



Australian & New Zealand

**HAEMOPHILIA CONFERENCE**

*Life Challenges* ~ **H<sup>i</sup>**

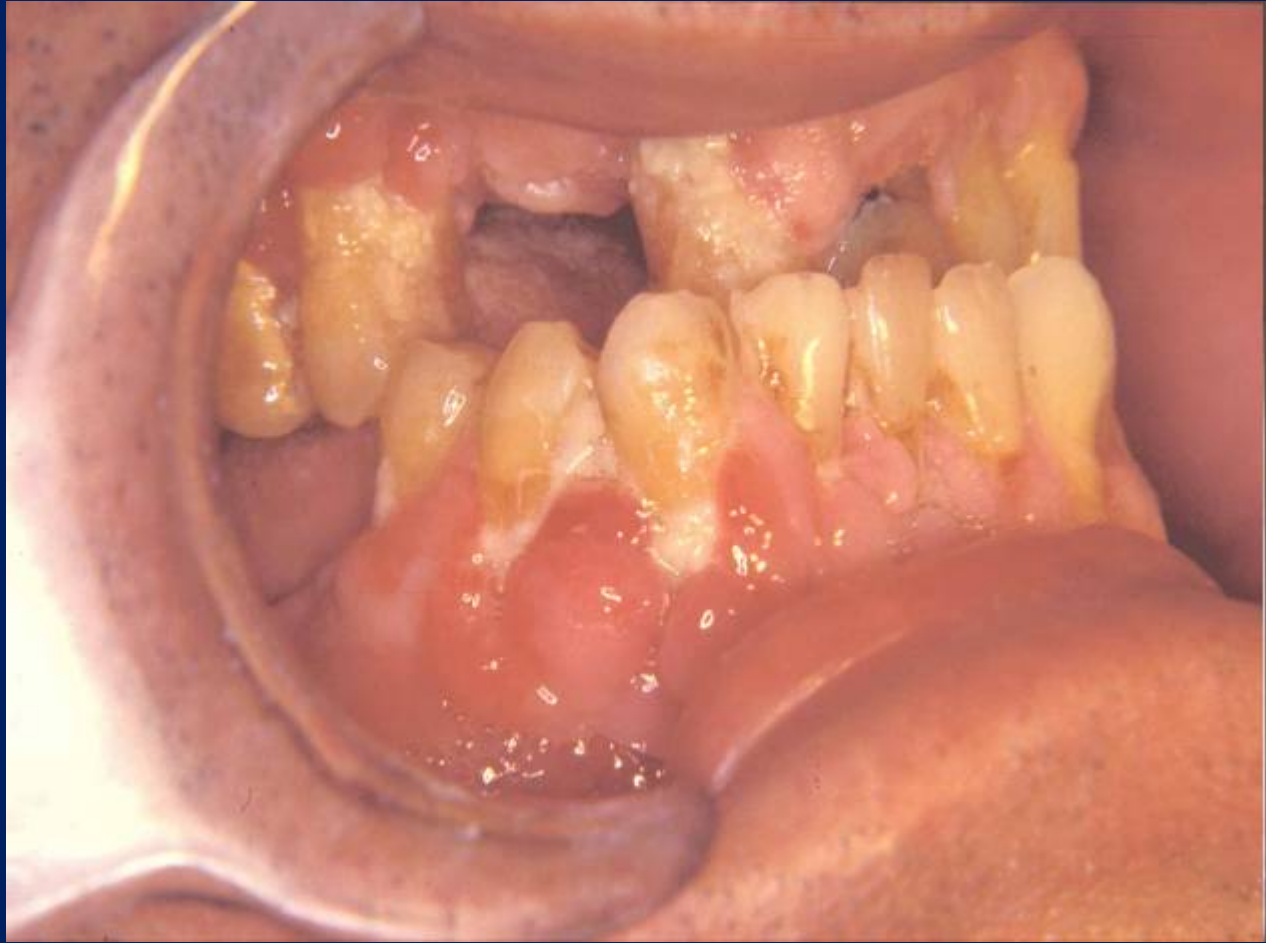
*Brisbane, 8-10 October 2009 [www.haemophilia.org.au](http://www.haemophilia.org.au)*

# DENTAL CARE & HEALTH

## ADULTS

Dr Ian Hewson Alfred Hospital Melbourne

HEALTHY GUMS DO  
NOT BLEED





# GOOD ORAL HYGIENE

Brushing

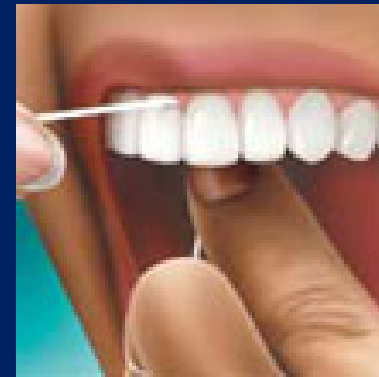
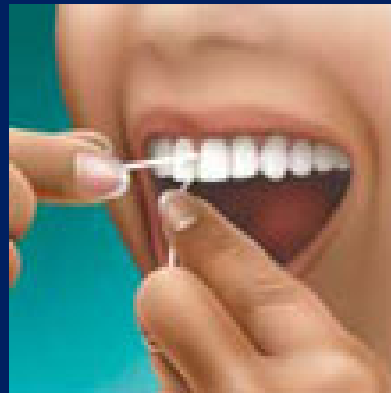
Floss

