Dental management of Haemophilia Patients

Goal: Good oral hygiene and healthy dentition for all patients with inherited bleeding disorders

**Mild and Moderate Haemophilia:** Factor levels 2 – 40 IU/dL

- Patients seen for review in Haematology outpatient clinic
- Preventative dental advice reinforced
- Patients seen by General Dental Practitioner (GDP) for regular check-ups and routine dental treatment
- Where appropriate and with agreement from Haematology, patients can administer their own cover prior to treatment with their GDP
- Patients only require cover for extractions, ID nerve block injections, lingual infiltrations, or scaling where BPE score is 4

**Severe Haemophilia:** Factor levels <1 IU/dL and patients with inhibitors to FVIII and FIX

- Patients seen for review in Haematology outpatient clinic
- Preventative dental advice reinforced
- Patients seen by General Dental Practitioner for regular check-ups
- Patients referred to the Dental Hospital for invasive treatment requiring cover
- Fax referral to 020 7377 7687
- Patients who demonstrate prolonged bleeding after scaling or restorative treatment can be given a 10% solution of Tranexamic acid mouthwash

**Haemophilia patients who are Irregular dental attenders with acute dental problems**

- Fax referral to 020 7377 7687
- Dental Hospital to arrange dental assessment to diagnose and manage any acute dental problems
- Remedial treatment arranged in dental outpatients where appropriate
- Patient informed of need to see a dentist regularly and maintain good oral health

Based on Guidelines from The Scottish Health Group for the Medically Compromised
Haemophilia (2003) 9, 673-677 and Guidelines from the World Federation of Haemophilia Dental Committee
Prepared on behalf of Restorative Dentistry and Haematology by L. Nanayakkara & D. Hart January 2010