

when an inferior dental nerve block or a lingual infiltration is required. The requirement for such cover may alter depending on the proposed dental treatment. It is essential that an aspirating technique must be used at all times.

#### **Local Anaesthetic Techniques**

##### **Buccal Infiltration - No cover required**

These can be used for anaesthetising all upper teeth and also the buccal aspect of lower premolars, canines and incisors.

The use of Articaine® may be considered for lower molar teeth.

##### **Intra-papillary Injections**

##### **No cover required**

These may be used for anaesthetising any teeth.

##### **Intraligamentary Injections**

##### **No Cover Required**

The use of these injections should not cause any problems in patients with congenital bleeding disorders. It is not a technique that is in common use since there is a very slight risk of bleeding into the periodontal ligament, resulting in severe pain.

#### **Inferior Dental Block**

##### **- Cover Required**

The inferior alveolar nerve block should only be required for treating the mandibular molar teeth. If it is required the patient may require appropriate cover by the haemophilia unit.

#### **Lingual Infiltration**

##### **- Cover Required**

If a lingual infiltration is required the patient must have the appropriate cover.

#### **Haemophilia Centres**

**NHS**

### **The Dental Management of Adult Patients with Haemophilia and Other Congenital Bleeding Disorders**

# **Guidance for Dental Practitioners**



Review Date: August 2017

All patients with haemophilia and other congenital bleeding disorders are registered with a haemophilia centre and are advised to see a dentist every six months if they have any of their own teeth and every two years if they are wearing complete dentures. They will be reviewed in the hospital dental department every two years as part of their ongoing medical care. It is not necessary for this to be carried out by the hospital-based service for all patients:

- All moderate and severely affected patients should receive **all** their dental treatment in the hospital environment. In special circumstances treatment may be provided by the Public Dental Service providing there is close liaison with the haemophilia centre.
- All other patients can have the majority of their treatment provided by either the General Dental Service or the Public Dental Service, with appropriate liaison with the local haemophilia centre.

## Dental Care

Individuals are at risk from conditions affecting both hard and soft-tissues. The management of dental disease may require the use of intravenous clotting factor concentrates and therefore prevention is of the utmost importance.

The commonest diseases are periodontal disease, dental caries and tooth wear.

## Routine Dental

A thorough medical and dental history and comprehensive examination are the basis of good preventative care and should be an essential component of the dental care of all patients with a congenital bleeding disorder.

The guidance refers to those with mild haemophilia and carriers who may be treated in either the general or public dental services.

## Prevention Advice

Re-enforce preventative advice at each visit.

Include dietary information and the use of fluoride toothpaste and treatment where appropriate.

- **Hygiene Therapy**

It is very unlikely that a routine scale and polish including the use of ultrasonic scaling will cause any prolonged bleeding. However, if the gingival and periodontal condition is very poor cover may be required to control bleeding.

- **Removable Prosthetics**

Treatment is unlikely to cause any problems.

- **Restorative Dentistry**

Restorative dentistry, including the provision of crowns and bridges, can be carried out safely provided the local anaesthetic guidelines are followed (overleaf).

- **Endodontics**

This should not cause problems although there is sometimes some bleeding at the apical foramen where vital pulp is present. This may continue to bleed for some time and cause pain. The use of sodium hypochlorite for irrigation and calcium hydroxide paste as the canal medicament appears to reduce this problem.

- **Extractions and Surgery**

In most cases this will have to be carried out in the hospital environment to allow the administration of the appropriate cover and immediate post operative care. The haemophilia centre will confirm this.

- **Orthodontic Treatment**

Fixed and removable orthodontic appliances may be used along with regular preventative advice and hygiene therapy.

## Local Anaesthesia

Intravenous coagulation factor concentrates are usually only required