

DENTAL CARE FOR PEOPLE WITH BLEEDING DISORDERS DURING COVID-19 – WHAT'S CHANGED?



Dr. Glenn Pierce, MD, PhD

Dr. Alison Dougall, B.Ch.D, MA, MSc.SCD

Dr. Zikra Alkhayal, BDS, MSc, FABPD

Dr. M. Elvira P. Correa, DDS, PhD

Wednesday, 3 June 2020



SPEAKERS & PANELISTS



Dr. Glenn Pierce
MD, PhD



Dr. Alison Dougall
B.Ch.D, MA,
MSc.SCD



Dr. Zikra Alkhayal
BDS ,MSc, FABPD



Dr. M. Elvira P. Correa
DDS, PhD



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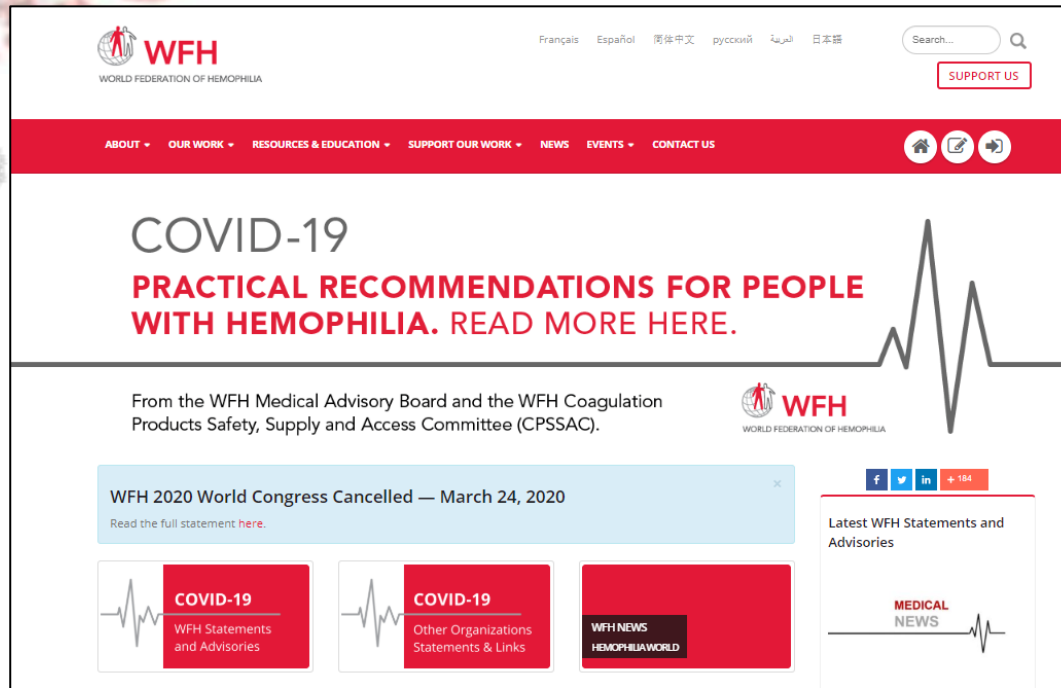


AGENDA

- **Impact of COVID-19 on dentistry** *Dr. Alison Dougall, B.Ch.D, MA, MSc.SCD, Dr. Zikra Alkhayal, BDS, MSc, FABPD, Dr. M. Elvira P. Correa, DDS, PhD*
- **How patients cope: self-management of dental complications during confinement** *Dr. Alison Dougall, B.Ch.D, MA, MSc.SCD*
- **Risk assessment of procedures** *Dr. Zikra Alkhayal, BDS, MSc, FABPD*
- **Prevention: why it was important pre-COVID-19, now and for the future** *Dr. M. Elvira P. Correa, DDS, PhD*



WFH COVID-19 STATEMENTS



- Practical recommendations
- Specific risks of COVID-19
- Humanitarian aid news
- Company statements

Specific Risks of COVID-19 to the Bleeding Disorders Community

World Federation of Hemophilia - April 2, 2020
Also available in: **Español, Français**

<https://www.wfh.org/en/home>



ASKING A QUESTION

WEBINAR

DENTAL CARE FOR PEOPLE
WITH BLEEDING DISORDERS
DURING COVID-19 –
WHAT'S CHANGED?



Dr. Glenn Pierce, MD, PhD
Dr. Alison Dougall, B.Ch.D, MA, MSc.SCD
Dr. Zikra Alkhalil, BDS, MSc, FABPD
Dr. M. Elvira P. Correa, DDS, PhD

Wednesday, 3 June 2020



If you have not sent your question to programs@wfh.org, you can ask a question in the Question & Answers section.
We will address as many questions as time allows.

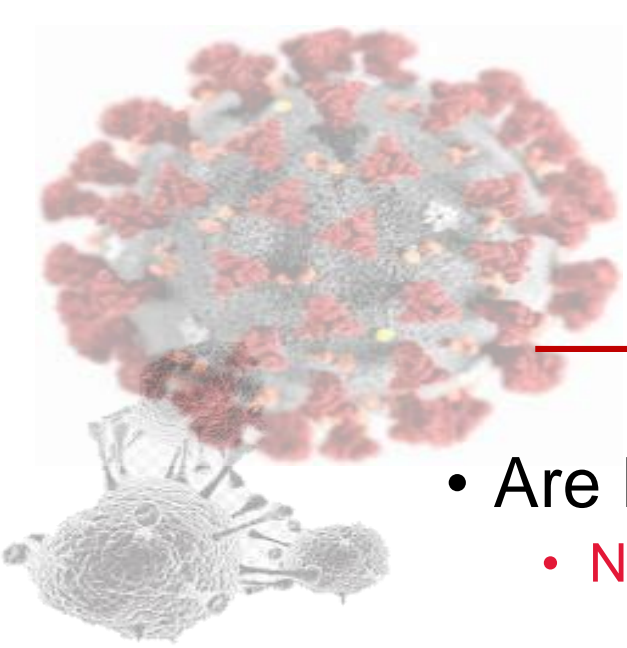


WEBINAR RECORDING

The recording of the webinar will be available on the WFH eLearning Platform.
A summary of the transcript will also be made available in English, Spanish, French, Arabic, Russian and Simplified Chinese.

