

# DENTAL CARE FOR PEOPLE WITH BLEEDING DISORDERS

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WHAT YOU NEED TO KNOW



Canadian Association of  
Nurses in Hemophilia Care

This dental booklet is a publication initially developed by the Hemophilia Nursing Alliance, a consortium of U.S. hemophilia nurse coordinators, striving to promote the health and wellness of people with hemophilia and other inherited bleeding disorders. They have kindly granted permission to their Canadian Association of Nurses in Hemophilia Care (CANHC) dental committee colleagues to revise and update their original dental booklet to serve as an educational tool for Canadian families.



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## INTRODUCTION

**P**eople with bleeding disorders have the same kinds of dental problems as other people. Regular dental checkups and good oral hygiene can help reduce mouth bleeding and prevent the need for major dental work. When dental problems occur, however, treatment may require more planning.

This booklet includes basic guidelines on how to recognize and cope with dental problems. These recommendations are based on sound dental information from leading medical, dental and consumer publications. As the booklet is only a guide, your common sense and good judgment are also needed.

While the information is primarily directed to people with hemophilia A, hemophilia B, carriers of hemophilia and von Willebrand disease, the information on preventive care and safety also applies to those with rarer bleeding disorders. The booklet is not intended to replace the advice of your oral health team.

Have your bleeding disorder treatment centre provide your oral health team with “Hemophilia Information Sheet for the Dentist” to provide the best care. In addition, we encourage you to share this booklet with your oral health care providers.

If you have children or other family members with bleeding disorders, you may be interested in another upcoming booklet in this series, *Dental care for babies and children with bleeding disorders*.

Taking care of your teeth and gums reduces the risk of tooth decay and gum disease. This is the best way to avoid mouth bleeding and serious dental problems. People with bleeding disorders need the same preventive dental treatment as everyone else. It is never too late to become more conscientious about oral hygiene. By taking just a few minutes three or four times a day to clean your teeth and gums, you can protect your teeth and help them last a lifetime.

## **How your condition might affect treatment**

**In some cases, extra special precautions must be taken.**

**People with artificial joints, an in-dwelling venous catheter, those who have recently had cardiac surgeries, and those with chronic hepatitis C or HIV may need prophylactic antibiotic therapy before dental procedures are performed.**

**People with inhibitors must discuss all dental procedures in advance with their bleeding disorder treatment centre.**

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## PREVENTING CAVITIES

**T**ooth decay is most often caused by poor eating habits and by neglecting to brush and floss regularly. When the bacteria in your mouth come into contact with the sugar in foods, they produce acids that attack the tooth, causing decay or a cavity. If cavities are not repaired by a dentist, the decay will grow and eventually allow bacteria to enter the nerve, causing an infection and toothache.

To prevent cavities:

- Avoid sugary or starchy snacks or consume them with meals.
- Eat mozzarella and other cheeses, peanuts, yogourt, milk and chew sugar-free to help clear the mouth of harmful sugars and reduce the formation of plaque.
- Brush three to four times daily for two minutes after breakfast, lunch, dinner and at bedtime.
- Brush with fluoridated toothpaste.
- Floss daily.
- Use a fluoride-containing mouth rinse daily.



## Brushing

Brushing teeth at least three times a day helps remove plaque, the sticky film of bacteria that builds up on the teeth every day. Proper tooth brushing technique is important. Brushing too hard can make the gums bleed. Your dental hygienist can show you how to effectively brush so you do not harm your gums.

Brush your teeth three to four times a day to help keep them in great shape.

- After breakfast and before bedtime are the best times to brush your teeth with fluoride toothpaste. Brush after every meal if you can.
- Try to spend two full minutes brushing your teeth.
- Use the right toothbrush with soft, rounded bristles.
- Regular brushing will improve the health of the gums and they will bleed less often.

Replace the toothbrush every three months. To avoid spreading bacteria, avoid sharing or borrowing a toothbrush.

If plaque is not regularly removed at least each day, it irritates the gums causing gingivitis and may become hard, forming tartar (calculus). This can be removed only by a dentist or hygienist.

**Figure 1**

The four steps of brushing

1.



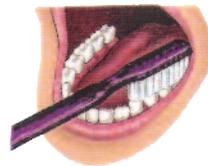
Angle the tooth brush toward the gum line, use a gentle, circular motion to clean the front teeth.

2.



