

## **MANAGEMENT OF PATIENTS REQUIRING DENTAL TREATMENT WHO ARE TAKING THE NEWLY INTRODUCED ORAL ANTICOAGULANTS**

### **Introduction**

Patients requiring oral anticoagulation are currently treated with vitamin K antagonists e.g. warfarin, which require careful monitoring to ensure that the level of anticoagulation is appropriate.

Two new families of drugs are now available for use as oral anticoagulants. These differ from the older drugs in that no monitoring is required. They either inhibit thrombin or activated factor X. Unlike warfarin they have relatively short half lives (8-14 hours), but have no immediately effective reversing agent. At present, these products only have approval for specific conditions, however, their therapeutic indications will likely increase.

### **Drugs Available (March 2012)**

#### **Dabigatran Etexilate (Pradaxa)**

Dabigatran is a direct thrombin inhibitor and has been licensed for use in atrial fibrillation and for short term prevention of venous thrombosis following hip or knee replacement surgery.

Dabigatran is usually taken twice a day and the dose may be adjusted by the doctor if the patient has impaired renal function.

**Precaution:** The patient must not be prescribed an –azole antifungal, a non-steroidal anti-inflammatory (diclofenac, ibuprofen), protease inhibitors or clopidogrel.

#### **Rivaroxaban (Xarelto)**

Rivaroxaban is a direct Factor Xa inhibitor and at present is licensed for use in atrial fibrillation, treatment of DVT and/or PE, secondary prevention of DVT and PE and for short term prevention of venous thrombosis following hip or knee replacement surgery.

Rivaroxaban is taken once daily with the dose dependent on the indication.

**Precaution:** The patient must not be prescribed an –azole antifungal, a non-steroidal anti-inflammatory (diclofenac, ibuprofen) or a protease inhibitor.

### **Apixaban (Eliquis)**

Apixaban is a direct Factor Xa inhibitor which is licensed for use in atrial fibrillation or short term use following hip or knee replacement surgery.

Apixaban is taken twice daily with the dose dependent on the indication.

**Precaution:** The patient must not be prescribed an –azole antifungal.

## **DENTAL TREATMENT**

There are no published papers at present but the following suggestions are based on the best available information

### **No affect in providing the following:**

- Prosthodontics
- Conservation
- Endodontics
- Hygiene Phase Therapy
- Orthodontics

However, it is recommended these procedures are undertaken around 10-12 hours after the last dose of dabigatran or apixaban (or 18-24 hours after rivaroxaban).

### **Local Anaesthetic**

A local anaesthetic containing a vasoconstrictor should be used, unless contra-indicated. Where possible use an infiltration or intraligamentary injection. If there is no alternative and an inferior alveolar nerve block is used, the injection should be administered slowly using an aspirating technique.

### **May affect the following:**

- Extractions
- Minor Oral Surgery
- Periodontal Surgery
- Biopsies

If the patient requires dental treatment which cannot be delayed until the anticoagulant treatment is finished, as in short term prophylaxis, the following guidance may be useful.

If possible, omit the dose before treatment and perform the treatment as near to the next dose as practical [if significant renal impairment,  $\geq 2$  prior doses of dabigatran may need to be omitted].

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Haemostasis should be obtained using the usual local measures which may include the use of oxidised cellulose and sutures. Monitor the patient until haemostasis has been achieved. The next dose of anticoagulant should be delayed until  $\geq 4$ h post procedure.