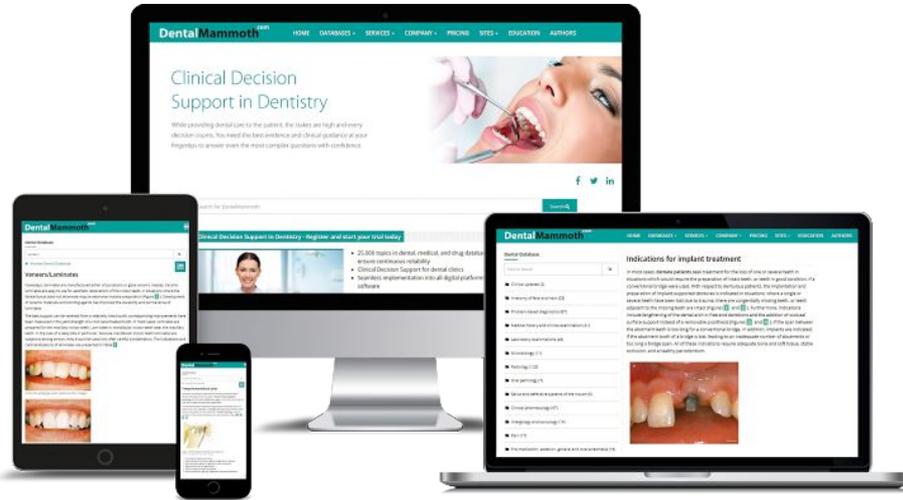


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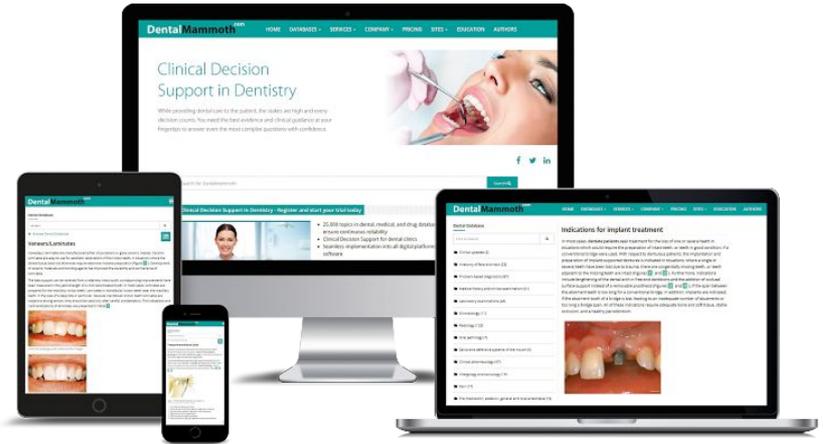
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INTERNATIONAL CONTRIBUTORS

Over 400 international contributors regularly update the contents. Our editorial board consists of dental professionals and they control the quality of the contents.



Professor

Jukka H. Meurman

*MD, PhD, DODont,
Dr.hc (multid.), FDSRCSEd*



Professor

Heikki Murtomaa

*DDS, PhD, MPH,
Prof.emer.*



Editor-in-Chief

Heikki Autti

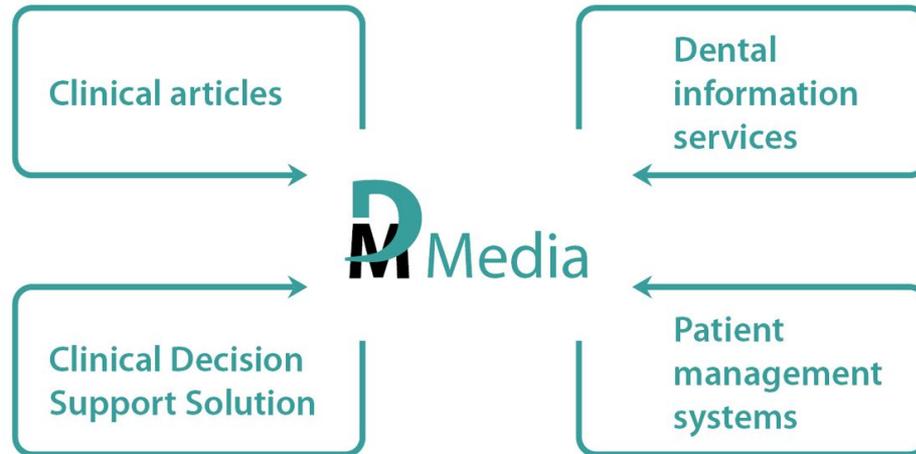
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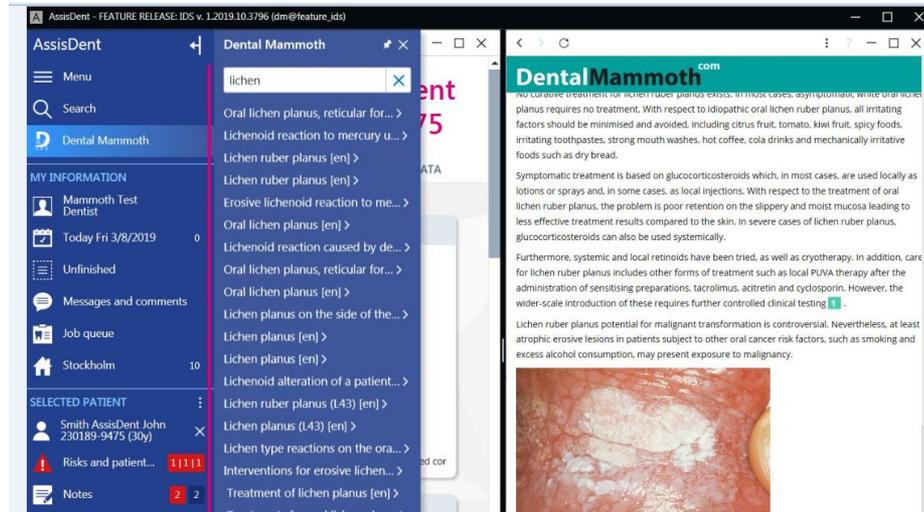
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AssisDent