Interdental cleaning



Tooth Brushing









# **BRUSHING “RULES”**

**Twice a day (night most important)**

**Brush lightly**

**Brush at LEAST two minutes**

**Soft brush**

**Change brush regularly**

**Electric or sonic toothbrushes are OK**

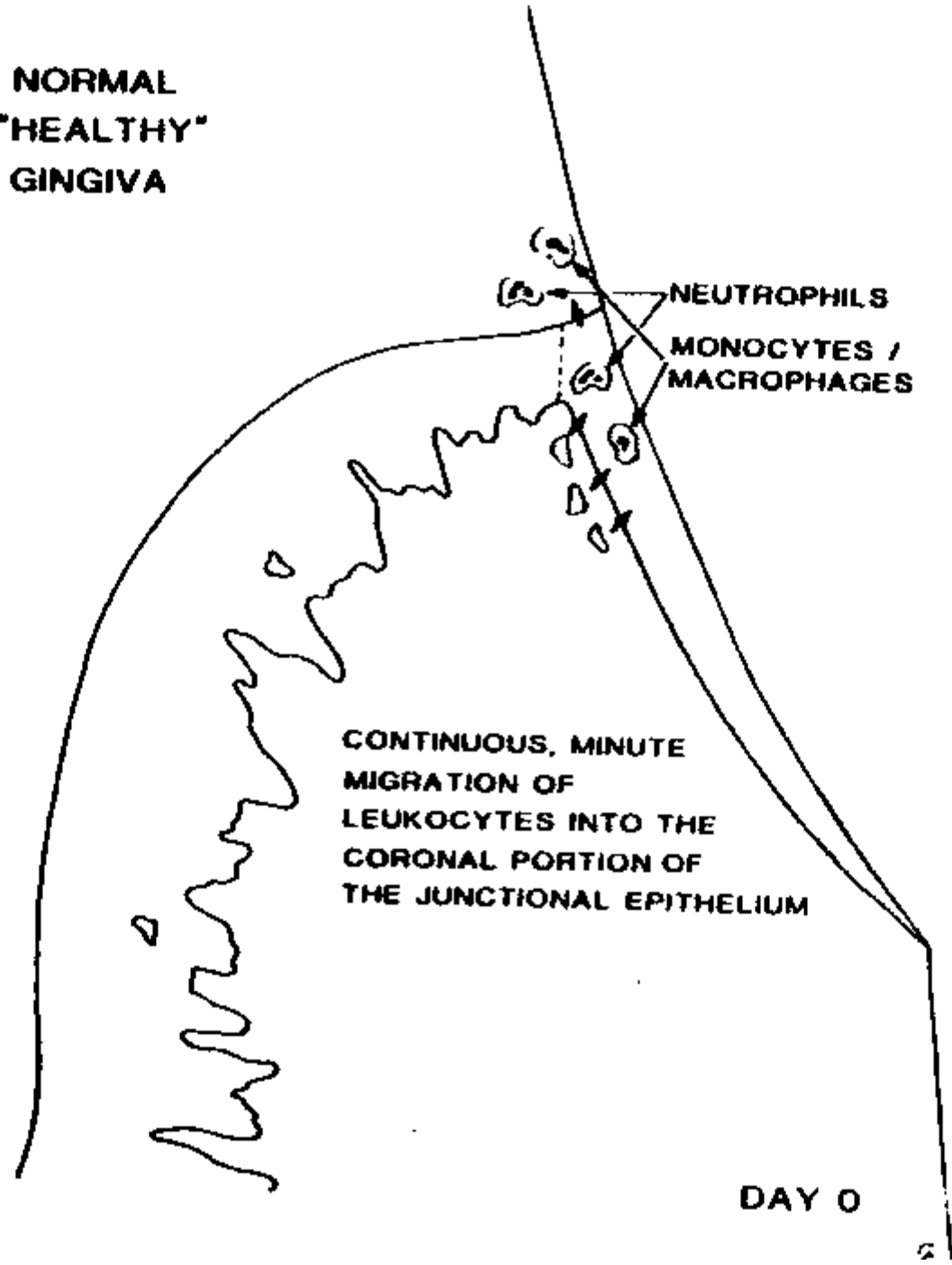