<https://elearning.wfh.org/>





COVID-19 & Bleeding Disorders

- Are PWH at increased risk of having COVID-19?
 - No. Risk factors for severity of disease
- Can COVID-19 be transmitted through plasma products?
 - Thought to be highly unlikely, being closely monitored
- Does COVID-19 treatment protocol require special care for people with bleeding disorders?
 - Yes. Management of coagulation deficiency is complex during severe COVID-19...



WFH VIRTUAL SUMMIT



CONNECTING
THE GLOBAL
BLEEDING
DISORDERS
COMMUNITY



**COVID-19 session on
Friday, June 19, 9:00-10:00 EDT**

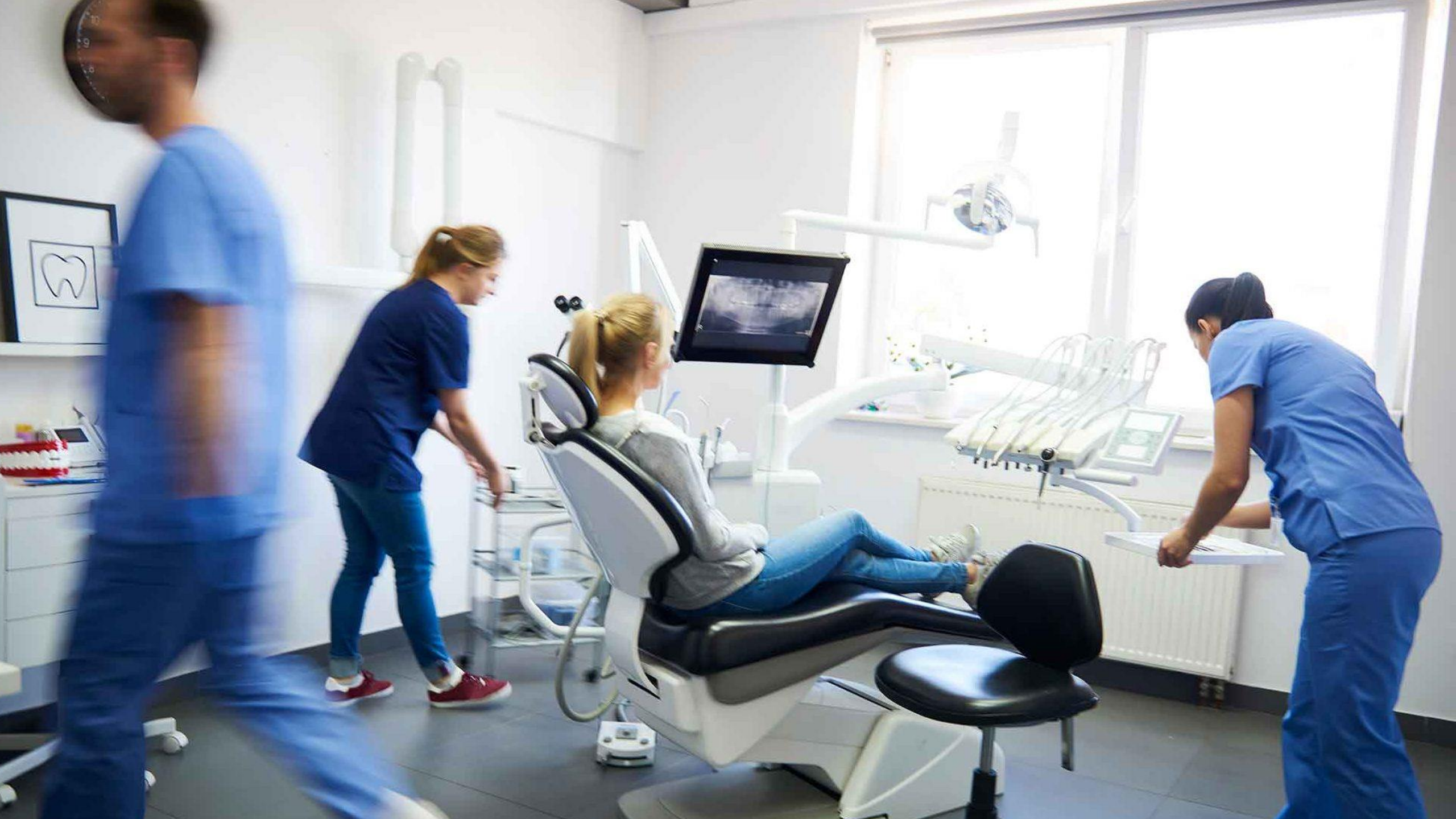


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IMPACT OF COVID-19 ON DENTISTRY

