

Postoperative hemostatic efficacy of gauze soaked in tranexamic acid, fibrin sponge, and dry gauze compression following dental extractions in anticoagulated patients with cardiovascular disease: a prospective, randomized study.

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Abstract:

INTRODUCTION: Oral anticoagulants are widely prescribed drugs. Interruption of anticoagulant therapy prior to oral surgery has been an issue of great controversy. The purpose of this study was to evaluate the incidence of bleeding complications after dental extractions in patients on anticoagulant therapy (warfarin) in whom different local hemostatic methods were used.

MATERIAL AND METHODS: Patients using warfarin and requiring extractions of at least two teeth were screened to participate in this prospective, randomized study. Extraction sites were considered as sampling units (statistically representative sample size) and were allocated to one of the three study groups (G1-4.8% tranexamic acid; G2-fibrin sponge; and G3-no local hemostatic agents).

RESULTS: Eighty-four extraction sites were obtained from patients with mitral valve prolapse (47.4%), prosthetic cardiac valve (23.7%), venous thromboembolism (21.1%), and pulmonary embolism (5.2%). International normalized ratio (INR) values ranged between 2.1 and 3.1 (mean 2.51 \pm 0.1). Postoperative bleeding was observed in four surgical sites ($p<0.001$) and was mainly in older patients ($p=0.005$).

DISCUSSION: The three local hemostatic protocols were similarly effective in controlling postoperative bleeding in patients undergoing anticoagulant therapy with warfarin. The majority of teeth could be extracted with minimal problems in patients with cardiovascular diseases receiving treatment with anticoagulant therapy.