

Ten Foot Pole Patients

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Those patients that, because of their medical history or dental condition, can be risky to treat!

Focusing on **Medical History**, who are they?

Some possible examples:

- Recent Heart Attack or Stroke
- Recent Cardiac Stent
- On Anticoagulant or Antiplatelet
- Uncontrolled Diabetes
- Undergoing Chemotherapy
- Pregnancy
- Illicit Drug Users/Abusers

Recent Heart Attack or Stroke (JADA 2012;143(11):1190-98.)

- How long do I have to wait to treat?
- Myocardial Infarction
 - Complicated MI = 6 month or more
 - Uncomplicated MI = 1 month
- Stroke
 - Unstable = emergent care only
 - Stable = 1 month
- Tips for safer appointments
 - Short, morning appts
 - Stress mitigation
 - Control risk factors (BP, drug interactions, hemostasis)
 - Monitor vital signs
 - Judicious use of vasoconstrictors

Recent Cardiac Stents (JADA 2008;139(1):3S-24S.)

- Do I need to give antibiotic prophylaxis? Generally NO!
- Indicated if treatment to be performed within the first 30 days after insertion
- May be useful when treating acute dental infection, regardless of time since placement
- Do not stop/interrupt antiplatelet agents
- Also applies to pacemakers

Anticoagulants and Antiplatelets (JADA 2003;134:1492-7.)

- Assess underlying medical stability
- In general, do not interrupt anticoagulants or antiplatelets unless procedure involves potential for moderate/severe bleeding
- Risk/Benefit ratio often indicates it is safer to treat patients on these medications and control bleeding with local measures
- INR \leq 3.5 may receive conservative dental care
- INR does not apply to newer anticoagulants (eg, Pradaxa, Xarelto, Eliquis)

Uncontrolled Diabetes (JADA 2003 ;134 suppl 1:24S-33S)

- Assess stability (BG, HgA1c)
- Comorbid diseases (CV, Neuropathy, Kidney dz, delayed wound healing, etc)
- Medication regimen and prevention of hypoglycemia
- Emergent care only, consider Abx prophylaxis

Patient Undergoing Chemotherapy (Burket's Oral Medicine 2014, p. 201-10.)

- Level of immune suppression (WBC, ANC)
- Abx prophylaxis may be necessary
- Drug interactions (eg, bisphosphonates)
- Palliation of xerostomia and oropharyngeal pain
- Bleeding risk?

Pregnancy (JADA 2012;143(8):858-71.)

- Dentistry is usually safe during pregnancy
- Be mindful of patient positioning
- Safest local anesthetic = Lidocaine WITH epi (or prilocaine)
- Radiographs are ok with appropriate shielding
- Pain medications (Tylenol with opioid) and Abx (penicillins, Z-pak, clindamycin) are ok