



Warfarin and Dentistry

1. We do not recommend that patients stop warfarin prior to oral or dental surgery.
2. We do recommend testing INR the day of or the day before oral or dental surgery (but not simple exam and cleaning.) An INR of 3.5 or less is acceptable.
3. We recommend patients on warfarin inform their dentist or oral surgeon that they take an anticoagulant. They should ensure that their dentist or oral surgeon is comfortable performing procedures on patients taking warfarin and is familiar with the use of local therapy to stop bleeding (e.g. tranxemic acid 4.8%.)
4. These recommendations are based on numerous scholarly articles in both the medical and dental literature.
5. We are publishing these recommendations because the risk of blood clots is higher than the risk of bleeding from oral surgery or dental procedures.

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