

1.

Medical Record Review - 2



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Medicine III
Tufts School of Dental Medicine

(c) 2006, Kanchan Ganda. M.D.¹

2.

General Information



General Information

- Male, 74 y.o.
- 5'8", 170 lbs.
- Chief concern: "I'm here for a cleaning."

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3.

Vital Signs



Vital Signs

- BP - 134/79 - Prehypertensive
- Pulse - 71 beats/min
- Temperature: 98.6°
- Respiration Rate - 15/min

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4.

Medical History



Medical History

- Benign Prostatic Hypertrophy (BPH)
- Stroke
- Cardiac arrhythmia
- Hypertension (controlled w/ meds)
- Mitral Valve Prolapse (with regurgitation)

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5.

Dental Hx



Dental Hx

- Last routine checkup
- Last dental tx
- Recall every 6 months

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6.

Social History



Social History

- Smoker
 - ~1/2 pack/day for 20 years
- 1-2 drinks/week

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7.

Medications



Medications

- Warfarin - 5 mg
- Fosinopril - 10 mg
- Metoprolol - 25 mg
- Simvastatin - 10 mg
- Bupropion - 150 mg
- Aspirin - 81 mg

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8.

Nutritional Supplements



Nutritional Supplements

- Folic Acid
- Vitamin E
- Multivitamin

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9. Planned Dental Treatments



Planned Dental Treatments

- Denture Recare
 - Complete maxillary denture
 - Mandibular partial denture
- Regular prophylaxis on remaining mandibular teeth (#22-27) every 6 months

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10. Lab Values for Major Procedures (extractions, perio surgery,...



Lab Values for Major Procedures *(extractions, perio surgery, etc.)*

- PT/INR - Not available
- Platelet Count - Not available

Lab values were not available due to inaccurate/old MD contact information provided by the patient.

**MAKE SURE THE PATIENT'S
PHYSICIAN INFO IS CURRENT!**

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11. Lab Values, cont.



Lab Values, cont.

- PT/INR therapeutic range of Warfarin is normally 2.0 - 3.0.
 - A good value for major surgery should be 1.5 - 2.0.
- Platelet count:
 - Greater than 50k/mm³ for “minor” dentistry (restorative, prosthodontics, etc.)
 - Greater than 75k/mm³ for “major” dentistry (open flap perio surgery, multiple extractions, etc.)
 - Aspirin needs to be stopped 7-10 days before “major” dentistry

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12. Possible DDI's and Contraindications



Possible DDI's and Contraindications

- Warfarin (anti-coagulant)
 - Contraindicated with acetaminophen, antifungals, cephalosporins, COX-2 inhibitors, macrolides, metronidazole, NSAIDs, and tetracycline derivatives. May cause excessive bleeding
- Simvastatin (anti-hyperlipidemic)
 - Avoid -azole antifungals, clarithromycin, doxycycline, erythromycin
- Metoprolol (ACE inhibitor)
 - Aspirin, NSAID's reduce efficacy, avoid topical cocaine
- Fosinopril (ACE inhibitor)
 - NSAID's reduce efficacy
- Aspirin
 - Excessive bleeding possible (esp. in combination w/ Warfarin). Consult with pt's MD for possible discontinuation prior to surgery/extractions.

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13.

Warfarin Info



Warfarin Info

- If pt is authorized by his MD to stop warfarin prior to major surgery, stop 48 hours before procedure.
- If pt is *not* authorized by the MD:
 - Admit pt to hospital for inpatient warfarin/heparin transition and subsequent treatment.

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14.

Warnings



Warnings

- Mitral valve prolapse (w/ regurgitation): *Always* premedicate for perio probing, impressions, etc. Also, if planning on using same antibiotic for premedication, space appointments 7-10 days between procedures.
 - 2g amoxicillin 1 hr prior to appt.
- Coumadin
 - Monitor PT/INR for perio surgery/extractions, consult with pt's MD for possible discontinuation if major procedures are planned.
- Heightened risk of caries due to xerostomia from medications.

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15.

Warnings, cont.



Warnings, cont.

- Hx of stroke -
 - No dental treatment within 6 mos of CVA.
 - No epi within one year of CVA.
 - After one year, use caution with any dental anesthetics containing epi (limit to two carpules/visit (not per procedure)).
 - Try to avoid centrally-acting pain meds (no respiratory depression).

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16.

AAA's - The Big Payoff!



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- Anesthetic -
 - Lidocaine (limit 2 carpules)
 - If more than 2 carpules of anesthetic are needed, Mepivacaine.
- Antibiotic -
 - Clindamycin (at cidal dosages), due to pt's premedication schedule
- Analgesic -
 - Regular strength acetaminophen (325 mg) (with caution - no more than 2-3 days duration, no ETOH, lots of water, may blunt the effect of aspirin as a blood thinner)

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