- Menu
- Search
- Dental Mammoth

MY INFORMATION

- Mammoth Test Dentist
- Today Fri 3/8/2019 0
- Unfinished
- Messages and comments
- Job queue
- Stockholm 10

SELECTED PATIENT

- Smith AssisDent John 230189-9475 (30y)
- Risks and patient... 1 1 1 1
- Notes 2 2
- Health information
- Imaging
- Recalls and appointments
- Invoicing 0.00 €

Smith AssisDent John #2852075

MEDICAL DATA CUSTOMER DATA

Risks

- Pacemaker >
- E23.2 Diabetes >
- Marevan >
- Show all (3) >

Patient history has not been checked cor

Latest markings

Visit entry	2/22/2019
Examination (SAA02)	2/22/2019
Complete dental examination	-
X-ray	2/22/2019
Pantomography (EB1HA)	-

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Anticoagulant therapy

Caution

- In most cases, the patient has a monitoring card for treatment
- In the case of procedures that cause bleeding, consideration must be given to the treatment level
- If the patient takes new antithrombotic drugs such as dabigatran or rivaroxaban a haematologist needs to be consulted before dental treatment

In most cases, patients receiving anticoagulant therapy carry a treatment monitoring card, which reveals the laboratory values (p-INR) used to evaluate blood coagulation. In unclear cases, a physician should be consulted, particularly before any surgical procedures are performed. However, anticoagulant therapy has no bearing on simple dental procedures that do not cause bleeding, while procedures that clearly cause bleeding e.g. removal of subgingival calculus, require assessment of the patient's anticoagulant therapy. In such cases, the patient's blood values must be controlled (p-INR) (Table 2). If necessary, the dosage of anticoagulant is reduced according to the physician's instructions. Since coumarin preparations have a long duration (half-life 48 hours and duration of anticoagulant effect 3-5 days), anticoagulant therapy should be considered in good time, prior to the planned procedure.

It is safest to perform high-risk procedures, such as major oral surgery operations, in hospital. The antidote for coumarin-type anticoagulant preparations is vitamin K, that can be used to control possible bleeding. In addition, as prescribed by a physician, tranexamic acid can be used as an antifibrinolytic drug to control bleeding. Safe INR values with respect to dental procedures (Table 4). Procedures can be planned and performed based on these values. Recently introduced new antithrombotic drugs such as dabigatran and rivaroxaban have no antidotes. Therefore before commencing any dental treatment the patient's haematologist needs to be consulted.

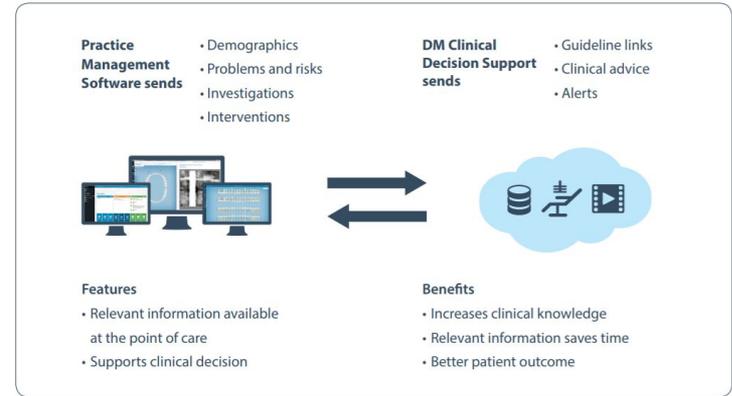
Dabigatran, rivaroxaban and apixaban are new anticoagulant drugs. They are easier to use but are considerably more expensive than conventional drugs. It should be noted that there is no antidote to reverse their anticoagulant effect. That is why all invasive procedures should be planned thoroughly. Patient's physician should be consulted before the treatment. In unclear cases, the patient should be referred to hospital.

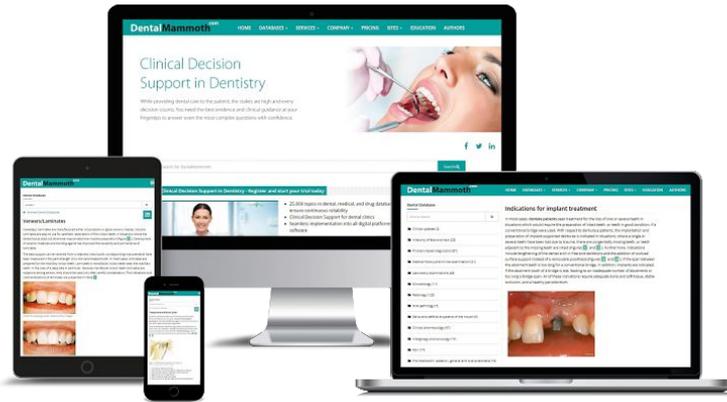
Table 2. The recommended p-INR values used to monitor anticoagulant therapy.

Treatment range	p-INR
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