

Medical Considerations – Drugs

	Risks	Recommendations
Anticoagulant therapy	<p>Bleeding</p> <ul style="list-style-type: none"> Warfarin: inhibits the production of vit K dependent clotting factors Apixaban: factor Xa inhibitor Dabigatran: direct thrombin inhibitor Rivaroxaban: factor Xa inhibitor 	<ul style="list-style-type: none"> Liaise with the patient's physician Check the INR for warfarin patients Take all haemostatic measures, refer to the SDCEP Book the patient early in the day and week to allow space for emergency appointments Check the BNF for drug interactions Consider referral <p>High bleeding risk procedures</p> <ul style="list-style-type: none"> Warfarin: INR must be below 4, checked ideally 24h before a procedure Apixaban and dabigatran: miss morning dose Rivaroxaban: delay daily dose till 4 hours post-extraction
Antiplatelet therapy	<ul style="list-style-type: none"> Bleeding due to inhibition of various stages required for platelet aggregation 	<ul style="list-style-type: none"> Liaise with the patient's physician Take all haemostatic measures, refer to the SDCEP Book the patient early in the day and week to allow space for emergency appointments Check the BNF for drug interactions Current evidence is to not interrupt single or dual antiplatelet therapy
Chemotherapy / Radiotherapy	<ul style="list-style-type: none"> Thrombocytopenia (decreased platelets) Neutropenia (decreased neutrophils) MRONJ if taking anti-resorptive medications e.g. bisphosphonates Osteoradionecrosis due to reduced blood flow to the irradiated region Infection due to immunosuppression 	<ul style="list-style-type: none"> Thrombocytopenia: platelet levels $> 50 \times 10^9 /L$ is ok. Liaise with the patient's haematologist and oncologist Avoid extractions if possible Atraumatic extraction Ensure patient is dentally stable prior to initiating any radio/chemotherapy Ensure good oral hygiene prior to the extraction Consider referral
Bisphosphonates	<ul style="list-style-type: none"> MRONJ - anti-resorptive drugs halt bone turn over by inhibiting RANKL 	<ul style="list-style-type: none"> Assess the patient's risk category <p>High risk:</p> <ul style="list-style-type: none"> On oral or IV bisphosphonates for >5 years Concurrent treatment of systemic glucocorticoids irrespective of length of treatment The patient is being treated for cancer, irrespective of length of treatment The patient has previously been diagnosed with MRONJ <ul style="list-style-type: none"> Avoid extractions if possible Atraumatic extraction technique – minimise the risk of requiring a surgical extraction Liaise with the patient's physician, consider a drug holiday Consider referral Consider an 8 week review