1. Routine Fillings & Root Canals
   No treatment required.

2. Dental Blocks
   2.1 Alveolar upper jaw – unlikely to bleed since easily infiltrated with local anesthetic into the spongy bone in this region.

   2.2 Mandibular blocks for lower jaw molar extractions – expect bleeding since deep infiltration is necessary with the risk of hematoma from interruption of the inferior alveolar artery or vein. Pre-treat with factor replacement for severe hemophilia patients and desmopressin (Octostim®) for mild and VWD patients. Tranexamic acid (Cyklokapron®) po both pre and post is suggested by most dental surgeons.

3. Extractions (Adults)
   Pre and post treatment with factor replacement for severe hemophilia & desmopressin (Octostim®) for mild hemophilia and VWD is necessary. Adjunctive therapy with tranexamic acid (Cyklokapron®) po pre and post extraction is recommended, plus a swish and swallow mouth rinse 10 ml of a 5% sol qid X 3 days (150ml bottles can be made up by any pharmacist by crushing tablets for approx $38. The use of the IV form for this purpose is much more expensive.)

4. Wisdom Teeth
   A wisdom tooth assessment should be done in the late teens to see if removal is indicated. If so, it is always advisable to remove them when the roots of the teeth are ½ to ¾ formed to decrease the risk of inferior nerve damage, trauma and bleeding. Over 20 years of age, the wisdom teeth roots grow into the jaw which becomes dense, making extractions more difficult. The position of wisdom teeth also must be taken into account since removal of deeply impacted teeth requires much more invasive surgery with increased risk of bleeding.

5. Deep Scaling and Flaps
   Dentists expect ++ bleeding, therefore pre and post treatment required. Tranexamic acid (Cyklokapron®), desmopressin (Octostim®) and factor as required.

6. Dental Implants
   Tranexamic acid (Cyklokapron®) po pre and post should suffice since the gum flap is lifted gently, a small hole is drilled and the stock of the new tooth is placed in immediately which tamponades any bleeding. This recommendation will suffice for severe hemophilia patients as well as mild and VWD individuals.

7. Teeth Cleaning
   Recommend tranexamic acid (Cyklokapron®) po pre and post cleaning plus swish and swallow mouth rinse. (See #3)

8. Orthopedic Surgery & Dental Work
   There are no clear guidelines for orthopedic surgery and dental work. Much depends on the surgeon involved and the patient. Usually there are no antibiotics required prophylactically for pins and plates, but total joint replacements are usually covered with antibiotics pre-procedure and six hours post-procedure for the duration of one to two years. If the individual has no further problems with the joint replacement, then no antibiotic coverage is needed, unless they are immunocompromised (e.g. lupus, HIV, on hemodialysis, taking immunosuppressive medications, etc). Also amoxicillin or penicillin can both be used to cover most oral bacteria. Joint infections are usually staph, and penicillin doesn't cover those bugs so a first-generation cephalosporin is recommended to cover both strep and staph.

9. Primary Teeth
   When primary teeth are exfoliating, bleeding may occur. Use pressure and ice as a first measure to control bleeding. If ineffective, it may be necessary to extract the tooth with appropriate medical coverage.

This information is been created as dental guidelines only and are designed to enhance the care of bleeding disorder patients. Each Canadian hemophilia treatment centre will have their specific treatment recommendations for the dental care of their patients.

Canadian Association of Nurses in Hemophilia Care

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