

# Important information for dental outpatients taking oral anticoagulant or antiplatelet therapy



## General information

Anticoagulant and antiplatelet medications are medicines that thin your blood, or make your blood more difficult to clot and remain congealed. Your GP or specialist has prescribed this medication purposely so that you do not develop blood clots in your body.

**Most patients taking an anticoagulant or antiplatelet do not need to alter their dose or stop this medicine before oral and maxillofacial procedures.**

This is because in most cases, the benefit of continuing your treatment uninterrupted, outweighs the risk of stopping it.

However, continuing your anticoagulant or antiplatelet medication can increase your chance of bleeding after surgery. Therefore it is important that you follow the guidance.

## Before your treatment

Please bring a copy of your prescriptions with you including any herbal and over the counter medications to your first appointment so that we can record all your medications in your notes.

If you have an anticoagulation record book please bring it to your appointments. If you are taking warfarin this is usually a yellow-coloured booklet or a printout which states the dose you take every day and the results of any INR (International Normalised Ratio) blood tests.

Most patients will have been advised to carry these records with them at all times.

You won't have a record card or book if you only take antiplatelet medication.

## Vitamin K antagonists: Warfarin, Acenocoumarol or Phenindione

If you take this medication, we will need you to have an **extra INR blood test** within the 48 hours before you attend for your surgical procedure and preferably 24 hours beforehand.

In order to proceed with treatment this INR value must be below 4.0 and we will need to see the printout or written record of this INR result at your treatment appointment.

It is unlikely we will ever ask you to stop taking warfarin or alter your dosage for outpatient treatment, unless **requested in writing** by your haematologist, cardiologist or other consultant specialist.

## Antiplatelets: e.g. Aspirin, Clopidogrel, Dipyridamole, Ticagrelor, Prasugrel

We will ask you to **stay on** these types of tablets and not alter your dosage or regime, unless requested in writing by one of the Specialist doctors listed above.

## Direct oral anticoagulants (DOAC): eg. Apixaban, Rivaroxaban, Dabigatran, Edoxaban

A blood test is not required before treatment if you take these types of blood thinning tablets, but we may request that your dosage or the time of day you normally take this medication be altered temporarily.

For example, you may be advised to delay or miss taking one or two doses of your DOAC before surgery.

This will be discussed at your initial outpatient consultation appointment and you will be advised when to take the next dose after treatment.

## After your treatment

We will ensure you leave the hospital with a stable congealed clot.

Healing is normally straightforward provided a few simple measures are taken to avoid disturbing the site of the procedure and the mouth is kept clean:

- It is important that you look after the blood clot in your tooth socket to ensure that it does not start bleeding again, and is not rinsed out of your mouth. We recommend you avoid disturbing the area as much as possible for the first 24 hours.
- You should avoid eating or drinking until all the local anaesthetic has worn off. Once it has, try to chew and drink on the other side of your mouth away from the clot, which is still firming up.
- Stick to a **cold or cooled** down diet and drink thin fluids that only require gentle suction through a drinking straw.
- Please do not rinse or swill anything around your mouth, or repeatedly spit out for any reason. It is safe to just swallow your saliva as normal.
- Mouth washing may break the clot down and cause bleeding again during the first 12-24 hours.
- By all means brush your teeth carefully in other parts of your mouth and spit out the residual toothpaste gently on the first night after surgery.
- **After 24 hours, begin rinsing** over the site of your oral operation or tooth extraction with warm saltwater. As described in the post-operative instruction leaflet, a half teaspoon of salt mixed into a tumbler of warm water is ideal. Several mouthfuls washed gently over the affected area after every meal and before bedtime, will help to heal the area quickly and prevent infection.
- We may have prescribed an antiseptic mouthwash containing chlorhexidine for you, to use as directed.

- Avoid smoking or smoky atmospheres until healing is complete.
- If you have soluble stitches, the warm saltwater helps to dissolve these.
- Occasionally Tranexamic acid 5% mouthwash is prescribed afterwards. This helps prevent of bleeding in the mouth. The clinician or pharmacist will provide directions for use.

## If bleeding continues or restarts

Should bleeding occur, do not panic. Gently rinse out any blood with cold water. Place a clean folded handkerchief or flannel over the bleeding area and bite or press for at least 15 to 20 minutes. Rest quietly and repeat if necessary.

Once bleeding has stopped, avoid chewing on the affected side until another stable clot forms.

If bleeding starts up again, please do not panic. Gently rinse out the excess blood in your mouth once, before using a few sheets of the sterile gauze we have provided or a clean handkerchief/flannel rolled into a 'sausage' or pack. Place this over the wound site or tooth gap and either bite down, or press firmly and constantly for 15-20 minutes whilst resting quietly.

Once the clot is stable again, follow the protocol for keeping it undisturbed again.

**PLEASE SEEK ADVICE FROM US BY TELEPHONE IF YOU REMAIN CONCERNED**

## Pain control

You may need simple painkillers for a few days.

Avoid taking aspirin or medicines known as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), examples of which include those containing ibuprofen, naproxen and diclofenac.

Your pharmacist or doctor will be able to advise you about painkillers compatible with blood-thinning medications. Generally speaking, paracetamol is suitable.

## Antibiotics

Sometimes a course of antibiotics is prescribed. It is important to take them as instructed and to finish the prescribed course.

Some antibiotics interact with warfarin. If you have been prescribed antibiotics and you take warfarin, you should have a blood test for the warfarin (INR check) three to five days after starting the antibiotic. Sometimes you may need a further check just after finishing the course too. You should inform the person taking the blood test that you are taking an antibiotic and if possible take the packaging with you to show them. Depending on where you have the test done, you may need to contact your GP, anticoagulation clinic or chemist to arrange extra tests.

Should you have any queries or concerns please contact the maxillofacial doctor on call via QVH switchboard: 01342 414000

Or the QVH Medicines Helpline: 01342 414215 (9-5.30 Monday to Friday)

### References

<https://www.sps.nhs.uk/wp-content/uploads/2018/02/NRLS-0233G-Anticoagulantsal-poster-2009-01-v2.pdf>



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Maxillofacial department

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