

**Inherited Bleeding Disorders
(IBDs)
Information for dentists**

Dear Colleague,

All patients with inherited bleeding disorders should be seen for regular dental check-ups in general dental practice. The Haemophilia Centre can advise on how to correct haemostasis for any invasive procedure or whether the patient needs to be referred to the Specialist Dental Centre (SDC) in Morriston Hospital for a specific treatment on a case-by-case basis. Treatment might include the use of tranexamic acid or self-administering coagulation factor concentrate or desmopressin.

Most patients can safely receive most of their dental care, including invasive procedures, in general dental practice. This includes patients with moderate (1-5% clotting factor) or severe haemophilia (< 1% clotting factor) because they are usually able to self-administer treatment to correct their blood clotting system based on the advice from the Haemophilia Centre.

Prevention

Prevention is key to minimise exposure to factor replacement. There should be written documentation about the patient's oral health status and advice should be provided on preventive care at each follow-up visit,.

All children with Inherited Bleeding Disorders would be considered as high caries risk due to the complexity and morbidity of treatment if caries occurs.

General Tips

Treatment planning

Treatment planning is essential for good outcome and should involve liaison with the haemophilia centre. Carefully schedule invasive dental procedures to minimise re-exposure to factor replacement.

The following procedures are relatively safe in patients with mild haemophilia:

- Fillings; avoiding nerve blocks and lingual infiltrations and careful use of suction/aspirators.

- Supragingival scaling; but it needs to be staged and covered with tranexamic acid, if oral hygiene is poor.
- Root canal treatment, with careful rubber dam placement and working within the anatomical apex.
- Dental impressions, with careful tray placement and gentle soft tissue handling.
- Radiographs; careful positioning in the floor of the mouth and retromolar regions.

Areas of Concern

Please consult the Haemophilia Centre prior to the following procedures for advice on haemostatic treatment. These procedures pose a significant risk of bleeding complications for all patients with bleeding disorder but can often be safely performed with appropriate haemostatic cover:

- Nerve blocks
- Dental extractions
- Sub-gingival root debridement
- Dental implant placement
- Minor oral surgical procedures

You can also refer to your Specialist Dental Centre with an appropriate treatment plan and radiographs.

Local Anaesthesia

Buccal infiltration, with aspirating syringes pose relatively little risk to patients with haemophilia. Lingual infiltrations and inferior dental (ID) blocks can potentially cause deep bleeding, which may compromise the airway unless the patient has had appropriate haemostatic cover.

Alternative techniques to anaesthetise posterior molar teeth include buccal infiltration with Articaine and intra-ligamentary anaesthesia. If an ID Block is necessary, then patients **with less than 30% factor levels** will require factor replacement, before administering the injection.

Analgesia

NSAIDs and Aspirin can aggravate bleeding. NSAIDs may be used on a case by case basis but **do not** prescribe without receiving advice from the Haemophilia Centre.

Paracetamol or codeine-based products are more appropriate to use.

Concurrent illness

Patients with other conditions such as liver dysfunction must be referred to a specialist dental centre due to the increased risk of bleeding complications.

If you have any queries or concerns, then please contact

Helpline number/s
Haemophilia Treatment Centre
01792 200368
(Emergency and out of hours contacts are on answer phone)

Specialist Dental Centre (SDC)
Dept of Restorative Dentistry, Morriston Hospital- 01792
703101(Mon- Fri 9 to 5)
Dept of Oral & Maxillofacial Surgery, Morriston Hospital

References

1. Anderson et al (2013) Guidance on the dental management of patients with haemophilia and congenital bleeding disorders. British Dental Journal 215:497-504.
2. Brewer A, Correa M.E. (2006) Guidelines for Dental Treatment of Patients with Inherited Bleeding Disorders. World Federation of Haemophilia Monograph no. 40.

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