Use short, back-and-forth strokes to clean the inner and outer surfaces of the back teeth. If the gums start to bleed, don't stop. The gums will toughen up over time.

3.



Hold the brush flat, gently scrub the chewing surfaces of the back teeth.

4.



Tilt the brush up and down to clean the inner surface of the front teeth.

## Flossing

Flossing after brushing removes plaque the toothbrush can't reach. Taking this extra step enables you to clean between the teeth and under the gum line, where bits of food and bacteria can be trapped. Wrap the floss around the side of each tooth in the shape of a 'C' and then floss up and down. Avoid snapping the floss into the gums; this may cause bleeding.

It is normal for the gums to bleed slightly when you start flossing, but this will lessen within a week or so if you floss properly every day. As plaque is removed and the gums get healthier, the bleeding will decrease. If you have any concerns about bleeding caused by flossing, call your oral care provider or bleeding disorder treatment centre.

## Flossing aids

If you have limited motion in your elbows from joint bleeding, you may find it easier to use a special floss holder. Many styles are sold in drugstores, and your dentist or dental hygienist may give you a sample to try. You may also want to ask about using inter-dental cleaners, pics and other flossing aids.

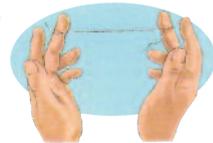
## Getting enough fluoride

Fluoride is a mineral that helps prevent tooth decay. Studies have shown that getting enough fluoride strengthens teeth. These teeth are more resistant to cavity-causing bacteria. There are several sources available over the counter: fluoridated toothpaste, mouth rinse (e.g.: Oral B Daily Fluoride Rinse), or topical fluoride treatments. Topical fluoride treatments are most commonly applied by a dental hygienist.

## Figure 2

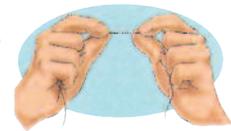
The four steps of flossing

1.



Pull off a piece of floss about 18" long. Wrap most of it around your middle fingers. Wrap the rest around the other middle finger, leaving a few inches of floss between the two fingers.

2.



Press down on the floss with your thumbs and index fingers to make it taut.

3.



Then gently slide the floss between two teeth. Be careful not to snap the floss, as this may cut the gums.

4.



Curve the floss around one tooth. Gently move it up and down to scrape the plaque off the side of the tooth and down near the gumline. Curve the floss around the other tooth and repeat. Then pull out the floss and unwind a clean section before moving on to the next two teeth.

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## PREVENTING GUM DISEASE

**P**eriodontal disease (gum disease) is most often caused when too much plaque or calculus (hardened plaque) builds up on the teeth. First the gums become red and swollen, and they bleed more easily (gingivitis). Then, if not treated, the gums may become detached from the roots of the teeth, allowing pockets of bacteria to form. As gum tissue and bone are destroyed, teeth can become loose and fall out.

More than half of all adults over the age of 18 have some form of gum disease.

If gum disease develops, you may be referred to a periodontist who specializes in the treatment of gum disease. A periodontist may recommend deep scaling, root planing or gum surgery. If you need this type of procedure, contact your bleeding disorder treatment centre.

To prevent gum disease, it is important to...

- use proper technique when brushing and flossing;
- have regular dental hygiene treatments;
- consider using an antibacterial mouth rinse reducing bacteria causing gum inflammation;
- avoid smoking or chewing tobacco, which can cause a rapid build-up of plaque.



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## PREVENTING ORAL CANCER

Oral cancer is most often diagnosed in people over the age of 40 but can also be present in younger persons. Early symptoms include a non-healing ulcer (mouth sore), or a red or white patch that persists in your mouth. Pain is not usually an early symptom. A dentist or dental hygienist can examine your mouth for signs of oral cancer during your dental appointment. Oral cancer can be a debilitating and fatal disease. Regular screening is key to early detection and prevention.

You can lower your risk of getting oral cancer in several ways.

- Stop cigarette and tobacco use which can lead to gum disease and oral cancer.
- If you drink alcohol, do so only in moderation.
- Use lip balm with sunscreen to prevent sun damage to sensitive lip areas.



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## MAKING YOUR DENTAL VISIT GO SMOOTHLY

**V**isiting an oral health care professional (dentist or dental hygienist) every six months for a routine check-up is an important part of preventive care. Your bleeding disorder treatment centre may help you find a suitable dentist or dental hygienist in your area.

