

UC Davis Health System Anticoagulation Services Recommendations for antiplatelet management prior to dental procedures

Background

- Dual anti-platelet therapy with aspirin and a thienopyridine (commonly either clopidogrel or prasugrel) or ticagrelor is recommended by the American College of Cardiology/American Heart Association practice guidelines after placement of any arterial stent or for medical management of coronary syndromes or peripheral arterial disease.
- The most common adverse event following early discontinuation of antiplatelet therapy is stent thrombosis, which can lead to acute myocardial infarction or death.
- In the TRITON-TIMI 38 trial, there was no observed increase in bleeding risk after dental procedures in the clopidogrel- or prasugrel-treated patients, even among patients who did not discontinue thienopyridine therapy.
- No subgroup analysis is currently available for ticagrelor

The CHEST 2012 guidelines make the following recommendations: In patients who are receiving ASA for the secondary prevention of cardiovascular disease and are having minor dental or dermatologic procedures or cataract surgery, we suggest continuing ASA around the time of the procedure *instead of stopping ASA 7 to 10 days before the procedure* (Grade 2C)

Stopping combined antiplatelet agents is NOT recommended prior to most dental procedure

- Many dental procedures (e.g., minor surgery, teeth cleaning, and tooth extraction) can be performed while patient is on single or dual antiplatelet therapy without a significant increase in bleeding. Dentist should obtain a medication history including any currently prescribed antiplatelet agents and when last taken.
- Given the low incidence and severity of bleeding following dental surgery, use of local measures (e.g., absorbable gelatin sponges and sutures) is adequate to control bleeding.
- Elective procedures with significant risk of bleeding should be postponed, if possible, until patients have completed full course of antiplatelet therapy.

If the thienopyridine or ticagrelor must be discontinued for a major surgery,

- Patients should be educated to contact either their primary care physician, cardiologist or vascular surgeon before stopping any antiplatelet therapy, even if instructed to stop by another healthcare provider.
- Consider continuing aspirin therapy and restarting the thienopyridine or ticagrelor as soon as possible.
- Patient specific management plans, including holding therapy, should be made in consultation with the patient's prescribing physician and dentist performing the procedure and communicated directly to the patient prior to the dental procedure.
- For parenteral antiplatelet bridge therapy (inpatients only) for patients at very high risk for thrombosis while holding oral antiplatelet therapy, contact inpatient pharmacy.

References

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Approved by UCDHS Pharmacy and Therapeutics Committee 5/2017.