

# **REFERRAL GUIDELINES**

## **ROUTINE EXODONTIA IN WARFARINISED PATIENTS**

There has been recent guidance issued related to the removal of teeth in dental practice for patients who are on warfarin. Patients should be managed according to these guidelines and not referred to hospital for “routine” extractions. The guidelines stipulate that extractions can safely be carried out in primary care in the following circumstances:

- Where the INR is less than 4.0.
- If the socket is packed and sutured.

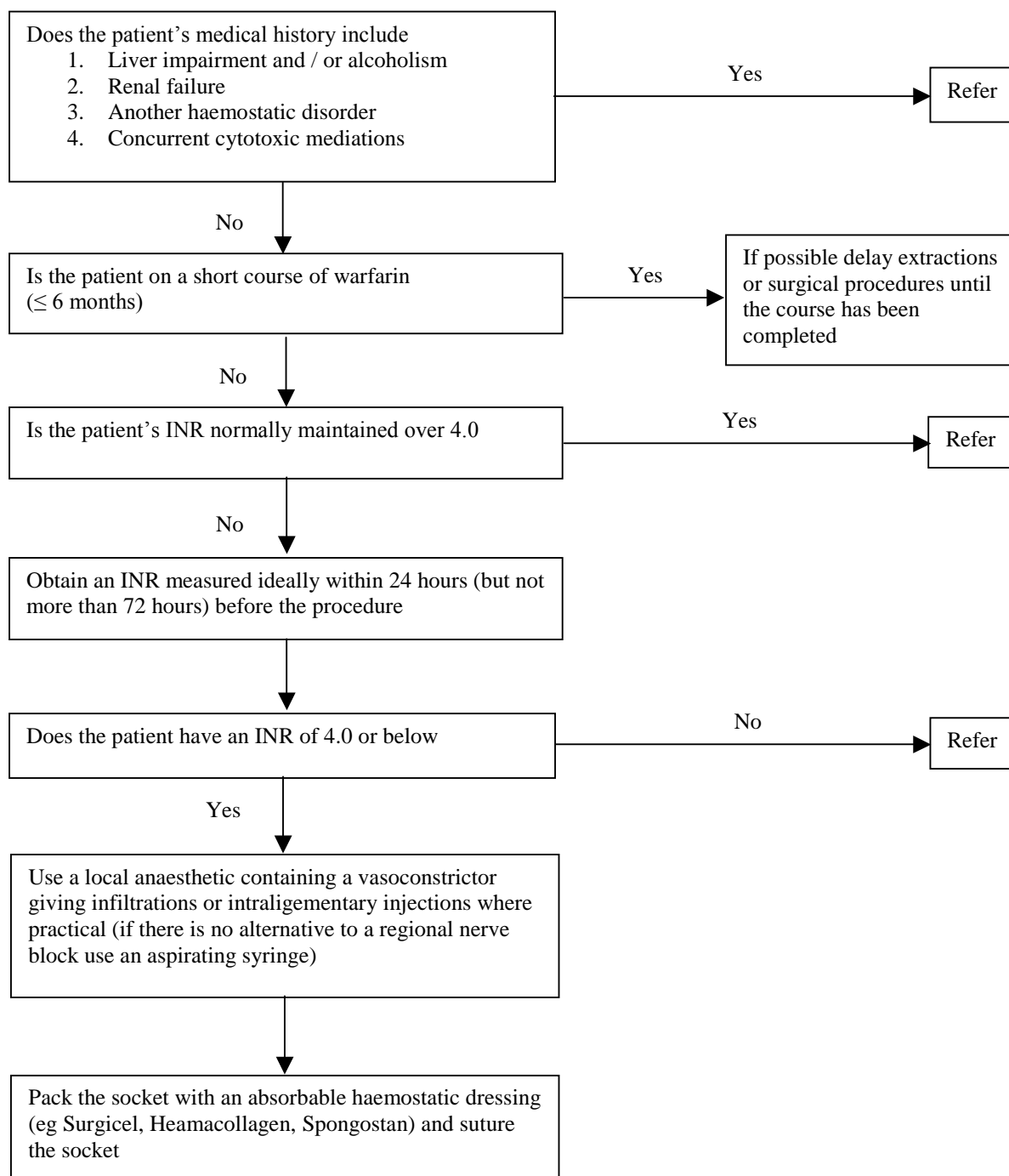
Warfarin should not be stopped but the INR must be checked within 24 hours of the planned extraction (patients can usually co-ordinate this themselves with either their doctor or anti-coagulant clinic).

Patients should be referred if other coagulopathies co-exist, if there is a need for intravenous antibiotic cover or if the INR is maintained at over 4 (the latter will be recorded in the patient’s anticoagulant book).

Extractions should be timed appropriately and ideally should take place at the beginning of the week (such that delayed re-bleeding problems can be managed during the working week) and in the morning (such that immediate re-bleeding problems can be managed during the working day).

These guidelines are available at [www.dundee.ac.uk/tuith/static/info/warfarin.pdf](http://www.dundee.ac.uk/tuith/static/info/warfarin.pdf) and are summarised overleaf.

## Management of routine exodontia in warfarinised patients undergoing surgical procedures in primary care



If the patient requires concurrent endocarditis prophylaxis follow guidelines making note of potential drug interactions.

If the patient requires post-operative analgesia non-steroidal anti-inflammatory drugs should be avoided because of interactions.