Regular visits mean you may manage the small issues rather than have to deal with large ones like emergency root canals or extractions. Your oral health care professional will examine your teeth for signs of tooth decay, gum disease, infections, ulcers, sores and oral cancer.

Your teeth will be routinely cleaned. Some people with bleeding disorders may need pre-treatment before each cleaning to prevent or minimize bleeding. (See *Tranexamic acid - Cyklokapron.*)

Dentists and hygienists normally wear a mask or face shield and gloves during dental visits to protect their patients and themselves from infections. It is important to understand these are standard precautions used with all patients.

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### **Inform your oral health care professional**

Ask your dentist if bleeding is likely to occur due to the work being performed. Although the bleeding is unlikely to be a threat to your health, persistent bleeding can make the dentist's work difficult and may extend your appointment time or even require a follow-up visit. You can provide the bleeding disorder treatment centre's *Information Sheet for the Dentist* that describes the type and severity of your bleeding disorder in order that your dental team knows whom to contact for advice at your treatment centre.

Your hematologist may prescribe pre-treatments—clotting factor concentrates, desmopressin or tranexamic acid (Cyklokapron)—for invasive procedures.

### **Financial support**

Not everyone has adequate finances for satisfactory dental care. If this is your case, contact your treatment centre social worker or local hemophilia chapter. They may be able to help.

## **WHEN IS A MOUTH BLEED AN EMERGENCY?**

**O**ne of the biggest dental concerns for people with bleeding disorders is trauma or injury. The mouth bleeds easily because there are so many blood vessels in the skin that lines the mouth. Injuries to the mouth, gums, tongue, cheeks and lips frequently cause bleeding. Be aware that a slow bleed may not draw your attention to the threat of tongue and/or throat swelling which could occur after you have gone to sleep. These events could make breathing difficult and lead to a medical emergency.

## **ALERT:**

**Some mouth bleeding can block a person's airway.**

**Call your treatment centre and go to the emergency department if...**

- **bleeding on the tongue, cheek or floor of the mouth does not stop;**
- **you notice any swelling or bruising of the tongue, throat, or neck;**
- **you are having trouble breathing or swallowing.**

**THESE ARE MEDICAL EMERGENCIES**

It is often hard to tell if bleeding in the mouth is serious because even a small amount of blood mixed with saliva can look like a large amount on the pillow or bed sheet. Nevertheless, some mouth bleeding can be dangerous. Try to locate the source of the bleeding. Call your treatment centre to help you determine the seriousness of the bleed.

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## DEALING WITH MOUTH INJURIES

**I**njuries to the mouth, gums, tongue, cheeks and lips almost always cause bleeding.

When bleeding occurs, the moist environment in the mouth makes it harder for clots to form. As a result, it may be necessary to get treatment to stop the bleeding. Tranexamic acid (Cyklokapron) is often prescribed to maintain the clot and promote healing.

### How to stop a mouth bleed

- First apply gentle, firm and continual pressure to the bleeding site with a clean, moist gauze, gauze soaked with tranexamic acid mouthwash, or cool moist teabag for 30 minutes.
- Hold an ice pack with a cloth barrier against the face for 10 to 15 minutes on and 10 minutes off.
- Try eating a popsicle. This can help stop minor oozing.

Call your bleeding disorder treatment centre if bleeding persists for more than 20 minutes.

### How to speed the healing

- Eat soft, non-sticky, non-spicy, cool or room temperature foods.
- Brush teeth gently or use cotton swab.
- Avoid using straws or vigorous mouth rinsing which may dislodge the clot.

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## **A knocked-out tooth**

Act quickly to re-implant the tooth; this works best within 30 minutes.

- A knocked-out tooth should be gently rinsed with water.
- If the tooth is soiled, place in cold milk or in spit (saliva) which acts as an anti-bacterial solution.
- Holding the tooth's crown, immediately place the clean tooth back in the socket with firm pressure.
- If head trauma occurred, go immediately to the hospital emergency department with your *FactorFirst* card or *TreatFirst* card.
- If no head trauma occurred, go immediately to your dentist's office for assessment and possible antibiotic treatment.

Missing teeth can affect your appearance, speech, tooth alignment and digestion. Every effort should be made to get a lost or broken tooth replaced or repaired as quickly as possible.



## **A chipped tooth**

Trauma to the teeth may cause chipped, cracked, or broken teeth.

Retrieve the chipped piece and take it to the dentist. The dentist may be able to cement it back on the tooth. Or the dentist may repair the tooth with filling material and file down any sharp edges that can cut your tongue or cheek.