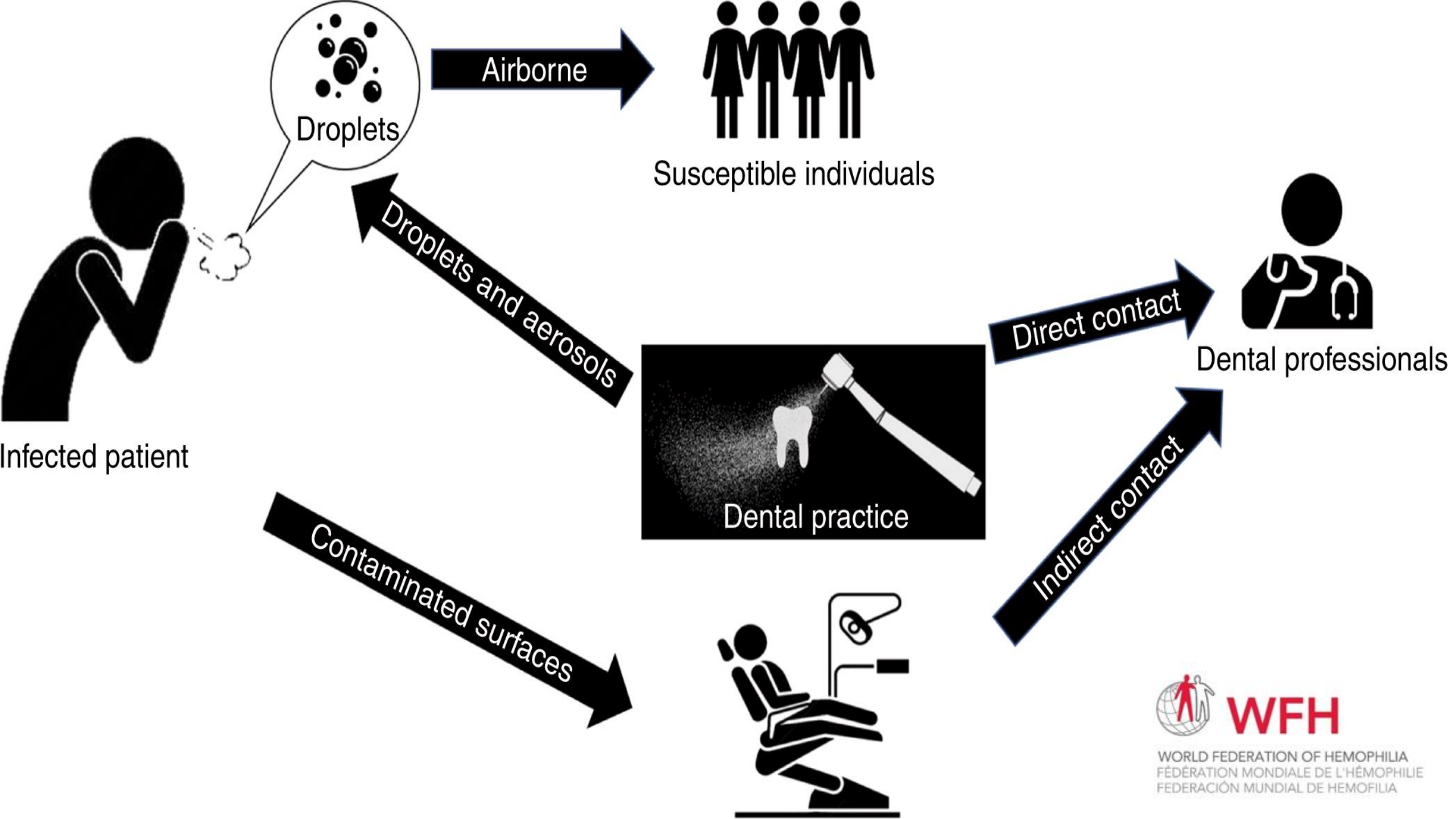
DR. ALISON DOUGALL, B.CH.D, MA, MSC.SCD



Social Distancing?



