

Medical Considerations - Conditions

Assessment Factor	Risks	Recommendations
Cardiovascular		
1. High blood pressure	<ul style="list-style-type: none"> Bleeding Myocardial infarction (MI) risk 	<ul style="list-style-type: none"> Check how well controlled it is Ask the recent blood pressure readings Consider postponing if more than 160/100mmHg Adrenaline containing LA is contraindicated
2. Angina	<ul style="list-style-type: none"> Risk of angina attack or MI during extraction 	<ul style="list-style-type: none"> Ensure GTN spray is readily available Enquire the frequency of angina attacks
3. Recent MI	<ul style="list-style-type: none"> Risk of MI 	<ul style="list-style-type: none"> No extractions within 3 months of an MI No general anaesthetic within 6 months of an MI (increases the risk of a repeat MI by 50%)
4. <ul style="list-style-type: none"> Cardiac defects Valve replacement Previous endocarditis Hypertrophic cardiomyopathy 	<ul style="list-style-type: none"> Increased risk of infective endocarditis 	<ul style="list-style-type: none"> Ensure the patient is aware of the increased risk Explain the symptoms Record the discussion into the notes Liaise with the patient's cardiologist Check the guidelines For high risk patients, consider antibiotic prophylaxis Reinforce good oral hygiene
Liver disease	<ul style="list-style-type: none"> Bleeding due to reduced production of coagulation factors. Splenomegaly causes reduced platelet number Immunocompromised Cross infection risk: Hep B,C,D,E Reduced drug metabolism 	<ul style="list-style-type: none"> Liaise with the patient's physician Consider a coagulation screen and full blood count Check the BNF for appropriate drug prescription
Kidney disease	<ul style="list-style-type: none"> Bleeding due to platelet dysfunction Immunocompromised 	<ul style="list-style-type: none"> Liaise with the patient's physician Consider a renal profile and full blood count Dialysis patients are best treated the day after dialysis for optimal renal function Check the BNF for appropriate drug prescription
Diabetes	<ul style="list-style-type: none"> Hypoglycaemic emergency Impaired wound healing 	<ul style="list-style-type: none"> Morning appointments are preferred as the blood glucose level is more stable Patient's are safe to treat if the blood glucose level is between 5-15mmol/L
Epilepsy	<ul style="list-style-type: none"> Risk of seizure due to stress 	<ul style="list-style-type: none"> Ensure the patient has eaten before the extraction Enquire the frequency and type of seizures IV sedation may be recommended due to it's anticonvulsants effects
Haemophilia A, B, Von Willebrand	<ul style="list-style-type: none"> Bleeding due to a genetic deficiency of clotting factor VIII (haemophilia A), VII (haemophilia V) and Von Willebrand factor (Von Willebrand's disease) 	<ul style="list-style-type: none"> Consider a factor assay Between 50-75% Factor VIII levels required for treatment DDAVP and tranexamic acid may be needed High bleeding risk extractions should be carried out in hospital Take all haemostatic measures, refer to the SDCEP Book the patient early in the day and week to allow space for emergency appointments Consider referral