

Haemorrhage post dental extraction

- Sit patient upright.
- Ask patient to rinse mouth out with cold water, use suction to remove excess blood clot that has spread around the mouth, beyond the tooth socket.
- Use a good light to examine the patient's mouth to identify the bleeding site.
 - **Common** sites of persistent bleeding after tooth extraction include the mucosa (near the floor of the mouth or the tongue) or the gingiva at the alveolar crest.
 - **Uncommon** sites of persistent bleeding after tooth extraction include the side or base of the tooth socket.
- Fold a couple of pieces of gauze or clean cloth, put over the area bleeding, and ask the patient to bite firmly for 15 - 30 minutes.
- Consider the patient's past medical history or use of drugs that can affect haemostasis (e.g. hepatic failure, von Willebrand disease, anticoagulants, antiplatelet drugs, complementary medicines).
- For patients who have had multiple tooth extractions, if the bleeding occurs from one extraction site, it is likely to be a local cause. Conversely, if the bleeding occurs from multiple extraction sites, consider systemic causes.
- Consider using an absorbable haemostatic pack (e.g. Surgicel®).

Common mistakes that result in inadequate pressure at the site of bleeding:

- Placing gauze over the adjacent teeth, rather than at the gum (site of bleeding.)
- Using paper tissues, cotton wool or excessive amounts of gauze.
- Patient continuously rinsing or spitting.
- Removing the gauze or cloth too soon to look at the bleeding site.
- If **bleeding continues** despite these initial measures:
 - ◇ Infiltrate the bleeding site with a local anaesthetic containing a vasoconstrictor.
 - ◇ Use an absorbable haemostatic agent (eg Surgicel®) to pack the surgical wound.
 - ◇ Tranexamic acid applied as a topical solution (10mL IV solution (10%)) can be considered as an additional haemostatic method if pressure is insufficient to stop the bleeding. Either rinse the bleeding site with tranexamic acid solution or use a gauze pad soaked in tranexamic acid solution to dress the bleeding site.

Dental Infections:

- Once a dental abscess has formed, extraction or root canal therapy is usually required to remove the source of the infection so advise all discharged patients to follow up with a dentist ASAP.
- Cellulitis of sublingual/submandibular area can be unilateral or bilateral and should be considered as a differential diagnosis of oral pain. This cellulitis may cause an obstruction to the airway (Ludwig's angina) or systemic sepsis.

Examination findings suggestive of dental abscess:

- Purulent discharge, visible collection or drainage of pus from around the tooth.
- Tender gingival swelling or erythema.
- Erythema and cellulitis of facial skin overlying tooth, submandibular or periorbital areas.
- Trismus or difficulty swallowing.
- Fever and systemic symptoms are often *not* present.

Investigations:

- Blood tests are not required unless systemic symptoms are present.
- Consider orthopantomogram (OPG) to assess for evidence of periapical abscess.

Patient with suspected dental abscess

Does the patient have:

- **Facial or submandibular cellulitis?**
- **Trismus?**
- **Systemic symptoms?**

YES

- Manage sepsis as per ED & hospital guidelines
- Analgesia
- IV antibiotics: (*check Therapeutic Guidelines Oral and Dental for updates*)
 - ◊ **Amoxicillin + clavulanate 1.2g QID**
 - OR if penicillin allergy:
 - ◊ **Clindamycin 600mg TDS**
- Organise CT face +/- neck
- Refer patient to Plastic Surgery team (covering Oral Surgery)

NO

- Discharge with advice to seek urgent dental treatment ASAP
- Advise a soft diet and simple analgesia to manage acute symptoms
- PO antibiotics:
 - ◊ **Amoxicillin + clavulanate 875 + 125mg BD** for 5 days
 - OR if penicillin allergy:
 - ◊ **Clindamycin 300mg TDS** for 5 days
- Advise to return to ED if patient develops systemic symptoms or facial swelling



Alveolar Osteitis (aka “dry socket”)

- Condition that may occur 2-3 days post dental extraction, if the blood clot is inadequate, or broken down due to inflammation or further.
- Necrotic debris may be present in socket and patient may have malodorous breath.
- Smoking is a risk factor.
- Usually self-limiting within 2-3 weeks.

Treatment:

1. Irrigation of the socket (chlorhexidine or warm saline to remove the debris).
2. Dress the socket with bismuth iodoform paraffin paste, lidocaine gel on ribbon gauze to protect from stimuli.
3. Oral analgesia.
4. Antibiotics – dry sockets are not a bacterial infection, thus antibiotics are only indicated if there are signs of infection (purulent discharge or swelling + erythema).
5. Return to the dental practitioner who performed the dental extraction ASAP for review.

Dental services available

We do not provide routine dental care and do not have a dentist on-call at Sir Charles Gairdner Hospital

- During working hours (Monday – Friday 8 am – 6 pm) advise patients to contact their own dentist or visit <https://www.dental.wa.gov.au/Find-a-Clinic/> or ph (08) 9313 0555 and make an appointment.
- Afterhours contact the **Dental Advice Service** line (ph 1800 098 818) for advice.
- Advise patient to look for a dentist on Australian Dental Association’s website <https://ada.org.au>— they need to scroll down and click on Find a dentist and then enter their suburb
- **Oral health centre of WA** (ph 6457 4400) offers subsidised dental care subject to means testing.
 - Emergency clinic 2pm to 5pm on Saturdays, Sundays and public holidays but patients require appointment that can be arranged by calling 6457 7626 between 1:30-4:30pm.
- **Derbarl Yerrigan** (ph 1300 420 272) provides a free dental service to Aboriginal and Torres Strait Islander people who are regular clients of Derbarl GP clinics.

References:

1. Therapeutic Guidelines 2021. Oral & Dental. Available from: [Topic | Therapeutic Guidelines \(health.wa.gov.au\)](https://www.health.wa.gov.au/Topic/Therapeutic-Guidelines)
2. Dental Emergencies guidelines Emergency Care Institute NSW [Dental Emergencies | Emergency Care Institute \(nsw.gov.au\)](https://www.emergencycareinstitute.nsw.gov.au/Dental-Emergencies) (Accessed April 2023)

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