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No entry



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CURRENT IMPACT OF COVID-19 ON DENTISTRY IN EUROPE

DR. ALISON DOUGALL, B.CH.D, MA, MSC.SCD

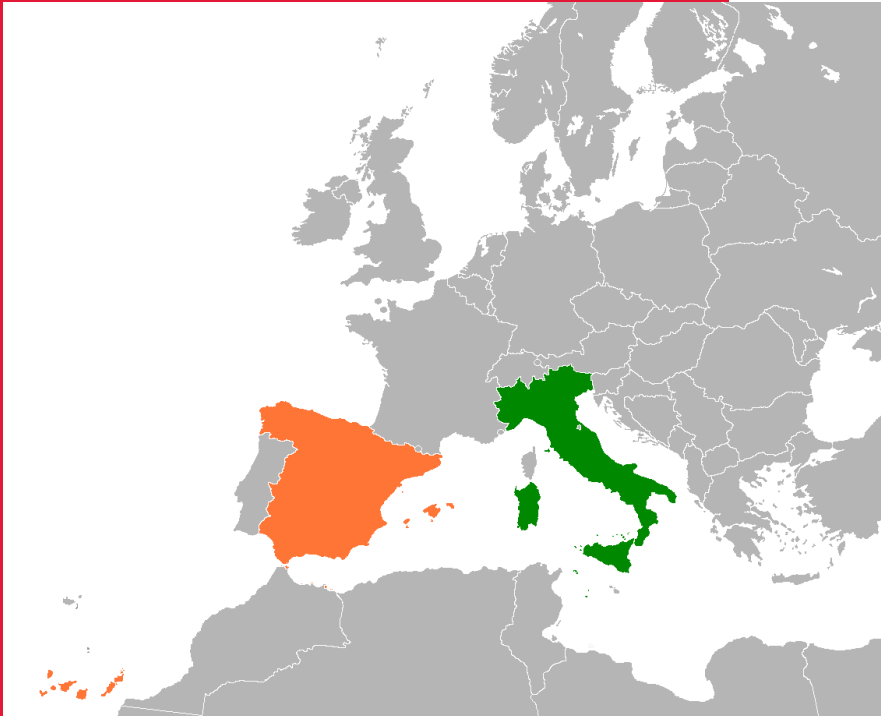


EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

EUROPE: 1 917 491 CASES; AS OF MAY 30TH

**THE 5 COUNTRIES REPORTING MOST CASES
ARE:**

**RUSSIA (387 623),
UNITED KINGDOM (271 222),
SPAIN (238 564),
ITALY (232 248)
GERMANY (181 196).**



ADA Offers Interim Guidance as Some States Consider Reopening



The background of the slide is a photograph of a dental clinic. It shows a dental chair, a sink, and various dental equipment. A large red rectangular overlay covers the center of the image, containing white text. The text is organized into a list of points describing the 'new normal' in dentistry.

THE NEW NORMAL

NON AVAILBILITY OF USUAL TEAM - HOPSITAL AND UNVERSITY DENTISTS REPURPOSED

LIMITED AVAILABILITY OF AEROSOL GENERATING PROCEDURES

MORE RELIANCE ON DENTAL EXTRACTIONS OR TEMPORARY PROCEDURES

LESSER AVAILABILITY OF APPOINTMENTS

WAITING IN CAR AND ATTENDING THE SURGERY ALONE

MOUTHRINSES BEFOFE PROCEDURES

HIGHER COSTS - ADDITIONAL PPE – INFLATED COSTS/COUNTERFIT

7. Registered Nurses

- **Risk score:** 86.1
- **Average income:** \$71,730
- **Number employed:** 2,951,960
- **Essential** — the U.S. government considers all healthcare providers to be essential.

6. Family and General Practitioners

- **Risk score:** 90.1
- **Average income:** \$201,100
- **Number employed:** 114,130
- **Essential** — the U.S. government considers all healthcare providers to be essential.

5. Orderlies (Patient Care Assistants)

- **Risk score:** 90.2
- **Average income:** \$28,060
- **Number employed:** 50,100
- **Essential** — the U.S. government considers all healthcare providers to be essential.

4. Dentists, General

- **Risk score:** 92.1
- **Average income:** \$151,850
- **Number employed:** 113,000
- **Essential** — the U.S. government considers all healthcare providers to be essential.

3. Dental Assistants

- **Risk score:** 92.5
- **Average income:** \$38,660
- **Number employed:** 341,060
- **Essential** — the U.S. government considers all healthcare providers to be essential.

2. Respiratory Therapy Technicians

- **Risk score:** 95.0
- **Average income:** \$60,280
- **Number employed:** 129,600
- **Essential** — the U.S. government considers all healthcare providers to be essential.

1. Dental Hygienists

- **Risk score:** 99.7
- **Average income:** \$74,820
- **Number employed:** 215,150
- **Essential** — the U.S. government considers all healthcare providers to be essential.

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News

Opinion

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Dentists

Shortage of PPE may force reopened dentists to limit treatments

Despite relaxing of lockdown rules, patients in pain could still have to resort to DIY fillings

● [Coronavirus - latest updates](#)

● [See all our coronavirus coverage](#)

Tom Wall

Sat 20 May 2020 14:30 BST



CURRENT IMPACT OF COVID-19 ON DENTISTRY IN SAUDI ARABIA

DR. ZIKRA ALKHAYAL, BDS, MSC, FABPD

Country	Active Cases	Recoveries	Deaths	Total Cases	Population
Saudi Arabia SA	22,316	62,442	503	85,261	34,764,239
Qatar QA	26,583	30,290	38	56,911	2,875,905
United Arab Emirates AE	16,361	17,932	264	34,557	9,871,439
Kuwait KW	15,445	11,386	212	27,043	4,264,691
Oman OM	9,021	2,396	47	11,437	5,094,530
Bahrain BH	4,596	6,673	19	10,793	1,200,000

As of May 31st, 2020

References:

1-MOH of each country

2- <http://starvisionnews.com>

3- <https://worldpopulationreview.com>

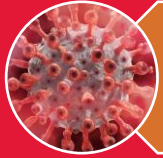


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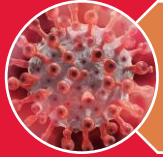
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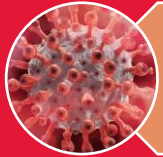
IMPACT OF COVID-19 ON DENTISTRY IN SAUDI ARABIA