# WHY BRUSH and FLOSS

To remove bacterial film on teeth

To prevent periodontal disease

To prevent dental caries

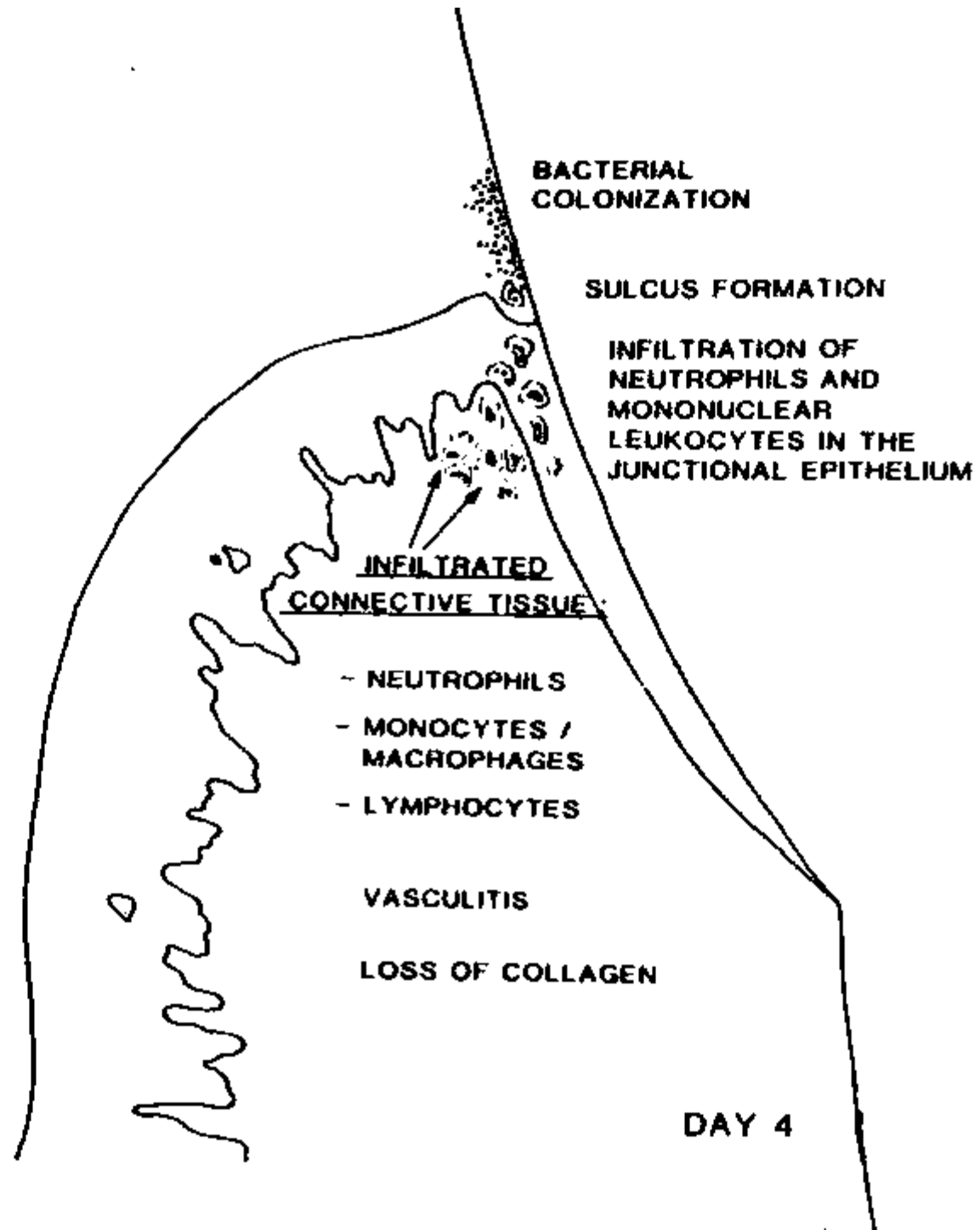
**NORMAL  
"HEALTHY"  
GINGIVA**

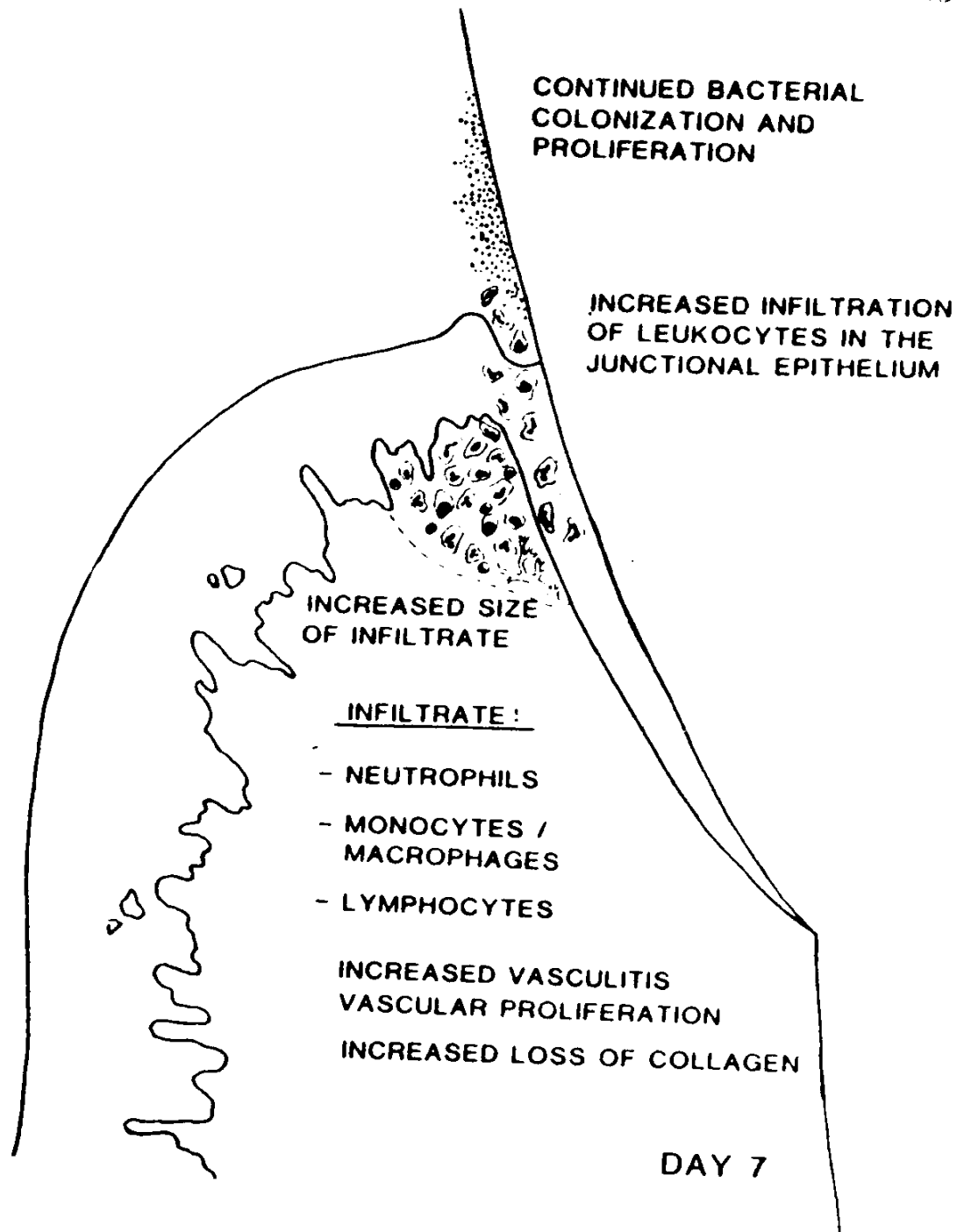


