
Table 1: Bleeding risks for dental procedures

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

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.

Direct Oral Anticoagulant (DOAC) (Section 5)
Apixaban, dabigatran, rivaroxaban or edoxaban

**Low bleeding risk dental procedures**
Treat without interrupting medication
(Conditional recommendation; very low certainty evidence)

**Higher bleeding risk dental procedures**
Advise patient to miss or delay morning dose before treatment*
(Conditional recommendation; very low certainty evidence)

**DOAC dose schedules for dental procedures with a higher risk of bleeding complications**

<table>
<thead>
<tr>
<th>DOAC</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 or Edoxaban</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>

*DOAC dose schedules for dental procedures with a higher risk of bleeding complications

‡ As long as no earlier than 4 hours after haemostasis has been achieved. The patient should continue with their usual drug schedule thereafter.
Vitamin K Antagonist (Section 6)
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 certainty evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; strongly consider suturing and packing.

If INR is 4 or above, delay invasive treatment or refer if urgent.

Injectable Anticoagulant (Section 7)
Dalteparin, enoxaparin or tinzaparin

**Prophylactic (low) dose:**
Treat without interrupting medication
(Conditional recommendation; very low certainty evidence)

Consider limiting initial treatment area and staging extensive or complex procedures; strongly consider suturing and packing.

**Treatment (higher) dose**
or uncertainty about the dose
Consult with prescribing clinician for more information.

### Table 4 Licensed prophylactic and treatment doses of LMWHs

<table>
<thead>
<tr>
<th>LMWH</th>
<th>Prophylactic (low) dose</th>
<th>Treatment (higher) dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalteparin</td>
<td>2,500-5,000 units OD</td>
<td>7,500-18,000 units OD or 5,000-10,000 units BD</td>
</tr>
<tr>
<td>Enoxaparin</td>
<td>2,000-4,000 units OD (20-40mg)</td>
<td>150 units/kg (1.5 mg/kg) OD or 100 units/kg (1 mg/kg) BD</td>
</tr>
<tr>
<td>Tinzaparin</td>
<td>3,500-4,500 units OD</td>
<td>175 units/kg OD</td>
</tr>
</tbody>
</table>

Doses may be adjusted in patients with renal impairment, or body weight <50kg or >100kg.

OD; once daily
BD; twice daily

**Drug Interactions Between Anticoagulants or Antiplatelet Drugs and Other Medications**

When prescribing drugs to patients who are taking anticoagulants or antiplatelet agents, be aware of potential interactions that might affect coagulation levels (see Appendix 4 of the full guidance, the BNF and SDCEP Drug Prescribing for Dentistry for details).
**Antiplatelet drug(s) (Section 8)**

- Aspirin alone

**Treat without interrupting medication**
(Strong recommendation; low certainty evidence)

- Consider limiting initial treatment area and staging extensive or complex procedures; use local haemostatic measures.

**Anticoagulant/antiplatelet combination (Section 9)**

- Clopidogrel, dipyridamole, prasugrel or ticagrelor single or dual therapy (in combination with aspirin)

**Treat without interrupting medication**
(Strong recommendation; low certainty evidence)

- Expect prolonged bleeding; limit initial treatment area and consider staging extensive or complex procedures; strongly consider suturing and packing.

**Environmental Considerations for this Guidance**

Patient travel is a significant contributor to a dental practice’s carbon footprint. To minimise wasted appointments and unnecessary travel:

- Confirm the details of the patient’s medical history in advance (e.g. by phone) to check for any changes that could impact treatment and require postponement.

- Consult with the patient’s prescribing clinician, specialist or medical practitioner in advance of the appointment, if more information is required.

- Provide pre- and post-treatment instructions (e.g. electronically, or written if required).

- Suture and pack at the time of treatment, since this may reduce the likelihood of the patient having to reattend for the management of post-operative bleeding.