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## **Oral piercings**

Some people may be interested in this trend; however, there are health risks related to tongue, lip and cheek piercings. These include:

- Prolonged bleeding. Your mouth is rich with blood vessels that may become damaged in the hands of even experienced clinicians.  
(See *When is a mouth bleed an emergency?*)
- Infection
- Nerve damage
- Blood borne transmission of diseases such as hepatitis from improperly sterilized instruments
- Endocarditis (a bacterial infection in the heart).

Jewelry piercing the mouth, lips or tongue can chip or crack the teeth and can interfere with dental X-rays.

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## PLANNING FOR DENTAL PROCEDURES

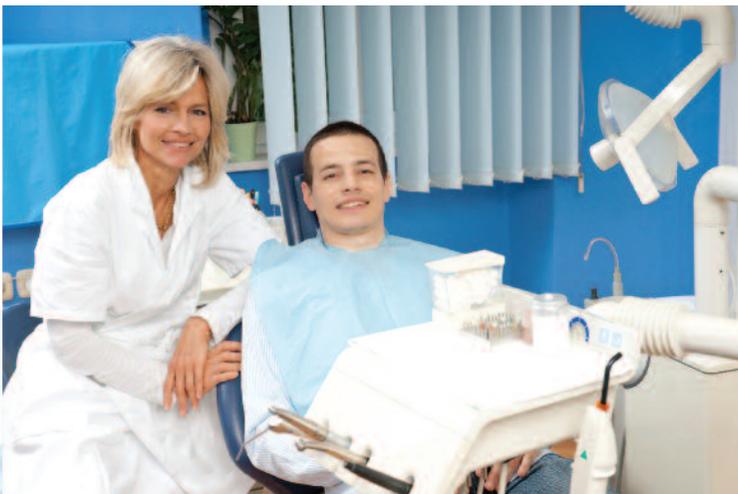
It is essential for the dentist to work with your bleeding disorder treatment centre to ensure that dental procedures are safely performed.

The most common dental and hygiene procedures requiring treatment to control bleeding:

- Local anesthetic (freezing) injections including the Mandibular block (back lower jaw) and lingual (tongue-side) infiltrations
- Dental extractions
- Deep scaling and root planing
- Any oral surgery
- Any procedure for which a dentist or dental hygienist expects more than minimal bleeding

### **Plan ahead for treatment**

You may need pre- and post-treatment with clotting factor concentrate, desmopressin (DDAVP, Octostim) and/or tranexamic acid (Cyklokapron) for certain dental procedures. If possible, contact your treatment centre with several weeks notice to make the necessary arrangements.



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## **Minor oral surgery**

### **Post-operative bleeding**

Your dentist or oral surgeon will use a gauze pad to control the bleeding as the clot forms.

- Without sucking or chewing on the gauze, gently bite into the pad for an hour, no matter how soggy it becomes.
- If you are still bleeding after one hour, add a new gauze pad on the area.
- Bite down with gentle, firm and constant pressure for a second hour.

The Canadian Dental Association notes that it is normal to bleed for the first one to two hours after surgery. The wound may continue to ooze for up to 24 hours. When blood and saliva mix together in your mouth, it may look like you are bleeding more than you really are. Here are some tips to reduce bleeding:

- Rest. Keep your head raised. Rest slows down the flow of blood, which can help stop the bleeding and promote quicker healing.
- Avoid using straws, foods with sharp edges like chips and vigorous mouth rinsing.
- Eat cool and mild-flavoured foods to help preserve the clot.
- Avoid Aspirin and NSAIDs (anti-inflammatory medication) as they can increase bleeding.
- Avoid alcohol and tobacco for the first two weeks after your surgery. They make it harder for the blood to clot and easier for an infection to start. Infection may cause bleeding to increase and this will delay healing.
- Avoid strenuous exercise for two full days after your surgery.

**If, after four hours, you cannot control bleeding by applying pressure on the gauze pad, call your dentist or oral surgeon and your treatment centre.**

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### **Post-operative swelling**

The Canadian Dental Association notes that it is normal for your face to swell in the first 24 hours after oral surgery. The swelling may last for five to seven days. Once the swelling starts to go down, your face may bruise. The bruising could last for up to 10 days after your surgery. Here are some tips to reduce swelling.

