Efficacy of fibrin sealant in patients on various levels of oral anticoagulant undergoing oral surgery.

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Abstract:

OBJECTIVE: The purpose of this study was to investigate the efficacy of fibrin sealant in patients on oral anticoagulant therapy undergoing oral surgery with varying degrees of surgical trauma and various intensities of anticoagulation. STUDY DESIGN: A consecutive series of 69 subjects on oral anticoagulant therapy undergoing oral surgery without changing anticoagulation intensity is presented. For each subject, indication for anticoagulation, international normalized ratio on day of treatment (low, 1.0-2.0; medium, 2.1-3.0; high, 3.1-5.0), degree of surgical trauma (on a scale of 1-12), and complications were recorded and correlated. RESULTS: There were 32 (46.4%) patients with prosthetic valves, 23 (33.3%) with atrial fibrillation and rheumatic or ischemic heart disease, and 14 (20.3%) with previous thromboembolism. Twenty (29%) patients were on low-intensity anticoagulation (international normalized ratio, 1.0-2.0), 26 (37.7%) were on medium-intensity anticoagulation (international normalized ratio, 2.1-3.0), and 23 (33.3%) were on high-intensity anticoagulation (international normalized ratio, 3.1-5.0). Each of 39 (56.5%) patients was in surgical trauma category 1, 2, or 3; the remaining 30 (43.5%) patients were in surgical trauma categories 4 through 12. Complications occurred in 3 (4.3%) patients and took the form of minor postoperative bleeding. No correlation was found between complications and international normalized ratio or degree of surgical trauma. CONCLUSIONS: The use of fibrin sealant in oral surgery for patients on oral anticoagulant therapy is safe, and it can be provided in an international normalized ratio range of 1.0 through 5.0 and in a surgical trauma scale range of 1 through 12.