

## INFORMATION FOR DENTISTS

It is recommended that you liaise with your patient's haematology team for advice regarding the severity of his / her bleeding disorder before undertaking treatment for the first time. It is essential that a rigorous preventative regime is followed to minimise the need for surgery or development of periodontal problems.

### General Tips

Comprehensive up to date guidelines for treating patients with haemophilia can be found at [www.wfh.org](http://www.wfh.org). X-rays, fissure sealants, fluoride treatments, fillings, supragingival polishing, root canal treatments and crowns can be carried out routinely on all patients. However, care should be taken with the soft tissues, especially the use of impression trays, aspirators and x-ray films in the floor of the mouth.

### Areas of Concern

Extractions, surgery and subgingival scaling pose a bleeding risk even with mild bleeding disorders so it is essential that these procedures are carried out with the necessary pre-operative special measures such as factor replacement, DDAVP or tranexamic acid tablets. Please refer your patient to his / her haematology centre if such procedures are required and the on-site dental team will advise or treat as necessary.

### Local Anaesthesia

Infiltration injections pose no risk to patients with bleeding disorders; however they should be administered slowly. Inferior dental blocks (ID blocks) potentially could cause a muscle bleed which might compromise the airway, so should be avoided where possible. Alternative techniques such as buccal infiltration or intra-ligamentary anaesthesia might be considered to anaesthetise lower primary molar teeth. If an ID block is unavoidable, many patients will require haematology support prior to its administration, and these patients should be referred to his / her haematology centre.

### General Anaesthesia (GA)

If required, dental treatment under GA is provided at the patient's haematology treatment centre in conjunction with the paediatric dental service.

## PRODUCED BY

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## DENTAL CARE FOR CHILDREN WITH HEREDITARY BLEEDING DISORDERS



## **TAKING ORAL HEALTH SERIOUSLY**

It is important for children with bleeding disorders to take good care of their teeth and gums. Regular visits to the dentist will reduce the chance of future problems such as extractions or mouth infections, which can lead to further problems.

### **Attending the Dentist**

Your child can attend their own dentist for routine care such as check-ups, x-rays, fissure sealants, fluoride treatments, fillings, cleanings, root canal treatments and crowns. You should inform the dentist about your child's bleeding disorder and advise them that further information is available from your child's haematology treatment centre.



Should your child need a tooth extraction or certain injections, your dentist should contact your haematology consultant or nurse as these types of treatment may need to be provided at a specialist centre.

Your dentist will advise you and your child on how best to avoid dental problems and will provide regular interventions such as fluoride treatments and fissure sealants to prevent dental disease. Every child with a bleeding disorder should attend their dentist twice a year.

### **Dental Injuries**

Injuries to the mouth may be more complicated in a child with a bleeding disorder. You should contact both your dentist and your haematology team if your child injures his / her mouth.



## **TOP TIPS FOR HEALTHY MOUTHS**

Use a soft, child sized toothbrush to brush teeth twice a day.

Children over two years should have their teeth brushed with a full strength fluoridated toothpaste.

For children under two, you should consult their dentist regarding toothpaste use.

Drink only milk and water during the day.

Drink only water at night.

Avoid fizzy drinks, juice and diluted fruit drinks.

Restrict sweets and sugary foods.

Attend the dentist by one year of age.

Have a check-up every six months.



## **FREQUENTLY ASKED QUESTIONS**

Many parents have questions about their child's dental care. These are some of the most common. If you have more questions just ask your dentist or your haematology treatment centre.



### **What type of dentist can my child attend?**

Your child can attend a family dentist, a dentist working in the HSE (school dentist), or a private paediatric dentist. Your haematology team can contact your child's dentist and give any necessary advice.

### **Where should my child have a dental extraction carried out?**

A dental extraction should usually be carried out at a haematology centre with specialist dental care.

### **Should I brush my child's teeth if they bleed?**

Bleeding gums are usually a sign of gum disease and this is usually caused by poor brushing. If your child has a bleeding disorder this may mean that his / her gums bleed more easily. The best treatment is to improve your child's tooth brushing and attend your dentist for a check-up and cleaning.

### **Does my child need extra protection when teeth come into the mouth or when baby teeth fall out?**

The majority of children with bleeding disorders do not have problems with teeth coming in or falling out. If there is a significant bleed, contact your haematology team.