

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-27

PAGE 1 of 2

SUBJECT: Dental Care and Patients with Advanced Liver
Disease (ALD)

EFFECTIVE DATE: September 2008
SUPERCEDES DATE: None

PURPOSE

To assure DOP inmates with Advanced Liver Disease (ALD) receive high quality dental care.

POLICY

All DOP dentists and hygienists shall follow these guidelines when performing invasive dental procedures on patients with ALD. Invasive procedures include extractions, other oral surgery, and any procedure likely to cause significant bleeding such as prophylaxis or gross debridement. Routine restorative procedures are generally not considered invasive procedures.

BACKGROUND

The majority of ALD patients in DOP develop the disease as a result of Hepatitis C infection and alcohol abuse.

A diagnosis of ALD is based on clinical presentation, liver function tests and other lab studies. Patients that are positive for Hepatitis B or C but not diagnosed with ALD do not require any special considerations for dental treatment.

ALD patients may have thrombocytopenia (platelet count < 150,000 platelets/mm³) and coagulopathies (defects in clotting) as evidenced by abnormal INR, PT, PTT or bleeding time values. These conditions may result in prolonged bleeding.

Patients with severe thrombocytopenia (< 50,000 platelets/mm³) are at high risk for post-operative bleeding.

PROCEDURES

1. If there is a question as to whether a patient has ALD, consult with the Primary Care Physician. The diagnosis should be listed on the Problem List (DC-439) in Section V of the Outpatient Health Record.
2. The Primary Care Physician should be consulted prior to initiating invasive dental procedures in patients with ALD to assess the risk of post-operative bleeding.
3. Patients shall be counseled in the risk and management of post-operative bleeding and be informed of possible sequelae such as prolonged bleeding, oozing, and clot breakdown. The discussion should be conducted in terms the patient can understand and be documented on the appropriate consent form.
4. Stable ALD patients usually tolerate invasive dental procedures without significant problems, but additional measures to promote hemostasis are recommended. These include the use of bone wax, placement of additional sutures to secure tissue margins, extra gauze to increase pressure on the wound and ice packs.

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-27

PAGE 2 of 2

SUBJECT: Dental Care and Patients with Advanced Liver
Disease (ALD)

EFFECTIVE DATE: September 2008
SUPERCEDES DATE: None

5. The patient should also be given clear and complete post-operative instructions to promote hemostasis (e.g., avoid chewing on the wound, no tobacco use, no straws, no spitting).
6. In order to determine the patient's response to treatment, it may be advantageous to initially extract one tooth or clean one quadrant. If there is no problem with hemostasis, more procedures may be completed at subsequent appointments if the patient's condition has remained stable.
7. If treatment is completed over several months, it is important to periodically consult with the Primary Care Physician. The patient's lab values may fluctuate and change the risk of post-operative bleeding.
8. Appointments should be scheduled early in the week and early in the day so support staff are present to provide assistance if hemostasis becomes a problem.



9/11/08

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Dental Director