RESNIK IMPLANT INSTITUTE
NEWSLETTER
June 2024 / Vol 26

The Physician-Dentist Dilemma: Modification of the Novel Anticoagulants in Implant Dentistry

by Randolph R. Resnik, DMD, MDS and Robert J. Resnik MD, MBA

Patients undergoing dental implant procedures often present with complex medical histories, including the use of novel anticoagulant medications. This newer class of anticoagulants, while essential for managing cardiovascular conditions, pose significant challenges in the context of surgical interventions due to their impact on bleeding and clotting mechanisms. This article will provide an overview of these medications as well as establishing a recommended modification protocol to minimize complications and ensure procedural success.

Novel Anticoagulants: An Overview

Novel anticoagulants, also known as direct oral anticoagulants (DOACs), have emerged as the preferred alternatives to warfarin (Coumadin) due to their targeted action, predictable pharmacokinetics, shorter half-lives, lack of dietary restrictions, and minimal monitoring requirements. The most common DOACs include; dabigatran (Pradaxa®), apixaban (Eliquis®), rivaroxaban (Xarelto®), and edoxaban (Savaysa®). These medications directly inhibit specific clotting factors: dabigatran targets thrombin, while rivaroxaban, apixaban, and edoxaban inhibit factor Xa.

Figure 1: Novel Anticoagulants

Common Direct Oral Anticoagulants (DOAC)

COMMON DOAC MEDICATIONS:

- Dabigatran (Pradaxa ®)
- Apixaban (Eliquis ®)
- Rivaroxaban (Xarelto ®)
- Edoxaban (Savaysa ®)

The indications for the use of DOAC therapy include prevention and treatment of venous thromboembolism, stroke prevention in atrial fibrillation, and management of acute coronary syndromes. Despite their advantages, the anticoagulant effects of DOACs pose significant challenges during surgical procedures, including dental implants, due to increased bleeding risks.

POTENTIAL COMPLICATIONS W/ DOAC 'S:

Modification: Possible Thromoembolic Event

No Modification: Possible Bleeding Episodes

Inherent Problem in Oral Implantology

In the literature, the management of patients taking Direct Oral Anticoagulants is inconsistent for both dental surgeries and many common medical procedures. The lack of a generalized consensus may often lead to conflicting modification recommendations, thereby potentially leading to the unnecessary discontinuation of DOACs medications. Managing DOAC for dental surgical procedures requires careful consideration of both the potential consequences from discontinuation and the continuation of therapy into the pre- or peri-surgical period. If no modification of the DOAC medication is completed, then the dental implant procedure may be complicated by uncontrolled bleeding leading to hematoma formation, prolonged surgery, and compromised wound healing. If modification is utilized, then the patient may be subject to possible thromboembolism episodes, leading to severe cardiovascular events such as a stroke or myocardial infarction. Unlike Warfarin which can be reversed by Vitamin K, excessive bleeding from the DOAC's require specific reversal agents which are very expensive and not available in most emergency rooms or healthcare facilities. Therefore, it should be anticipated that excessive bleeding from DOAC's will need to be controlled by local hemostatic measures.

RECOMMENDATIONS:

1. **Medical Clearance:** A medical clearance should be initiated by the implant dentist with providing the patients physician all pertinent information concerning the surgical procedure such as the invasiveness of the procedure, estimated blood loss, surgery duration, and any prescribed medications. Dental implant clinicians should never alter any patient medications that were prescribed by their physician.

2. **Patient Assessment:** Effective modification of DOAC regimens requires comprehensive pre-surgical assessment and meticulous planning by the patient's physician including;

a. **Medical History Review:** A detailed review of the patient's medical history, including the indication for DOAC therapy, dosing regimen, renal function, and any previous bleeding or clotting events, is essential. With advancing age and medical illness , renal function can be expected to decrease, thereby leading to reduced drug clearance, which may result in higher plasma concentrations and increased risk of bleeding complications

b. **Laboratory Testing:** While routine coagulation profiles (e.g., PT, INR, aPTT) are not always reliable for assessing DOAC activity, specialized tests like diluted thrombin time (dTT) for dabigatran and anti-Xa assays for factor Xa inhibitors can provide useful information. It has been shown that the effect of these medications on clotting is essentially the same regardless of age, sex, weight, race or dietary preferences. Most patients on these anticoagulants are undergoing routine monitoring of kidney, liver and anemia profiles by the prescribing physician. However, there is no established requirement for any bloodwork to be done prior to surgery.

c. **Risk Stratification:** Evaluating the risk of thromboembolic events versus the risk of surgical bleeding is crucial. Factors such as the invasiveness of the procedure, expected bleeding, medication dosage, and past bleeding history must be considered. When granting medical clearance, physicians are providing such clearance based on the information that is provided. Therefore, it is imperative the most accurate information is provided to the physician on the intended procedure (i.e., invasiveness, blood loss, etc.).