**CONTINUOUS, MINUTE  
MIGRATION OF  
LEUKOCYTES INTO THE  
CORONAL PORTION OF  
THE JUNCTIONAL EPITHELIUM**

**DAY 0**

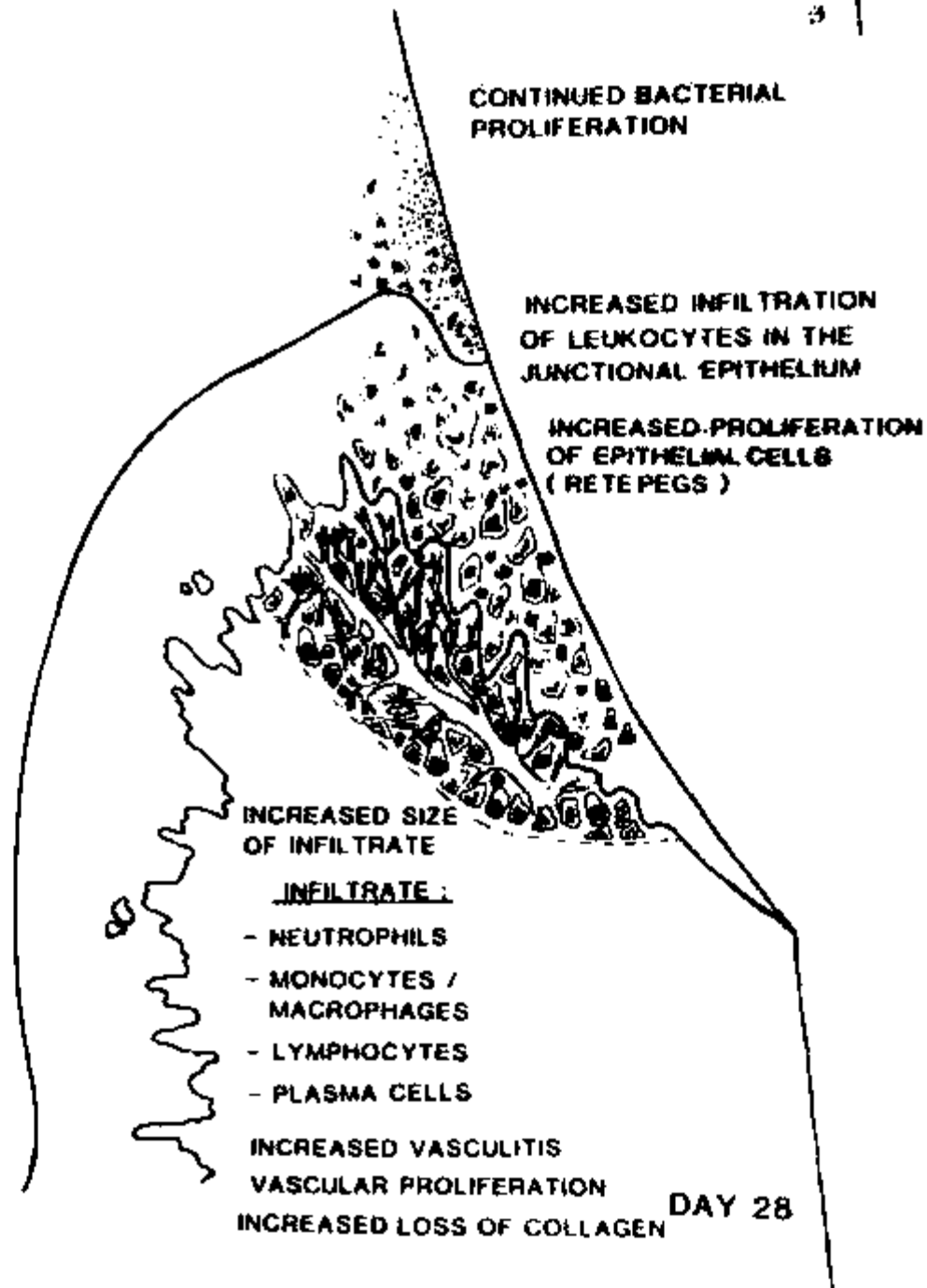
**b**



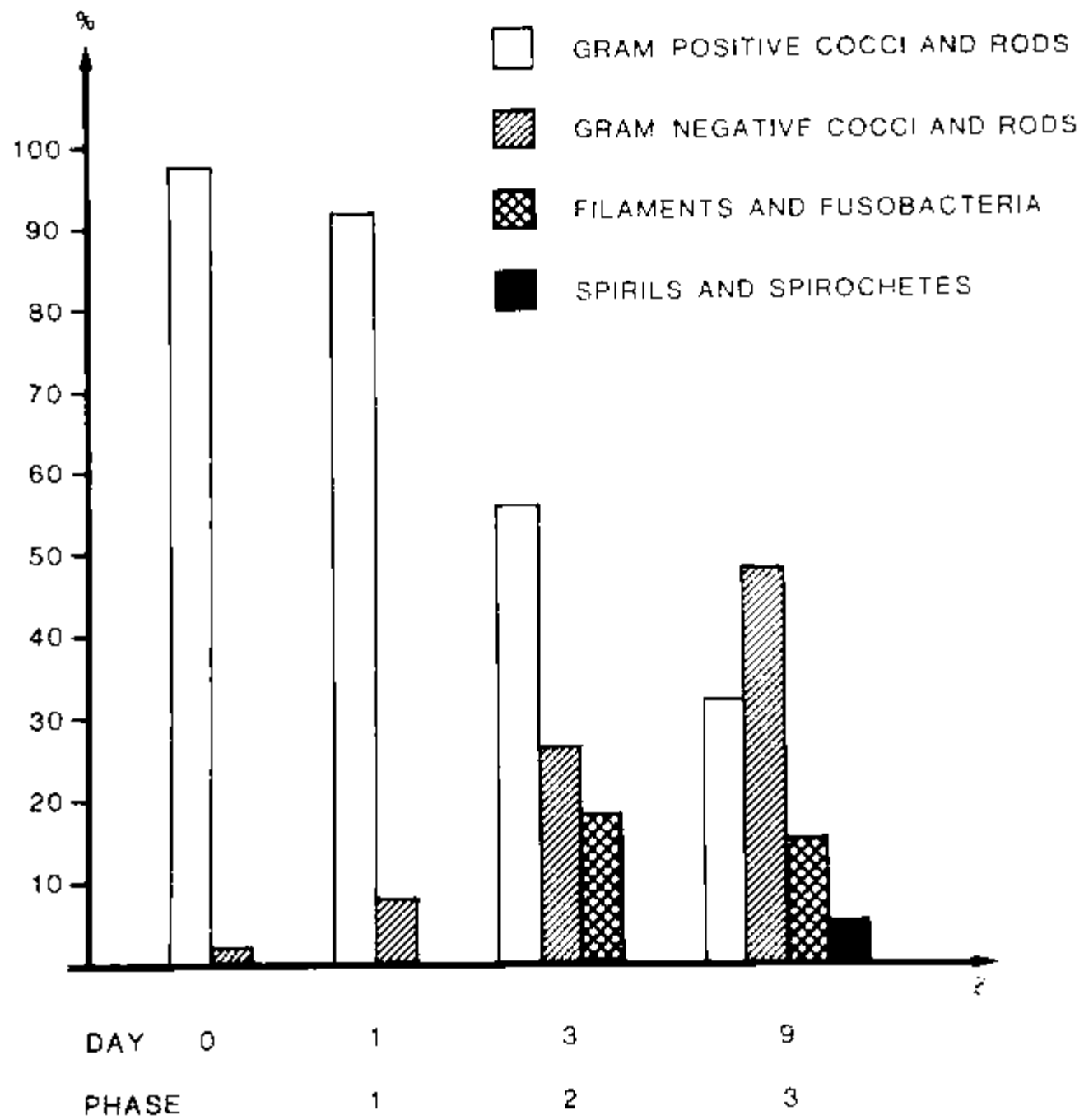


**C**

DAY 7



f



# PERIODONTAL DISEASE

[H]