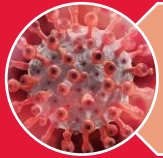
Ministry of Health



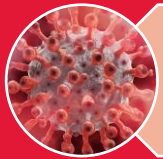
Ministry of Defence



Ministry of Interior



Autonomous Specialist hospitals and referral centers



Private dental practitioners



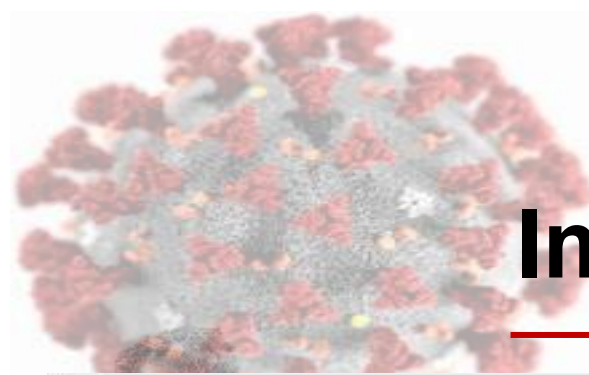


CURRENT IMPACT OF COVID-19 ON DENTISTRY IN BRAZIL

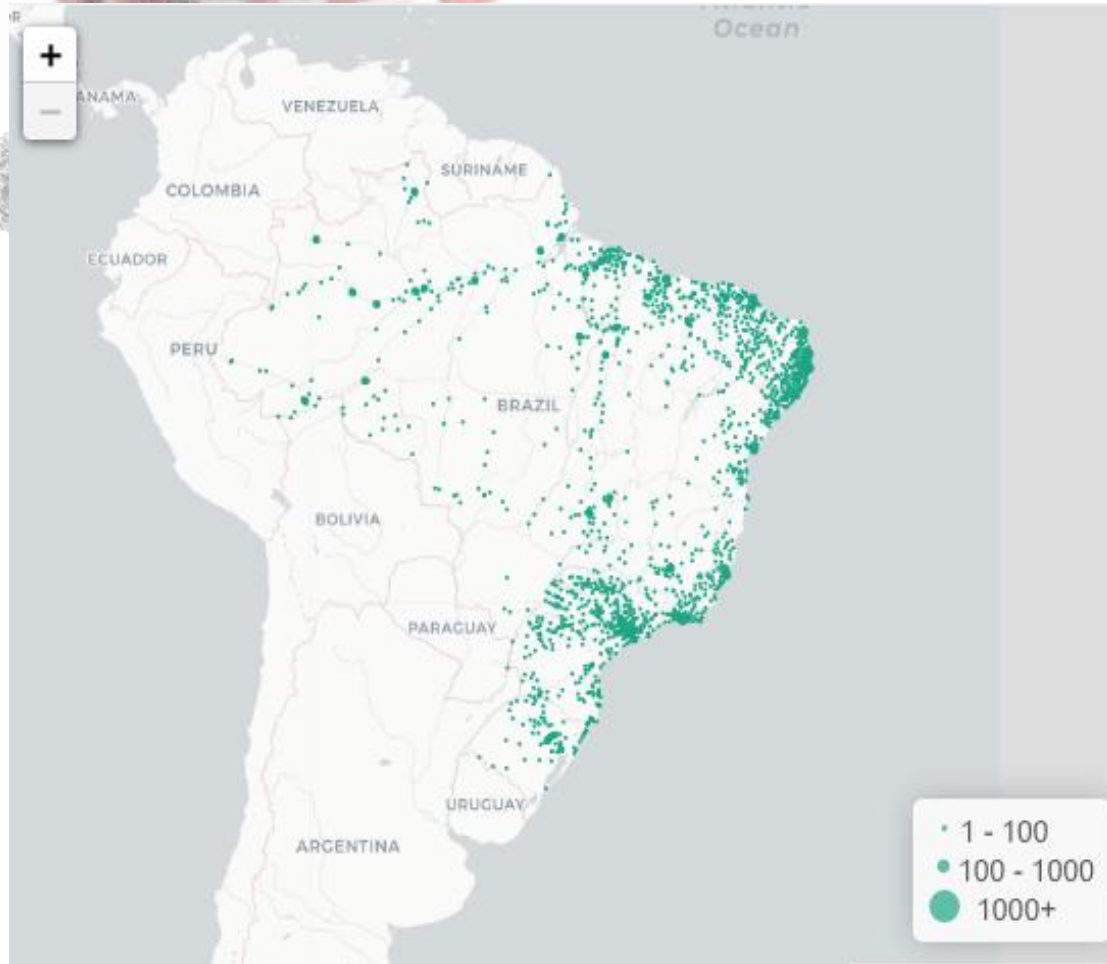
DR. M. ELVIRA P. CORREA, DDS, PHD



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Impact of covid-19 on dentistry - Brazil



Covid-19 cases by weeks of notification



Brazil Ministry of Health– May 29/2020



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Impact of covid-19 on dentistry - Brazil

- **Brazil Ministry of Health:**

- Guideline and Manuals – for the general practitioners

- <https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0222020-de-01052020-pdf.aspx>
- <http://189.28.128.100/dab/docs/portaldab/documentos/FluxoAtendimentoOdontologico.pdf>

- **Brazilian Society of Intensive Care in Dentistry**

- <http://cromg.org.br/wp-content/uploads/2020/03/Recomendac%C3%A7%C3%B5es-AMIB-CFO-para-atendimento-odontolo%C3%91gico-COVID19-atualizada-2-convertido.pdf>

- **The common sense:**

- All routine dental care was suspended
- Emergency and urgency dental care is provided with advice on the strict personal protection and measures to reduce or avoid production of droplets and aerosols



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HOW PATIENTS COPE: SELF-MANAGEMENT OF DENTAL COMPLICATIONS DURING CONFINEMENT

DR. ALISON DOUGALL, B.CH.D, MA, MSC.SCD

TELEDENTISTRY



VIRTUAL DIAGNOSIS
IDENTIFICATION OF EMERGENCIES
PAIN MANAGEMENT
ELECTRONIC PRESCRIBING
GENERAL ADVICE
TEMPORARY FILLINGS
ASSESSMENT OF PHOTGRAPHS

Emergency Dental Treatment During COVID-19 Pandemic as Required by People with Inherited Bleeding Disorders

Root canal or pulp therapy

Drainage or incision of abscess

Dental extraction

Dental Trauma overleaf

Is ID block or lingual anaesthesia required?

Yes

Is Buccal infiltration intra-ligamentary palatal infiltration required?

Yes

Incision of abscess through soft tissues or placing of a surgical drain required

Yes

Has patient contacted haemophilia team and commenced their haemostatic management plan?

