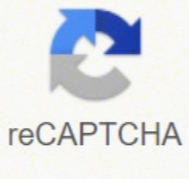




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Anticoagulation guidelines dental procedures

Key Points	Rivaroxaban	Apixaban	Edoxaban	Dabigatran
Mechanism of action	Factor Xa inhibitor	Factor Xa inhibitor	Factor Xa inhibitor	Direct thrombin inhibitor
Time to peak	2-4 h	3-4 h	1-2 h	15 h
Half-life	5-13 h	12 h	10-14 h	12-17 h
Oral bioavailability	66%	> 50%	62%	3%-%
Excretion	Kidney, 30%; feces, 7%	Kidney, 20%; feces, 50%; minimal biliary	Kidney, 50%; rest is biliary/ intestinal and metabolism	Kidney, 80%
Plasma protein binding	92%-95%	~ 90%	55%	35%
Absorption	Primarily proximal small intestine; some gastric absorption	Primarily proximal small intestine; some gastric absorption	Proximal small intestine	Lower stomach and duodenum
Dosing for initial VTE treatment	15 mg twice daily for 21 d followed by 20 mg daily (with largest meal)	10 mg twice daily for 7 d followed by 5 mg twice daily	Parenteral agent for 5-10 d followed by 10 mg daily or 30 mg daily if any of following: CCl, 15-50 mL/min, weight < 60 kg, or concomitant P-glycoprotein inhibitor	Parenteral agent for 5-10 d followed by 150 mg twice daily
Dosing for VTE prophylaxis or extended treatment	10 mg daily after at least 6 h of therapeutic anticoagulation	25 mg twice daily after at least 6 h of therapeutic anticoagulation	Not studied	No dose adjustment
Special considerations	Avoid if CrCl < 30 mL/min or Child-Pugh class B and C; must be taken with food	Avoid if CrCl < 15 mL/min or Child-Pugh class B and C	Avoid if CrCl < 5 mL/min or Child-Pugh class B and C	Avoid if CrCl < 30 mL/min or Child-Pugh class B and C; if dyspepsia, upper GI symptoms
Dose adjustments*	None (no adjustments for age, weight, or sex)	None (no adjustments for age, weight, or sex)	Decrease to 5 mg daily if any of following: CrCl 15-50 mL/min, weight < 60 kg, or concomitant P-glycoprotein inhibitor	None (no adjustments for age, weight, or sex)
Drug interactions	P-glycoprotein, CYP 3A4/5	P-glycoprotein, CYP 3A4/5	P-glycoprotein	P-glycoprotein, PPIs
Laboratory measurement (to determine if present/ not present only)	Anti-Xa	Anti-Xa	Anti-Xa	Dabigatran time
Reversal agent	Andexanet (specific) or 4F-PCC (nonspecific)	Andexanet (specific) or 4F-PCC (nonspecific)	4F-PCC (nonspecific)	Manucumab (specific)

Abbreviations: CrCl, creatinine clearance; CCl, creatinine clearance; DOAC, direct oral anticoagulant; GI, gastrointestinal; PPI, proton pump inhibitor; VTE, venous thromboembolism.