- On the first day after surgery, put a cold compress on your swollen face. A cold compress can be made by wrapping ice cubes in a towel. Or use a bag of frozen vegetables such as peas. Use a cloth barrier to protect your skin.
- Use the cold compress for 10 minutes. Take it off for 10 minutes, and then put it back on for another 10 minutes. Continue this for the first 24 hours after surgery.
- 48 to 72 hours after surgery, put something warm on the swollen area, like a hot water bottle wrapped in a towel. The warmth can increase blood flow and decrease swelling. Still monitor for pain and swelling as you may need to restart the ice treatment.

**Call your dentist or oral surgeon and your bleeding disorder treatment centre if the swelling keeps getting worse 24 hours after surgery, or if the swelling does not go down within seven days after surgery.**

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## **Wisdom teeth**

The last teeth to erupt are the wisdom teeth, or third molars. There are usually four in all, which may begin erupting around age 17. The eruption of wisdom teeth may cause some discomfort.

### **Minimize discomfort as teeth are erupting**

People with bleeding disorders may have prolonged bleeding as these teeth cut through the gums. If this happens, you may need tranexamic acid mouthwash or tablets.

### **Preventing injuries to gums**

To prevent injury to sensitive gums, eat soft foods and avoid chewing on that side of the mouth while wisdom teeth are coming in. To reduce the chance of bleeding and infection, clean teeth and gums more often to keep food particles from getting trapped under the gum tissue.

### **Plan carefully for extractions**

There are risks and benefits to having wisdom teeth extracted. Your dentist can refer you to an oral surgeon should extractions be necessary. This procedure will need to be coordinated with your bleeding disorder treatment centre. (See *Minor oral surgery*.)

## **Tranexamic acid (Cyklokapron)**

Tranexamic acid is a prescription medication often used for invasive dental procedures. It helps preserve a blood clot once one forms in the mouth by preventing enzymes in saliva from breaking down a newly formed clot. Tranexamic acid allows the tissue under the clot to heal and helps to prevent re-bleeding. It belongs to a class of drugs known as antifibrinolytics.

### **When can tranexamic acid be used?**

This drug may be used if you expect to bleed from procedures such as dental hygiene care ("cleaning"), gum surgery, tooth extractions, etc. It can be used to help hold a clot in place where there is a *mucous membrane*. This is soft, thin skin on your body found in...

- the inside of your mouth;
- the inside of your nose;
- inside your intestines (or gut).

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### **How to take this drug**

You can take tranexamic acid (Cyklokapron) by mouth, in the form of pills or mouth wash. The mouthwash can be applied to gauze for direct application. Most people are advised to take it pre-procedure and for five to ten days following the procedure.

### **You should NOT take this drug...**

- if you have blood in your urine. The reason is that a blood clot could cause a blockage in the urinary tract;
- if you are taking FEIBA, an activated prothrombin complex factor concentrate.

### **Are there any side effects?**

Side effects of tranexamic acid are rare. Some mild side effects are...

- nausea
- feeling tired or sleepy
- feeling dizzy
- diarrhea
- pain in your stomach

These mild side effects may go away when advised to take the medication with food. After consulting the hematologist at the treatment centre, you may be advised to stop taking tranexamic acid, or take a smaller dose.

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## DENTAL APPLIANCES

### **Mouth guards**

There are various types of mouth guards that can be custom-made to protect the teeth from trauma caused by clenching, grinding or contact sports. These are made from dental impressions (moulds) taken by your oral care professional and can help prevent excessive wear, cracking, mobility and breaking of teeth.

People with bleeding disorders are encouraged to discuss the best sports selection with their bleeding disorder treatment centre.

### **Dentures**

Adults who have missing teeth may be fitted with dentures. You may experience bite bleeds as your mouth and tongue adjust to your new dentures. If dentures do not fit properly, they can irritate the gums and cause bleeding. Poorly fitting dentures place stress on the gums and jawbone; this can cause pain and inflammation. Take your dentures out and clean them as soon as possible after eating and rinse your mouth before placing them back in your mouth.



### **Have dentures checked periodically**

Even dentures that fit well may become loose over time. Have your dentist check the fit of your dentures at least once a year and make any necessary adjustments.

### **Clean dentures nightly**

To remove stains and bacteria that can irritate your gums, clean dentures thoroughly each night by soaking them in a denture-cleaning solution. It is best to leave dentures out overnight. Before putting them back in your mouth, brush dentures with a soft-bristled brush and rinse them with clean water.