Yes

No

Has patient contacted haemophilia team and commenced their haemostatic management plan?

No Yes

Proceed and use Sodium Hypochlorite to arrest any persistent bleeding from the dental pulp

Postpone procedure & provide short course high dose broad spectrum antibiotic & analgesia* until care can be provided safely

Has patient contacted haemophilia team and commenced their haemostatic management plan?

No Yes

Proceed to procedure using LA with vasoconstrictor ID block and Infiltrations permitted

Postpone treatment and treat with analgesia * or consider first stage root canal

Consider buccal infiltration with Articaine or intraligamentary route or postpone treatment and treat with pain relief * until care can be provided safely

POST OPERATIVE INSTRUCTIONS :
Use topical or oral antifibrinolytic agents eg tranexamic acid if available. No vigorous rinsing, Soft diet for 5 days, Limit smoking, apply pressure with pack if oozing or gentle bleeding.

APPLY LOCAL MEASURES
Haemostat pack in socket e.g. surgical or gel foam
Place resorbable sutures
Apply pressure for 10 minutes

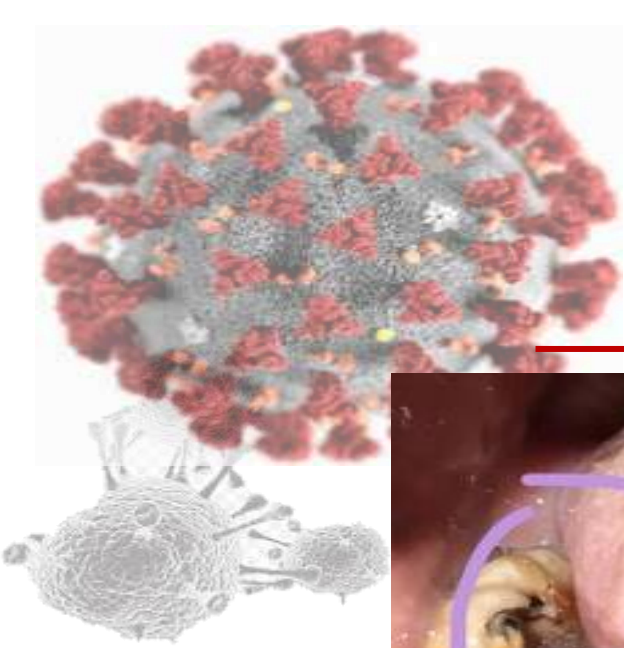
If patient experiences late/recurrent bleeding, advise to contact their coagulation team

RISK ASSESSMENT OF PROCEDURES

DR. ZIKRA ALKHAYAL, BDS, MSC, FABPD

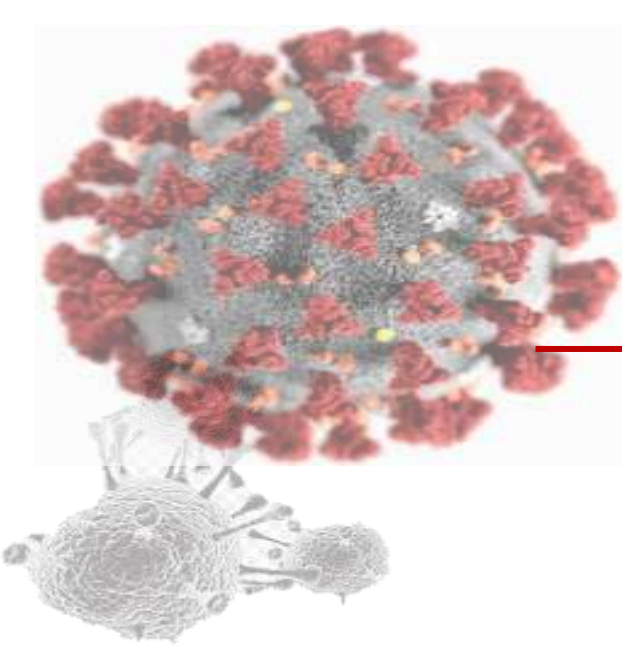
Patients with Bleeding Disorders are Special Group of Dental Patients