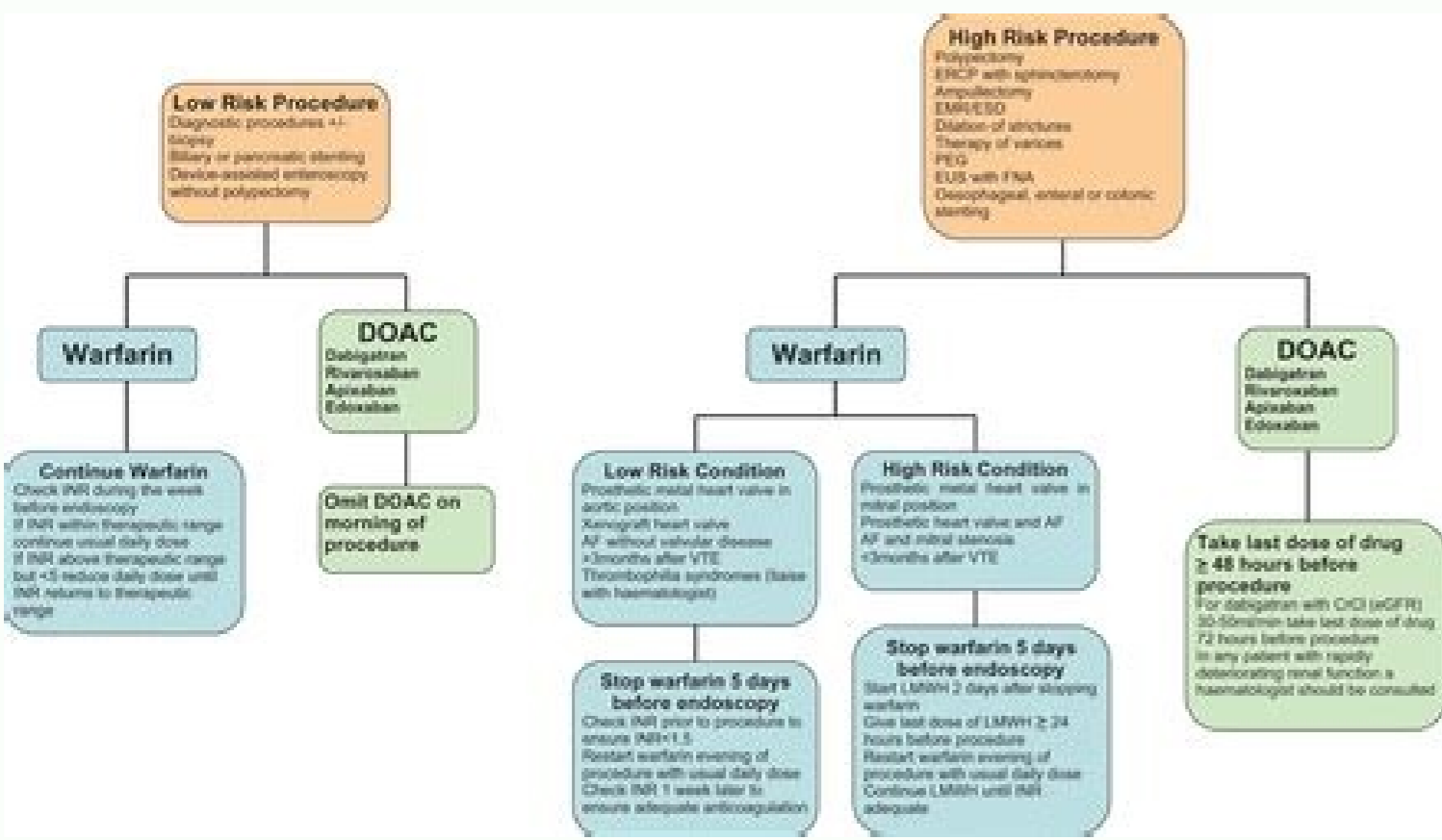
*Dose adjustments are necessary for the treatment and secondary prevention of VTE. There are different doses and dose adjustments for the use of DOACs in other indications such as prevention of stroke in atrial fibrillation, prevention of VTE in elective hip/knee surgery, and prevention of cardiovascular events with PPI or CCl.

ANTICOAGULATION GUIDELINES FOR NEURAXIAL PROCEDURES

Guidelines to Minimize Risk Spinal Hematoma with Neuraxial Procedures

STANFORD SCHOOL OF MEDICINE Stanford University Medical Center	Minimum time between last dose of anticoagulant & spinal injection or catheter placement * longer in CRI/AKI	Use of Antithrombotic Agents in Patients with Indwelling Neuraxial Catheters	Minimum time between spinal injection or catheter removal & next dose of anticoagulant	
TRADITIONAL ANTICOAGULANTS				
Warfarin	when INR < 1.5	CONTRAINDICATED	2 hours	
Heparin full dose IV	when aPTT < 40. Check after holding 2 hours	Indwelling catheter OK	1 hour	
Heparin minidose (5000 Units) SQ BID	No contraindication			
Heparin minidose (5000 Units) SQ TID	when aPTT < 40 or 6 hours after last dose			
Heparin full dose (>5000 Units) SQ bid or TID	when aPTT < 40 or 6 hours after last dose			
Fondaparinux (Arixtra) <2.5mg SQ qd (prophylaxis)	36-42 hours	CONTRAINDICATED	6-12 hours	
Fondaparinux (Arixtra) 5-10mg SQ qd (full dose)	Contraindicated			
Enoxaparin (Lovenox) 1mg/kg SQ bid; 1.5mg/kg SQ qd (full dose)	24 hours*			24 hours
Enoxaparin (Lovenox) 40mg SQ qd (prophylaxis)	12 hours*			6-8 hours
DIRECT THROMBIN INHIBITORS				
Argatroban	unknown on when DTI assay < 40 or aPTT < 40	CONTRAINDICATED while catheter in place	unknown	
Bivalirudin (Angiomax)				
Lepirudin (Refluxan)				
Dabigatran (Pradaxa)				7 days
ORAL ANTIPLATELET AGENTS				
Aspirin/NSAIDS	May be given. No time restrictions			
Clopidogrel (Plavix)	7 days	CONTRAINDICATED while catheter in place	2 hours	
Prasugrel (Effient)				
Ticlopidine (Ticlid)				14 days
GP IIb/IIIa INHIBITORS				
Abciximab (Reopro)	48 hours	CONTRAINDICATED while catheter in place	2 hours	
Eptifibatid (Integrilin)	8 hours*			
Tirofiban (Aggrastat)	8 hours*			
THROMBOLYTIC AGENTS				
Alteplase (tPA) Full dose for stroke, MI, etc	10 days	CONTRAINDICATED while catheter in place	10 days	
Alteplase (tPA) 2mg dose for catheter clearance	May be given. No time restrictions (maximum dose 4mg/24 hrs)			
NEW AGENTS				
Apixaban (Eliquis)	unknown for neuraxial procedures but hold 48 hours for surgery			

