

5 signs of bleeding



Easy bruising with indurations



Frequent or prolonged nosebleeds



Heavy menstrual periods



Prolonged bleeding after injury, childbirth and surgery



Prolonged bleeding/mucous membrane bleeding during dental work

« These signs may indicate a coagulation disorder. To investigate further, please turn the page and use the questionnaire.

www.signsofbleeding.com

Brochures on coagulation disorders are also available for other major medical disciplines

Relevant links to more information on von Willebrand disease and other coagulation disorders

www.wfh.org
www.ehaweb.org
www.esh.org
www.hematology.org
www.allaboutbleeding.com

www.nhlbi.nih.gov
www.ehc.eu
www.hemophilia.ca
www.intreavws.com

Address of local haemophilia center:

We would like to thank the international faculty for essential support:

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Literature

^[1] Plug I, et al. Bleeding in carriers of hemophilia. Blood 2006; 108: 52–56
^[2] Gupta A, et al. Bleeding disorders of importance in dental care and related patient management. J Can Dental Assoc 2007; 73: 77–83



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information about coagulation disorders

dentists



Coagulation disorders in dentistry

- Approximately 1% of the general population have a mutation in the von Willebrand factor gene
- Female carriers of haemophilia A & B have an increased risk of bleeding after trauma and medical interventions^[1]
- Dental procedures such as extractions and periodontal surgery may be associated with postoperative bleeding
- Excessive bleeding complicates suturing and may delay healing

It would be prudent to spend 5 minutes on '5 signs' in any of the following situations – either of these could indicate a coagulation disorder

- Bleeding for hours after a tooth extraction
- Mucous membrane bleeding during procedures

Before starting dental surgery, ask the patient about symptoms of potential coagulation disorders. It only takes 5 minutes – better safe than sorry!

5 minutes

5 signs

to be safer

Treatment of patients with coagulation disorders

Dental management

- Both the severity of the coagulation disorder and the extent of dental intervention must be considered^[2]
- Surgical location is important with regard to^[3]
 - postoperative access to bleeding sites
 - potential airway obstruction following haematoma formation

In patients with untreated coagulation disorders

- Minor procedures can cause prolonged bleeding, which can delay healing and may prevent completion of the procedure, e.g. suturing^[3]
- Anaesthetic injections are contraindicated due to risk of haematoma^[2]
- Risk of excessive bleeding after extraction or periodontal surgery^[2]; endodontic therapy preferred to extraction
- Badly fitting dentures or appliances can cause inflammation or ecchymosis^[1]

If you suspect a coagulation disorder, please determine the patient's 'bleeding history'



» Bleeding history

For further investigation, please ask these questions:

Medication and treatment

- Are you currently taking or have you recently received
- Antithrombotic medication: aspirin, heparin, clopidogrel, ticlopidine, vitamin-K antagonists (e.g. Marcumar, Warfarin)?
 - Non steroidal anti inflammatory drugs: diclofenac, ibuprofen?
 - Antibiotic medication: penicillin, tetracycline, sulfonamides, fluoroquinolones (e.g. Ciprofloxacin)?
 - Other drugs interacting with the coagulation system: valproic acid, megadoses of vitamin E?
- Have you ever had anaemia that required treatment, or have you received a blood transfusion?

Coagulation

- Have you ever had a spontaneous nosebleed that either persisted for 10 mins or required medical attention?
- Have you ever experienced prolonged bleeding (duration of 15 mins, or spontaneous recurrence within 7 days) from minor wounds?
- Women only: Have you ever had heavy menses where you needed to change a pad, or a tampon, more than hourly?
- Have you ever experienced heavy, prolonged or recurrent bleeding after minor or major surgical procedures, such as dental extractions or tonsillectomy?

Family History

- Can you recall any coagulation disorders among family members (these must be blood relatives)?
- Do any members of your family (blood relatives) regularly experience any of the '5 signs of bleeding'?

If an answer concerning coagulation or family history is positive, consider referring the patient to a haematologist