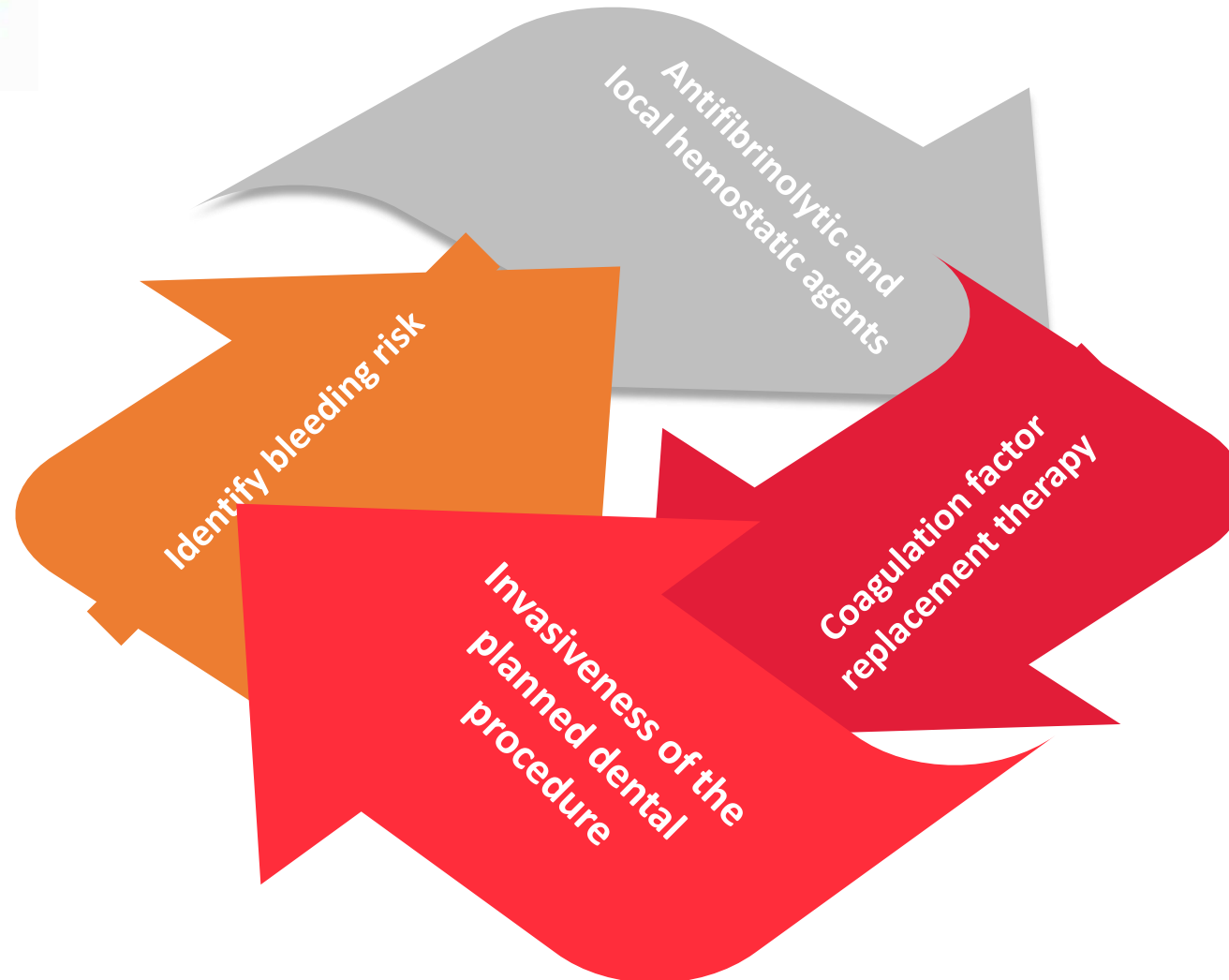


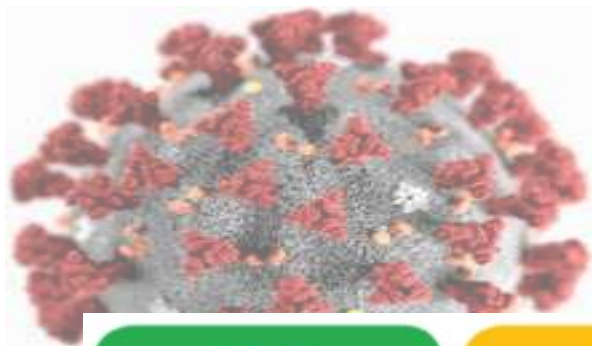
Dental Emergencies During Covid-19





General Considerations in Dental Management of Bleeding Disorders





GO AHEAD

Examination/X-ray
Fluoride Application/
Fissure Sealant
Restoration
Impression making
Dentures
Periodontal Probing
Infiltration/
Intraligamentary/
Palatal and Intra-papillary
Local Anesthesia



ASK/ THINK

Sub-Gingival Scaling
Stainless Steel Crown
Rubber Dam Clamp
Pulp Treatment
Primary Tooth
Pulp Extirpation
Matrix Band and Wedge
Placement
Orthodontic Treatment

STOP CONSULT

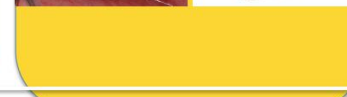
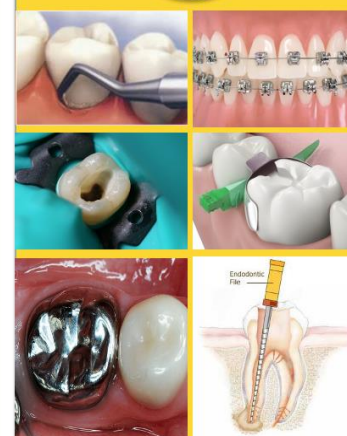
Inferior Dental Block
(IDB) and
Lingual Local Anesthesia
Extraction
Oral Surgery
Implant Placement
Periodontal Surgery
Root Debridement



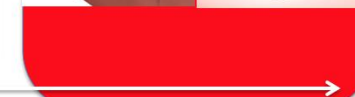
GO AHEAD



ASK/TH INK



STOP CONSULT



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Use topical or oral antifibrinolytic agents eg tranexamic acid if available. No vigorous rinsing, Soft diet for 5 days, Limit smoking, apply pressure with pack if oozing or gentle bleeding.

APPLY LOCAL MEASURES
Haemostat pack in socket e.g. surgical or gel foam
Place resorbable sutures
Apply pressure for 10 minutes

If patient experiences late/recurrent bleeding, advise to contact their coagulation team

See overleaf for management of dental
abscess and dental extraction

Emergency Management of Dental Trauma During COVID-19 Pandemic

Is there any soft tissue bleeding or laceration?

Yes

No

Has patient contacted
haemophilia team and
commenced their haemostatic
management plan ?

No

Yes

Is there any history of head
trauma?

Yes

No

Stabilise the tooth as much as
possible and contact the
coagulation team as a matter of
urgency before proceeding further

Is this working ?