Date 3/28/2013



RECOMMENDATIONS
• Anticoagulation does not need to be stopped for patients in therapeutic range, i.e. INR < 3.
• Minimize trauma
• Fibrin / Gelatin sponge
• Gauze saturated with tranexamic acid
• Tranexamic acid mouthwash
• Silk suture made on case-by-case

Thromboembolism risk	Therapeutic procedures before and after surgery					
	4-5 days before	2-3 days before	Night/day before	Day of surgery	After surgery	72 hours + after
Low	Withhold warfarin		If INR > 2, 1-5 mg vitamin K (iv)	If INR < 1.5 proceed If INR > 1.5 defer If surgery is urgent, Prothrombinase (25-50 IU/kg) + 150-300 ml FFP or FFP alone	Start warfarin on same day at previous maintenance dose Employ thromboprophylaxis as per usual practice	
High	Withhold warfarin	Start treatment dose unfractionated heparin (iv) or low molecular weight heparin (LMWH)* (iv/SC)	If using LMWH, last dose (max dose of enoxaparin 1mg/kg) at least 24 hours before surgery	If using unfractionated heparin, discontinue 4-6 hours before surgery	Recommence warfarin ASAP Start heparin or LMWH 12-24 hours post-operatively If using LMWH, give thromboprophylactic dose If using unfractionated heparin, aim to prolong APTT 1.5x	Fully anticoagulate patient with warfarin if no evidence of bleeding Cease heparin or LMWH 48 hours after target INR is reached

Chest guidelines anticoagulation dental procedures.

