

Managing patients who are taking warfarin and undergoing dental treatment in Primary Care

General guidelines

If patients on warfarin who require dental surgery have an International Normalised Ratio (INR) of below 3.5, they can usually receive their dental treatment in primary care without needing to stop their warfarin or adjust their dose.

The risk of thromboembolism after temporary withdrawal of warfarin therapy outweighs the risk of oral bleeding following dental surgery.

Patients on warfarin may bleed more than normal, but bleeding is usually controlled with local measures.

Drug interactions

The list of drug interactions in this guidance is not comprehensive and practitioners are advised to check a source such as the BNF (www.medicinescomplete.com). However, common drugs that dentists may prescribe, which can cause interactions, are as follows:

Amoxicillin

There have been anecdotal reports that amoxicillin interacts with warfarin causing increased prothrombin time and/or bleeding, but documented cases are relatively rare. Patients requiring a course of amoxicillin should be advised to be vigilant for any signs of increased bleeding.

Erythromycin and other macrolide antibiotics (e.g. azithromycin)

Macrolide antibiotics interact with warfarin unpredictably and only in certain individuals. Patients should be advised to be vigilant for any signs of increased bleeding.

If increased bleeding occurs then the patient should be advised to contact their usual anticoagulant monitoring service to arrange additional INR testing and dose review.

Metronidazole

Metronidazole interacts with warfarin and should be avoided if possible. If it cannot be avoided, the warfarin dose may need to be reduced by a third to a half, and re-adjusted again when the antibiotic is discontinued. Patients should be advised to contact their usual anticoagulant monitoring service to arrange additional INR testing and dose review.

Analgesia

Non-steroidal anti-inflammatory drugs including ibuprofen, aspirin and diclofenac should not be used as analgesics in patients taking warfarin.

Dental surgery covered by this advice includes:

Treatment where the INR does not need to be checked:

- Prosthodontics
- Conservation
- Endodontics
- Hygiene Phase Therapy

Treatment where the INR does need to be checked (follow the diagram):

- Extractions
- Minor oral surgery
- Periodontal surgery