[E]



# PERIODONTAL DISEASE



# PERIODONTAL DISEASE



# PREVENTING DENTAL CARIES

Good Oral Hygiene

Avoid high sugar foods

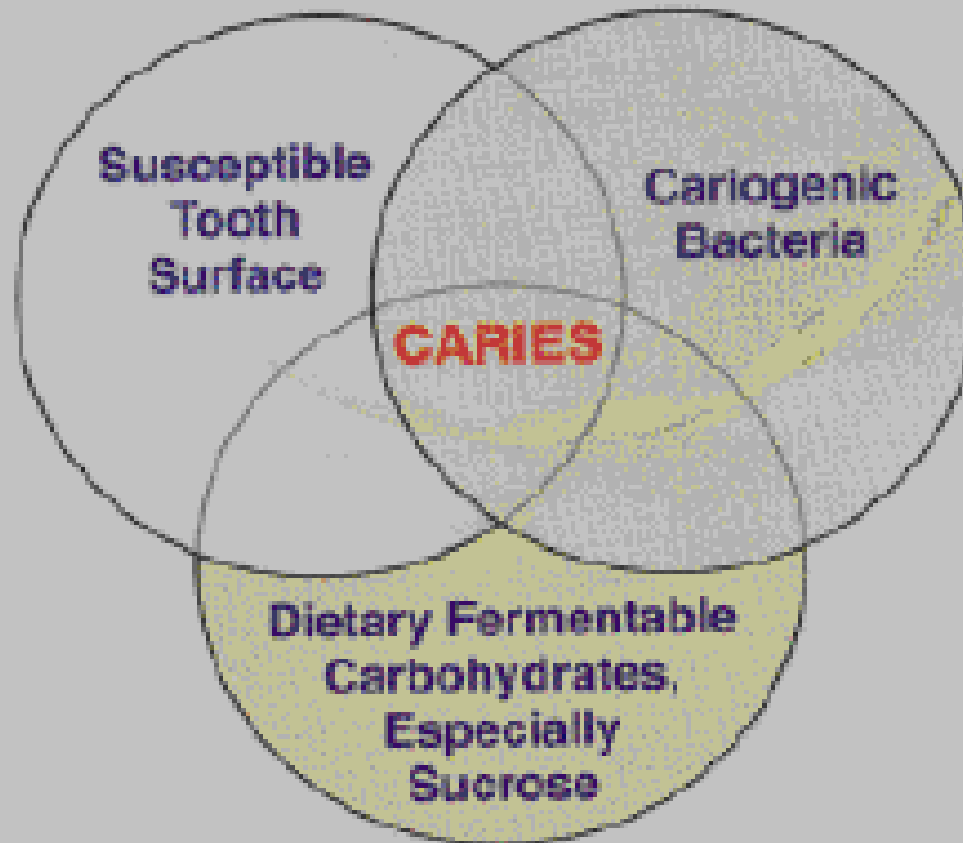
Avoid energy or soft drinks (High acid & Sugar)

