

# Ten Foot Pole Patients

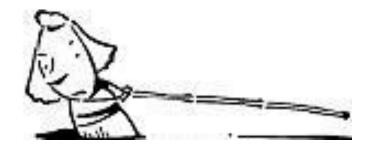
New Slides

#### Ten Foot Pole Patients

- Those patients that, because of their medical history or dental condition, can be risky to treat!
- Focusing on Medical History, who are they?

#### Ten Foot Pole Patients

- Focusing on Medical History, who are they?
  - Recent Heart Attack or Stroke
  - Recent Cardiac Stent
  - On Anticoagulant or Antiplatelet
  - Uncontrolled Diabetes
  - Undergoing Chemotherapy
  - Pregnancy





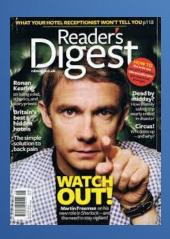
- Recent Heart Attack or Stroke
  - How long do I have to wait to treat?
    - MI
      - Complicated MI = 6 month or more
      - Uncomplicated MI = 1 month
    - Stroke
      - Unstable = emergent care only
      - Stable = 1 month



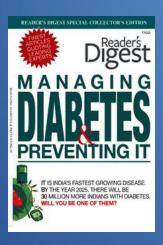
- Recent Heart Attack or Stroke
  - Short, morning appts
  - Stress mitigation (eg, N<sub>2</sub>O/O<sub>2</sub>)
  - Control risk factors (BP, drug interactions, hemostasis)
  - Monitor vital signs
  - Judicious use of vasoconstrictors



- Recent Cardiac Stents
  - 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
    - Also applies to pacemakers



- Anticoagulants and Antiplatelets
  - 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



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



- Pregnancy
  - 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