(cont'd. pg 4)

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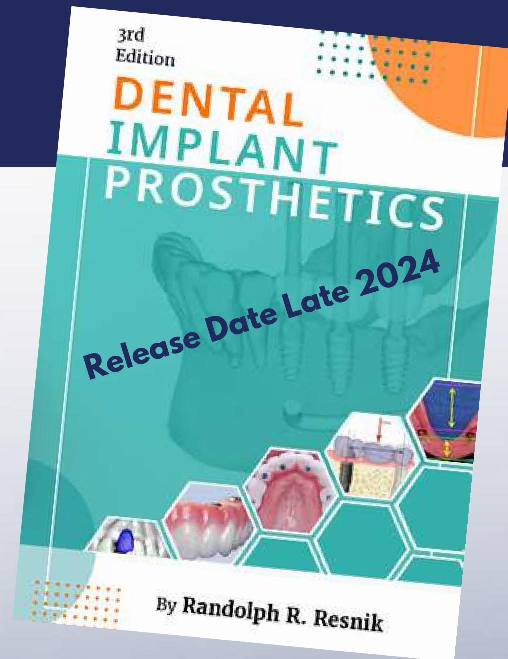

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- Cements
- In-Office Milling
- Fixed Prosthesis Complications

Implant Prosthetics

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CLINICAL GUIDELINES AND EVIDENCE

Several clinical guidelines provide recommendations for managing patients on DOACs undergoing dental procedures. The American College of Cardiology (ACC) and the European Society of Cardiology (ESC) suggest individualized approaches based on bleeding risk and thromboembolic risk. Case studies and clinical trials have also shed light on the management of DOACs in dental implant surgery. For instance, a study by Wahl et al. (2015) demonstrated that temporary discontinuation of DOACs, combined with local hemostatic measures, effectively minimized bleeding complications without significantly increasing thromboembolic risk.

In contrast, a 2019 systematic review and meta-analysis by Manfredi et al. on the management of direct oral anticoagulants (DOACs) for invasive oral procedures included 21 research papers. Among the studies included in the meta-analysis, the authors found no significant differences in postoperative bleeding events between patients who continued DOAC therapy and those who discontinued it.

PHYSICIAN MODIFICATION STRATEGIES

Modifying DOAC medications regimens involve several strategies. Each patient should be evaluated independently based on their specific medical issues and medications as well as risk factors for potential complications in discontinuing or continuing therapy, These strategies may include:

1. **Temporary Discontinuation:** For elective dental implant procedures, temporary discontinuation of DOAC medications is still a common approach. The timing of discontinuation depends on the specific drug's pharmacokinetics. Currently, Eliquis (Apixiban) is the most prescribed DOAC. According to eliquis.com, for moderate to high risk procedures, Eliquis should be stopped at least 48 hours before surgery. For procedures with a low risk of bleeding, Eliquis may be stopped 24 hours prior to the procedure and continuation of the medication is usually initiated as soon as hemostasis is acquired. However, as more clinical data becomes available, it appears there is a trend for less medication modification for most dental surgeries. This is due to the premise of less associated morbidity with bleeding complications in comparison to embolic events

2. **Bridging Therapy:** In patients at high risk of thromboembolic events, bridging therapy with short-acting anticoagulants such as low molecular weight heparin (LMWH) may be utilized. This involves cessation of the thrombin inhibitor and starting LMWH, which is then discontinued shortly before the procedure. Because of the shorter half-life of LMWH, better control of anticoagulation.Bridging requirements and dosing should be completed by the patient's physician.

3. **Dose Adjustment:** For some patients, simply adjusting the dose of the DOAC medication rather than complete discontinuation may be sufficient. This approach aims to minimize bleeding risk while maintaining some level of anticoagulation. However, there is no definitive consensus in the literature that this approach has any additional benefit over the potential risk created by decreasing the dose of the medication

4. **No Modification & Use of Local Hemostatic Measures:** In some cases, the risk of a thromboembolic event is too great to warrant cessation or modification of DOAC's. In these situations, it is imperative the clinician use local hemostatic measures to control bleeding. This may include hemostatic agents such as collagen sponges, fibrin sealants, topical thrombin, tranexamic acid as well as meticulous surgical techniques to minimize tissue trauma. (Figure 2)

NOTE: Most commonly, resumption of anticoagulant therapy is started when hemostasis is achieved along with being based on the patient's bleeding risk and the specific drug's pharmacokinetics.

