

Outcomes in Haemophilia Patients Undergoing Complex Oral Surgery Procedures

Presenter: Kamila Marcinczak

Co-authors: Amelia Conlon Batey, Mary Collins, Mary Clarke, Katy Martin, Niamh O'Connell and Alison Dougall.

Dublin Dental University Hospital

Objective:

Surgical extraction of impacted third molars in people with haemophilia (PWH) is associated with high risk of perioperative and postoperative haemorrhage if poorly managed. Historically, procedures including third molar surgery required in-patient hospitalization for multiple doses of factor replacement. Since the advent of extended half-life factor replacement therapies, the team at the National Coagulation Centre (NCC) in Dublin implemented a new day-case protocol. This audit evaluates clinical outcomes of this protocol, focusing on bleeding complications in PWH undergoing oral surgery.

Methods:

A retrospective chart review audited implementation of a standardised haemostatic protocol for 22 consecutive PWH undergoing elective specialist delivered oral surgery procedures. Pseudo-anonymised data were extracted from electronic health records ("Indici"), confirming:

- a) presence of multi-disciplinary electronic management plan to assure optimal dose of long-acting factor (Elocta or Alprolix) to achieve 100% levels.
- b) confirmation of 100% factor level before proceeding with surgery,
- c) local haemostatic measures plus 8% topical tranexamic acid (TXA) gel,
- d) prescription for oral TXA tablets for five days post-operatively,
- (e) verbal and written tailored post-op instructions.

Successful outcome defined as absence of post-operative bleeding necessitating additional factor-replacement/hospitalization (t=1-14 days post-op noted on electronic record). Audit standard for bleeding was set at 10%.

Results:

22 PWH (N=9 moderate/severe, N=13 mild) underwent 28 surgical extractions and 25 ID blocks. Chairside primary haemostasis achieved for 100% of patients. None required postoperative hospitalisation or experienced a re-bleed. Lone patient reported unwitnessed mild bleeding 10 days post-extraction and haematologist treated with factor replacement as a precaution.

Conclusions:

The Dublin protocol, including a single preoperative dose of novel extended half-life factor replacement therapy, local haemostatic measures, and post-operative antifibrinolytic regime, is highly effective in minimising bleeding complications for PWH. The observed bleeding rate supports its use in outpatient/specialist practice settings, reducing the need for extended hospitalisation and associated waiting lists/costs.