Fluoride treatment

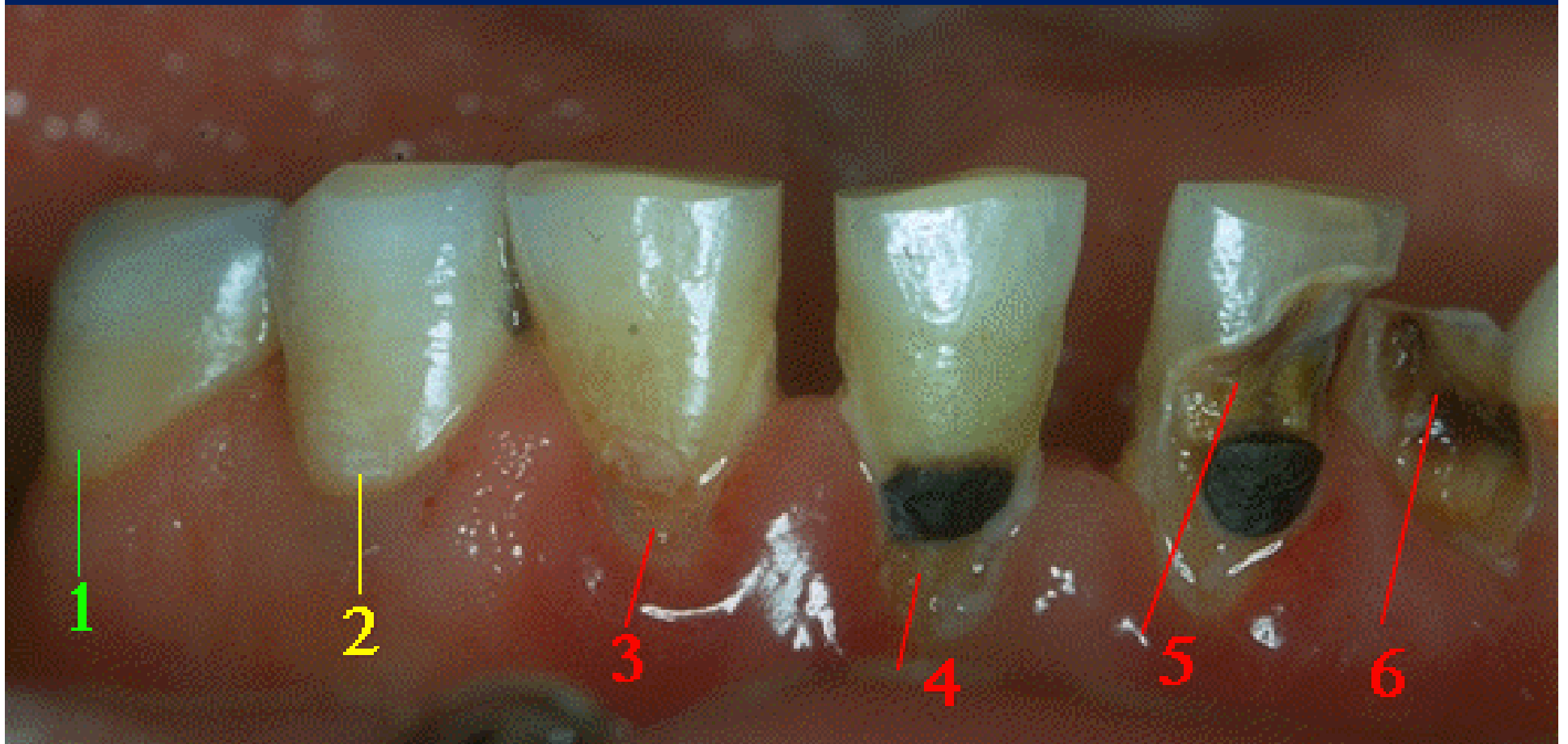
Regular Dental check ups

# DENTAL CARIES

**Dental Caries is a Multi-Factorial Infectious Disease**



# DENTAL CARIES





# DENTAL CARIES



# DENTAL CARIES



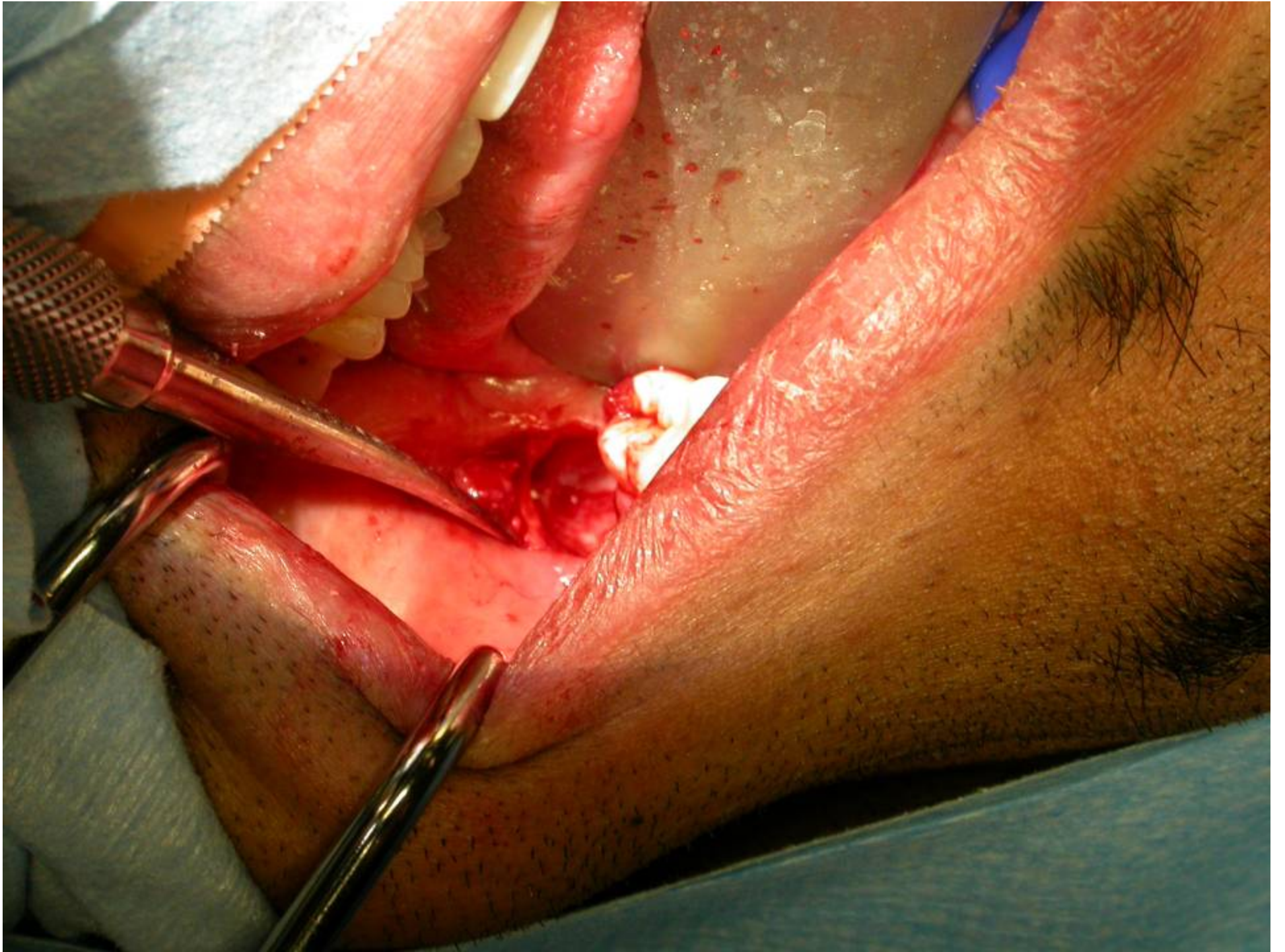
# NON PREVENTABLE DENTAL TREATMENT

Wisdom teeth

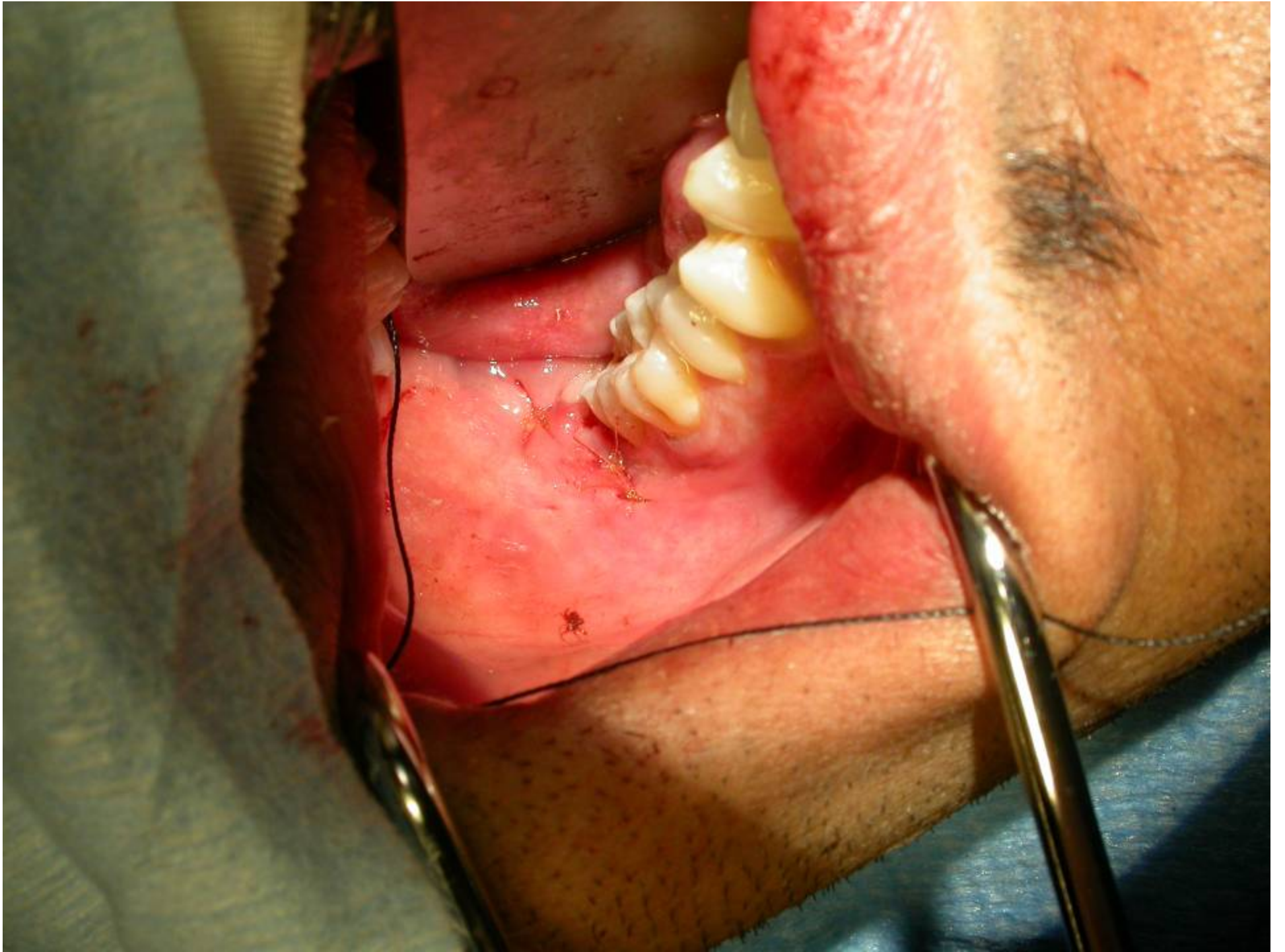
Trauma











# Alfred Haemophilia patients

## Protocol now:

Patients on regular prophylactic program, maintain this regime (factor levels at operation now being measured).

Use Laryngeal mask for GA patients

Marcaïn\* .5% 1:200,000 adrenaline to 16ml

No additional factors prescribed unless post op bleeding a problem.