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## **Braces**

Most people with bleeding disorders are able to wear braces. Many begin treatment during adolescence, and a growing number are fitted with braces as adults. If you need braces, the dentist will refer you to an orthodontist. The orthodontist can fit you with either removable or fixed braces. Before orthodontic treatment begins, the treatment plan should be reviewed with your treatment centre and hematologist.

### **Inform the orthodontist**

In most cases, the placement of braces does not cause bleeding. However, the orthodontist should be made aware of your bleeding disorder so that special care can be taken to avoid cutting or irritating the gums and cheek when bands and wires are placed on the teeth. Bonded attachments instead of bands on molars may be considered. The orthodontist can also show you how to apply dental wax to wire to protect the gum and cheek tissue.

When wearing orthodontic braces, plaque is more readily trapped along teeth and gums, which may cause increased inflammation and subsequent bleeding of the gums. It is important to maintain excellent oral hygiene through careful brushing and flossing while wearing braces to minimize bleeding due to gum inflammation.



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## CHRONIC CONDITIONS

### **HIV**

The oral health care professional may be the first to detect one of the oral health conditions linked with HIV/AIDS like dry mouth, mouth ulcers, abnormal cell growth, gingivitis and fungal and viral infections.

People with HIV are more likely to have some kind of sores and infections in their mouth, tongue and lips. You should see your dentist if a sore has not healed in 7 to 10 days or you have an unusual change in your mouth. Oral health problems could put a strain on your immune system. Early treatment should make you feel better sooner.

Dental treatment can be affected by HIV-associated thrombocytopenia, a condition in which the level of platelets is lower than normal. Platelets help the blood to clot. A shortage of platelets can worsen the bleeding tendency.

### **Hepatitis C**

Damage to the liver could cause a lower level of clotting factors and platelets. This may increase bleeding.

Some drugs to treat hepatitis may lower immunity to infection. Infection in the mouth can prompt a bleed. Also, mouth sores may occur. Talk with your dentist about your diet (e.g. Vitamin B12) and discuss a mouthwash that forms a protective layer over a sore.

### **If you have hepatitis C or HIV...**

HIV and some hepatitis C medications may cause an increased dry mouth (xerostomia). Saliva flushes the mouth keeping the mouth clean and the bacteria levels down. If the saliva level is low, it can lead to tooth decay. The gums may become sore. Dry mouth may cause bad breath especially during the night. Your oral health care professional can help you manage this condition with simple but effective treatment.

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The chance of passing on the HIV or hepatitis C virus by saliva alone is very low unless it is mixed with blood. You should avoid sharing toothbrushes.

Here are some more preventive measures:

- Contact your infectious disease doctor to determine if you need to be pre-treated with antibiotics prior to invasive dental procedures.
- Contact your treatment centre for factor recommendations and review your platelet levels before invasive procedures.
- Get into the habit of brushing and flossing after every meal.
- Rinse twice daily with an antiseptic mouthwash.
- Avoid sweet foods and sugary drinks (sweetened juices, pop, alcoholic beverages).
- Maintain a regular schedule of dental check-ups (at least twice a year).
- If you are prone to plaque buildup, consider getting professional cleanings more often than twice a year.

Many people living with hepatitis C and HIV/AIDS may not be aware that dentists and other oral health care professionals have made great strides to educate themselves about these chronic conditions. The *Clients' Bill of Rights* ([www.cdha.ca/pdfs/OralCare/FAQ/bill\\_of\\_right.pdf](http://www.cdha.ca/pdfs/OralCare/FAQ/bill_of_right.pdf)) published by the *Canadian Dental Hygienists' Association* ([www.cdha.ca](http://www.cdha.ca)) includes the right to be treated with dignity and the right to care that meets a person's needs. Canadian human rights law makes sure people living with HIV and hepatitis C are treated with a respect and understanding.

Be sure to tell any dentist or dental hygienist who treats you that you are living with HIV or hepatitis C. This will permit your oral care team to give you the best care by detecting and treating dental conditions in the mouth promptly. The right to confidentiality is important.

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## WOMEN'S HEALTH

### **Pregnancy**

**A**n exaggerated inflammatory reaction to plaque during pregnancy can lead to gingivitis. Pregnancy-associated gingivitis usually develops around the second month and reaches a peak in the eighth month. For this reason, diligent oral hygiene habits and regular hygiene visits are important during pregnancy to maintain optimal gingival health and reduce gingivitis-related bleeding.



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