Unlike a regular dental cleaning running \$ 50-100, this can cost between \$ 140-300 per quadrant depending on the technology used, the dentist's location and the type of dental coverage it has. With dental insurance, it is usually a supplement to the amount of money you are paying out of your pocket. Your dental office will give you a receipt. Enable scripts and reload this page. This is not necessary for everyone to submit. These are just some of the procedures that dentists may have to do if it suffers from dental problems. It is not cheap to eliminate the teeth and it can cost between \$ 130 and 400. When you get a medical insurance, it usually provides a good part of the coverage. Extraction extraction is, by far, one of the least favorite people, people like to go to their dental doctor for. This is done to restore or improve your smile. Similar to fillings, the cost of a dental crown will depend on the material that is used. The deep cleaning of cleaning is also known as brushing and brushing racle. Crowns crowns, commonly called "capsules", help preserve any damaged tooth that may be cracked, replace the pre-existing crowns or help restore the teeth that have an excessive decayance. CC BY-SA 3.0 / Nick Youngson / Picpedia "ProviderPrado" is not always the best when an insurer recommends a A e a, A "Preferred supplier", which is more likely to recommend a supplier that costs less money May others. The dental union is, by far, the easiest cosmetic and less expensive dental procedure and costs between \$ 100-400 per tooth. CC0 / Rawpixel.com / Pixels can (probably) choose the dentist that you want, even if your PPO or HMO offers a list of preferred providers, it is most likely that you can go to the dentist you want, even if the dentist is not on that list. CC BY-SA / Nick Youngson / PicServer Your dentist is not necessary that you send your insurance forms if you find a dentist who does not take insurance, insurance, simply means that you will have to pay out of pocket for the procedure and file your insurance forms yourself. Dental union is for those who may have a decomposed, splintered or broken tooth that needs cosmetic attention. They essentially remove the tooth from the bone cavity of the jawbone, leaving the patient in pain for the next few days. Each crown will pay you back between \$1,000-3,500 but will last between 10-15 years. This may mean that your benefits are lower than the average costs charged by dentists. Check with your insurance company before booking appointments to make it clear who you are responsible for. Dental fillings include composite materials, which last five to seven years and can cost between \$135 and \$240 per fill, and silver porcelain and amalgam, which do not need to be replaced for about 12 years and cost about \$110 to \$200 per fill. MORE OF LIFE123.COM On average, however, they usually last from three to ten years. These bridges last between 10 and 20 years. How much coverage your employer pays determines how much the insurer pays. One of the benefits of only needing a filling is that it can be done immediately and performed with a local anesthetic. Patients can choose from a variety of bridges that will be cemented in place after taking x-rays and impressions of the treatment area. If this is not the case, contact your doctor and you should take proactive steps to find out what the problems are, solve the root of the problem, and find preventative solutions to prevent it from happening again. Your dentist will evaluate your plaque and gum build-up and if you need to have this deep cleansing, schedule an appointment as well as follow-up. They are often performed on those who need to repair minor tooth fractures, suffer from loss of enamel that is a part ed sotoF/0.2 YB CC. selatned seicrepus sal oda±Aad nah eug solleuga o lated seirac al ed Above the usual and usual rates; it doesn't mean what you think it means when insurers say the amount your dentist is charging is above their usual rates, that's not necessarily, as set out in dental products. Report. CC0 / Free-Photos / PIXABAY 80 to 100 percent coverage is not always accurate, although insurers often state that they pay 80 percent to 100 percent of the rates, that's not always true. If you are currently suffering from toothache, the pain may be caused by a build-up in your breasts. The price varies from \$ 700-1500 per tooth, depending on the material that is used, the amount of preparation that is needed and the insurance the patient has. CC0 / DANIELFRANK / PEXELS It is extremely important to start practicing healthy dental practices at an early age, as they can save you valuable time, money and energy in the future. This is commonly done in situations where there may be tooth decay or severe damage to teeth or damage, a tooth does not work and does not have opposite teeth to bite, or if there are additional teeth that need to be removed for incoming ones. Sounds like nothing's changed, right? CC0 / OLEG MAGNI / PEXELS People are often excited when they receive dental insurance for their jobs. They are excited, that is, until they realize that dental insurance is not like medical insurance. CC BY-SA 2.0 / 401 (K) 2013 / FLICKR Dental insurance did not exist before 1954 before 1954, all dental costs were paid by the individual. CC0 / Quicksandala / Pixabay Many routine dental procedures are not covered by deep cleaning insurance to small fillers, many dental procedures that I thought would be covered by dental insurance often do not. CC BY-SA 2.0 / FILE989 / FLICKR Dentists charge the same fees to all treatments: otremelancese setneid ed etreap nu, selaicrap saraduted y setnalpmi sol a seralmis setneup atstined led apluc se on ose orep ,etneicrap omic'Arp le eug sonem o sAm ragap edeup eug 'Teeth missing. To avoid having to do too many unnecessary trips to the dentist, remember to implement basic dental hygiene practices in your daily life, such as brushing twice a day, dental floss once a day and attend regular checks every six months so that they can detect potential problems before they become a broader issue. It does not mean that they are better dentists. The major dental plans may differ, so check with your plan. The dentist performs a complete deep cleaning by removing the plaque and accumulation of tartarous around the teeth and pockets in the Eamens and smoothing the roots of the teeth and getting rid of the bacterial toxins. Keep in mind that you can end up paying more. More from Sentomfnd.com you may be trying to access this site from a secure browser on the server. Unlike the filling, the crown offers more support, but has an expensive price. CC0 / OSWALDORUIZ / PIXABAY Understands its A e a, "alternate benefits: insurers sometimes encode a procedure that obtains from their dentist so that they only have to cover a part of it, as established by the IQ dentology. However, The most common reason for the extraction of teeth is the space of the incoming wisdom that occupies space. You will be responsible for the balance. What you pay will depend on your specific insurance plan. This may vary from porcelain, melted metal At all zero to gold. The filling fillings are one of the most common restorative dentistry treatments that patients receive. Essentially, a durable plastic color called resin is applied to his teeth that then hardened and the teeth are joined if, for example, it has a space between your teeth. The period of time that lasts depends on a series of factors, such as the amount of union that was performed and the general oral habits of the The first insurance plans were introduced in Bay

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