Local haemostatic measures only

\* Bupivacaine HCL AstraZeneca

# Alfred Haemophilia patients

## Local haemostatic measures:

Flood socket with 5% tranexamic acid

Place gelfoam † or surgical #

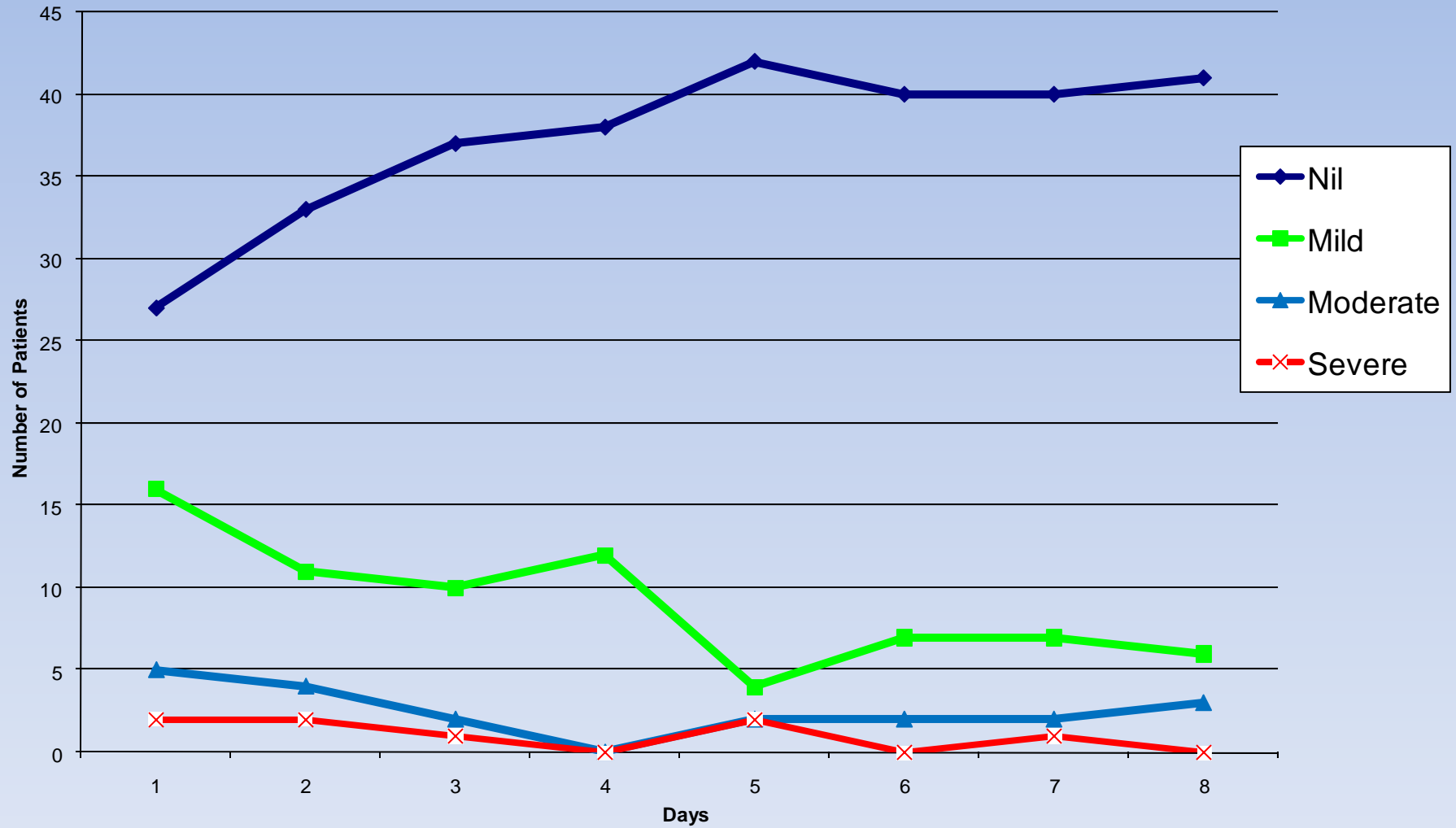
Close with 4-0 Monocryl ¶

# Oxidized cellulose Ethicon Johnson & Johnson

† Sterile gelatin Pharmacia

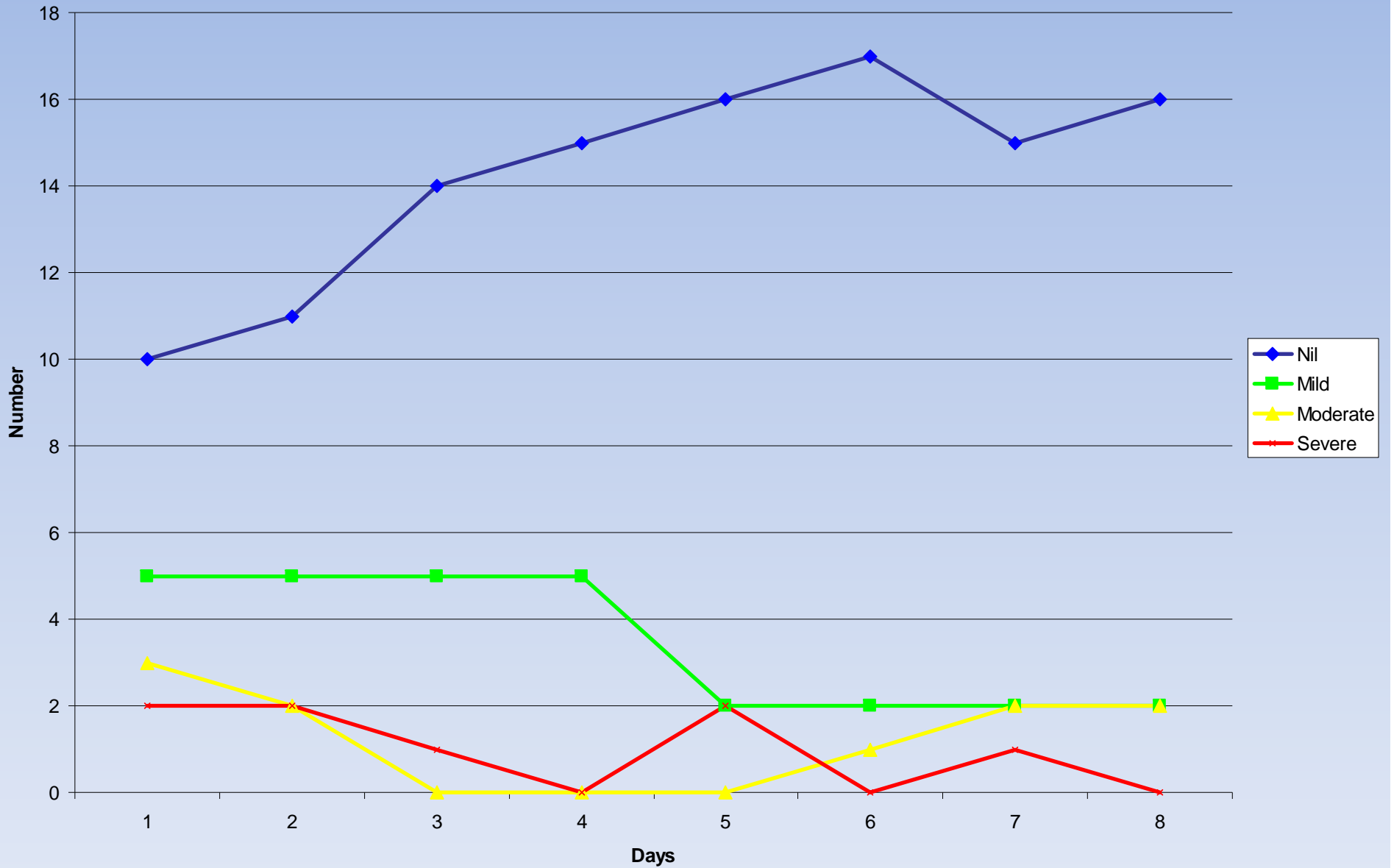
¶ Poliglecaprone 25 absorbable suture Ethicon

Total Number of patients and degree of Post-Op bleeding



At Day eight: Nil = 41 (82%), Mild = 6 (12%), Moderate = 3 (6%)

All Patients Severe & Moderate degree of post op bleeding



At Day eight: Nil = 16 (80%), Mild = 2 (10%), Moderate = 2 (10%)

# RESULTS

50 consecutive patients four required post operative treatment at hospital

Severe <1%, 12 patients (24%) Moderate >1% - 5%, 8 patients (16%) and Mild 6% - 35% 30 patients (60%)

A total of 111 extraction performed:  
28 Surgical, 83 Simple.

By day eight 94% of all patients had Nil or mild bleeding but 6% still had moderate bleeding (Required to apply pressure to socket to stop ooze/bleed)



# RESULTS

41 IND blocks administered with 27 gauge long needles No haematoma or swelling at site of injection

28 Surgical extractions (flap, bone removal +/- division): at day eight 71% had nil bleeding and 18% had mild bleeding (89%)

83 Simple extractions: at day eight 88% had nil bleeding and 9% had mild bleeding (97%)

# Alfred Recommendations

**Severe:** Assessed at Hospital and treatment as determined

**Moderate:** Most treatment can be carried out away from hospital, but in consultation with hospital

**Mild:** All treatment including extractions can be carried out away from hospital but in consultation with hospital



## Advice of AHCDO Specialist Dental Group

All patients see at presentation Child/Adult centre.

All patients can then be seen by LDO for regular check ups  
preventative measures.

Restorations can be carried out at LDO

Endodontics or orthodontics at LDO



## Advice of AHCDO Specialist Dental Group

Periodontal treatment: assessed by centre, treatment at centre or LDO depending on problem.

All extractions and other oral surgery at centre or in close cooperation with haemophilia unit

**THANK YOU**