

# Haemophilia and Dental Care

## Information for Dentists

It is recommended that you liaise with your patient's haemophilia team for advice regarding the severity of your patients bleeding disorder before undertaking treatment for the first time. Patients with moderate or severe haemophilia (less than 5% clotting factor) should usually be seen in a specialist setting. However, patients with mild Haemophilia or von Willebrands Disease can safely receive most of their dental care in general dental practice. It is essential that a rigorous preventive regime is followed to minimise the need for surgery or the development of periodontal problems.

### **General Tips**

Comprehensive up to date guidelines for treating patients with haemophilia can be found at [www.wfh.org](http://www.wfh.org). Fillings, scaling, root canal and all cosmetic and preventive care can be carried out routinely on patients with mild disease. However, care should be taken with the soft tissues, especially the use of impression trays, aspirators, and x-ray films in the floor of the mouth.

### **Areas of Concern**

Extractions and surgery, gingival surgery/deep root planing and implant placement all pose a bleeding risk, even in patients with mild haemophilia. It is essential that these procedures are carried out with the necessary pre-operative special measures such as factor replacement, DDAVP or Cyclokapron tablets. If such procedures are required, please refer your patient with a dental treatment plan and suitable radiograph to your haemophilia treatment centre, and the on-site dental team will organise and/or carry out the treatment if required.

### **Local Anaesthetic and Analgesia**

Infiltration injections pose no risk to patients with haemophilia. However, they should be administered slowly. Inferior Dental Blocks (ID Blocks) may potentially cause a muscle bleed which might compromise the airway. These should be avoided where possible. Alternative techniques such as buccal infiltrations with articaine or intra-ligamentary routes should be considered for anaesthesia of molar teeth. If an ID Block is unavoidable, patients with less than 30% factor levels will require factor replacement prior to its administration. Take care when recommending pain relief, NSAID's and Aspirin will aggravate a bleeding condition, so paracetamol or codeine based products are more appropriate.



#### Produced by:

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## **Taking Your Oral Health Seriously**

It is important for people with bleeding disorders to take good care of their teeth and gums. Making regular visits to the dentist will reduce the chances of future problems such as needing extractions or mouth infections, which can lead to further complications.

Sometimes dental care falls to the bottom of a very busy list of things to do. However, when you have been diagnosed with a bleeding disorder such as Haemophilia or von Willebrands Disease, taking care of your teeth needs to be given high priority.

### **Attending the Dentist**

If you have mild haemophilia (more than 5% clotting factor) it is fine to attend your own dentist for routine care such as check-ups, fillings, scale and polish, root canal, crowns and cosmetic work. You should inform your dentist about your bleeding disorder and advise him/her that further information is available from your haemophilia treatment centre. However, should you need a tooth extraction, some deeper injections, gum surgery or a dental implant, your dentist should contact your haemophilia consultant or nurse for advice, as this type of treatment will usually need to be provided in a specialist centre.

Your dentist will advise you about how often you need to attend for check-ups and give you information on how to prevent dental problems. Everyone with haemophilia should attend their dentist at least once a year.

## **Frequently Asked Questions**

### **Can I use my local dentist?**

Being able to visit a local dentist allows you to get a full range of care in a convenient location. In most cases, once your dentist has more details and guidance about your bleeding disorder from your haemophilia centre, he/she will be confident to safely carry out routine dental care. Information on this leaflet will advise your dentist how to make contact with your haemophilia treatment centre. The haemophilia team at your treatment centre are very experienced and knowledgeable about dental treatment for persons with haemophilia or related bleeding disorders, and they will give your dentist the necessary assurances.

### **Should I brush my teeth if it makes my gums bleed?**

Gums that bleed after tooth brushing are a sign of early gum disease, which is very common in all people. It is important that this does not progress to more severe gum problems. The recognised treatment is to visit your dentist or hygienist for advice and to have your teeth professionally cleaned and monitored. Your dentist may advise you to use a medicated mouthwash and will recommend methods for brushing and cleaning your teeth more effectively. Your bleeding disorder may mean that your gums bleed a little more easily and for a little longer, until the gums heal. However, it is important during this time to continue tooth brushing with a soft brush to remove the plaque and food debris which causes the gum disease.

### **What happens if I need a tooth extraction?**

This should always be co-ordinated by your haemophilia treatment centre so that it can be carried out safely to prevent excessive bleeding. Depending on the severity of your bleeding disorder your haemophilia team may choose to give you factor replacement therapy and/or tablets before the tooth is extracted, and a special mouthwash for afterwards. In addition, the dentist may stitch the wound and use a special surgical packing to stop any bleeding. This method has been used very successfully for many years to prevent problems after tooth extraction, and has been recommended by the World Federation of Hemophilia (WFH).

## **Contact Address for Referral Letters:**

The Dental Department  
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Telephone Numbers for advice:

Tel 01 416 2141

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