No

Yes

Begin trauma management as per
guidelines
www.iadt-trauma.org using local
anaesthetic with vaso-constrictor

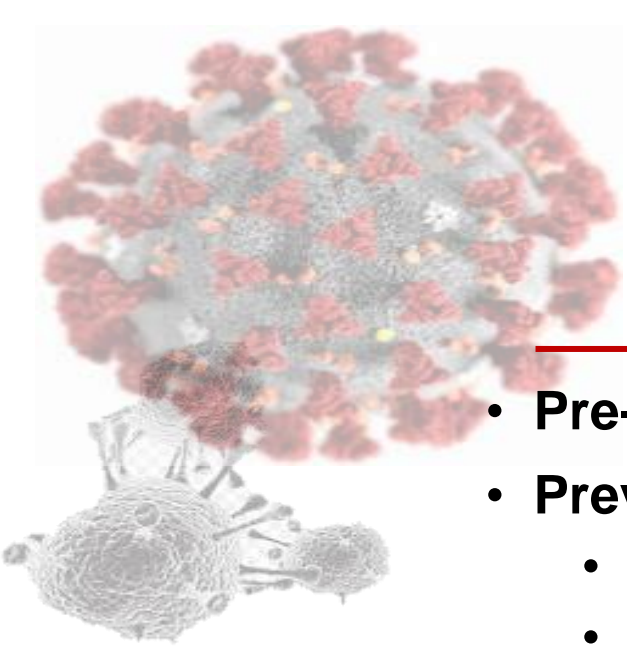
If patient experiences late/recurrent bleeding, or any headaches or delirium
advise to contact their coagulation team as a matter of urgency

TELEDENTISTRY



PREVENTION: WHY IT WAS IMPORTANT PRE- COVID-19, NOW AND FOR THE FUTURE

DR. M. ELVIRA P. CORREA, DDS, PHD



Prevention: why it was important pre- covid-19, now and for the future

- **Pre-covid-19**
- **Prevention in dentistry:**
 - Focuses in maintaining good oral health
 - Preventing dental problems
 - Preventing oral bleeding
 - Preventing infection
 - Preventing pain
- **Prevention is based on:**
 - Definition of Guidelines and Manuals
 - Reinforce education - patients, dentist and interdisciplinary team
 - Behavior determination
 - Oral hygiene
 - Use of fluoride
 - Limiting sugar intake
 - Avoiding habits which may cause bleeding in the mouth



Prevention: why it was important pre-covid-19, now and for the future

- **Now**

- Only emergency and urgency

- **Now and for the future of the Covid-19 era**

- **Improved communication and access to information**

- Establishment of Guidelines and Manuals from the Health Institutions responsible for the patient's care
 - WFH
 - Establishment and improvement of communication channels between patients and health care professionals (fast and dynamic communication)
 - Teledentistry
 - WhatsApp



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Prevention: why it was important pre-covid-19, now and for the future

- **Now and for the Future in the Covid-19 era**
 - **Change Behavior**
 - **Improve self-care**
 - Washing hands
 - General measures of hygiene (following Health Ministry recommendation)
 - Taking care of hygiene tools (not sharing tooth brushing)
 - Washing hands before and after brushing
 - Social etiquette when sneeze and cough
 - Wearing masks (following Health Ministry recommendation)
 - Physical distancing (WHO recommendation)





Prevention: why it was important pre-covid-19, now and for the future

- **Now and in the Future in the Covid-19 era**
 - **Improve oral hygiene**
 - Brushing twice a day with fluoride toothpaste
 - Flossing at least, once a day
 - **Change habits**
 - Limiting sugar intake to mealtimes
 - Avoiding habits that might cause injury in the mouth or tooth fractures
 - Avoid using your teeth for opening bottles
 - Avoid chewing hard sticky food



Prevention: why it was important pre-covid-19, now and for the future

• Now and for the Future on covid-19 era

- Prevention is key: preventing oral diseases is important and achievable
- In the time of pandemic covid-19, the patient should preserve and promote his own health and well-being so far as is reasonably open to him to do so.
- "Health Communication in the new media landscape demonstrates the extent to which modern, digital technology can serve as the most practical and efficient form of distributing health-related information.

Editorial, The Lancet, 373, Jan 2009; Health Communication in the New Media Landscape, 1st Ed., Parker Jerry C.; Thorson, Esther. 2008; H.M Evans. J Med Ethics, 2007



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WITH SPECIAL THANKS TO



HEMOPHILIA
ALLIANCE

Serving the Bleeding Disorders community since
1999



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QUESTION & ANSWER PERIOD

DR. GLENN PIERCE, MD, PHD
DR. ALISON DOUGALL, B.CH.D, MA, MSC.SCD
DR. ZIKRA ALKHAYAL, BDS, MSC, FABPD
DR. M. ELVIRA P. CORREA, DDS, PHD



Questions

1. For severe bleeding, if the bleeding stops after receiving factor but resumes again after 2/3 days, what is the economic way to control it?
Dr. Alison Dougall, B.Ch.D, MA, MSc.SCD
2. After the use of tranexamic acid for gum bleeding, some patients still experience repeat bleeding. How can this be controlled without factor/ FFP?
Dr. M. Elvira P. Correa, DDS, PhD
3. Is it advisable for children with hemophilia to extract teeth or should they wait until the tooth falls out itself? What home remedies are good for stopping the bleeding if it occurs?
Dr. Zikra Alkhayal, BDS, MSc, FABPD

DENTAL CARE FOR PEOPLE
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DURING COVID-19 –
WHAT'S CHANGED?



**STAY SAFE
THANK YOU!**



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