



## THE ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS INC

ABN 97 343 369 579

### MRACDS

#### **Sample Answer to Sample Short Answer Question (Therapeutics)**

**Outline the management for a patient requiring dental extractions who is taking 5mg / day Warfarin (Coumadin).**

Warfarin ( Coumadin) is an anticoagulant medication that is administered orally for the control of thrombosis and embolism. Its activity is monitored by frequent blood testing for the International Normalized Ratio (INR) which is the ratio of a patient's prothrombin time to a normal (control) sample prothrombin time. The management of anti-coagulated dental patients in need of dental extraction has changed over the last decade. There is now considerable evidence that many patients can safely be managed without stopping or altering their warfarin. (Randall C, Dental Update, 32: 419-420, 2005)

For patients within the therapeutic range of INR, below or equal to 3.5, warfarin therapy need not be modified or discontinued for simple dental extractions. It is essential however that the clinician's judgment, experience, training, and accessibility to appropriate bleeding management strategies are all considered in any treatment decision. Patients with a stable INR who undergo simple extractions, scaling and minor surgical procedures should have any post-operative bleeding controlled by local haemostatic measures, including packing with a haemostatic dressing, suturing and application of local pressure. Patients with INR greater than 3.5 should be referred to their physician for consideration for possible dose adjustment for significantly invasive procedures. It has also been suggested that a 2-day regimen of postoperative 4.8% tranexamic acid mouthwash may be beneficial after oral surgical procedures in patients on warfarin. (Aframian D, Lalla R, Peterson D, Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology, 103: 1-11,2007)

For most patients undergoing simple single dental extractions, the morbidity of potential thromboembolic events if anticoagulant therapy is discontinued clearly outweighs the risk of prolonged bleeding if anticoagulant therapy is continued. (Aframian D, Lalla R, Peterson D, Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology, 103: 1-11,2007)

Chronic pain patients may have a greater degree of suffering and distress associated with their pain, although this may not always be the case. In most cases, acute dental pain, whilst extremely uncomfortable can be managed through a dental operative/surgical intervention relatively quickly. Consequently the longevity of distress and suffering is often significantly less in acute pain patients than in chronic pain patients.

Acute pain is sometimes described as more of a sensory experience, whereas chronic pain is generally considered to be a sensory and psychosocial experience. This means that whilst the sensory component of chronic pain can be considerable, chronic pain is also a psychological, emotional and social experience for the patient and can cause a patient to change the way they act psychologically, socially and emotionally. Treatment of chronic pain therefore is generally more successful if it occurs on a number of levels. Chronic pain conditions may require a number of health care practitioners to work together to manage a patient. With Temporomandibular disorder for example it may be necessary for a patient to seek the services of a physiotherapist, rehabilitation, and medical and dental health care practitioners.

### **References**

Vickers ER (2005) Orofacial Pain, Problem Based Learning, Sydney University Press  
Wall P and Melzack R (1994), Textbook of Pain, 3rd edition, Churchill and Livingstone