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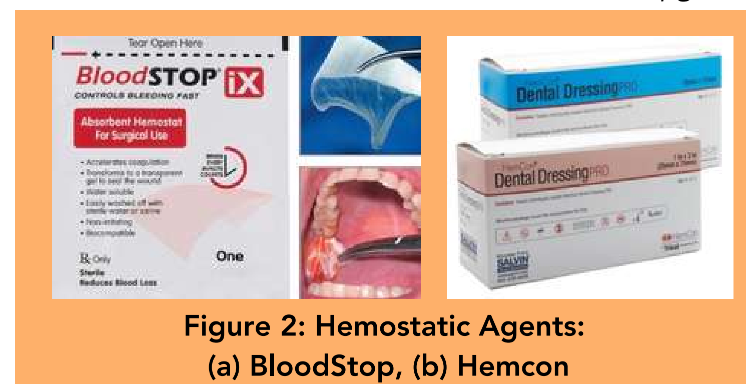

Figure 2: Hemostatic Agents:
(a) BloodStop, (b) Hemcon

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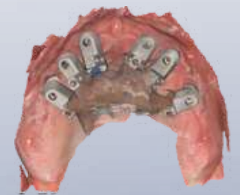

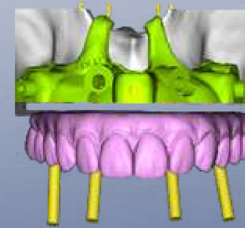

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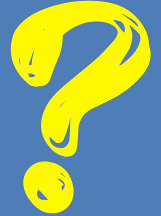
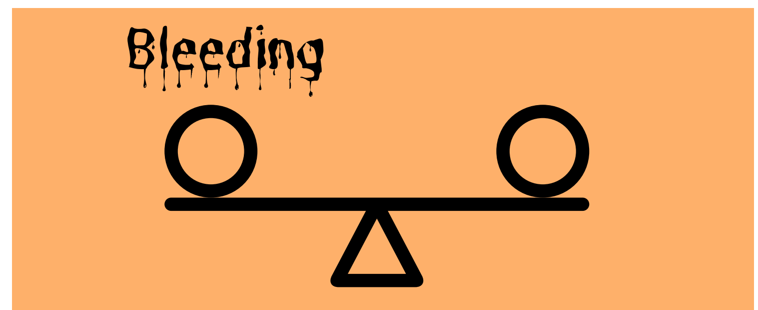


THE PHYSICIAN-DENTIST DILEMMA: MODIFICATION OF THE NOVEL ANTICOAGULANTS IN IMPLANT DENTISTRY(CONT'D)

CONCLUSION

Modifying novel anticoagulants before dental implant procedures is a complex yet vital process to ensure patient safety and successful surgical outcomes. This requires a careful balance between the risks of bleeding and thromboembolic events through comprehensive assessments and tailored modification strategies developed by the patient's physician, along with vigilant post-operative management. Therefore, discontinuation or continuation of DOAC's is patient specific and should not be based on generalizations. Physicians should be asked to evaluate and determine the best course of action for each individual patient based on the patient's specific medical history and risk for possible thromboembolic events. With the increasing use of novel anticoagulants in medicine, the dental implant community must be aware of the potential challenges these medications pose during surgical procedures. It is imperative the implant dentists work closely with the patient's physician to ensure optimal care for those undergoing dental implants treatment.



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RADIOLOGY TIP OF THE MONTH

ITXPROS

OVERCOMING BEAM HARDENING ARTIFACTS IN PATIENTS WITH MULTIPLE IMPLANTS/ RESTORATIONS:

by Ethar ElShennawy, BDS, MSc
ITXPROS Radiology Research and Development Specialist

When taking a CBCT scan for a patient with known multiple implants/ crowns/ restorations, it's recommended to increase the KVP to minimize beam hardening artifacts related to metal objects. Increasing KVP > Increases the energy of the X-ray photons > Increases penetrability of the X-ray beam through the metal objects > Minimizing beam hardening artifacts.

60 Kvp | 75 Kvp | 95 Kvp

As the Kvp increases, the beam hardening artifacts decrease.

STUDY OF THE MONTH

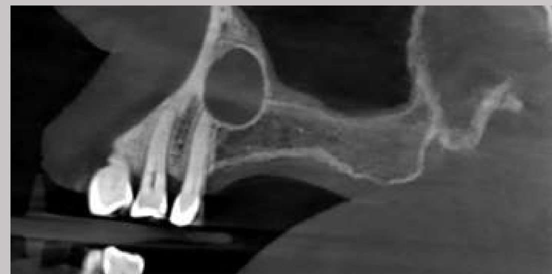
A recent systematic review and meta-analysis examined the relationship between hypertension and dental implant failure. It has been suggested that issues with bone metabolism and angiogenesis in hypertensive patients might negatively affect dental implants. Did this study find a connection between hypertension and implant failure?

Hamadé, Liljan, Salma El-Disoki, and Bruno Ramos Chrcanovic. "Hypertension and Dental Implants: A Systematic Review and Meta-Analysis." Journal of clinical medicine 13.2 (2024): 499.

INCIDENTAL FINDINGS RELATED TO IMPLANT DENTISTRY

CYSTIC CAVITY AT SITE OF PLANNED IMPLANTS

Well-defined cystic lesion encountered at the site of planned implants. The patient is asymptomatic and is not aware of the presence of the lesion. The lesion is related to the apex of tooth #13, which is vital.



Differential Diagnosis:

- Residual cyst of the adjacent tooth.
- Odontogenic Keratocyst

Course of Action:

Aspiration biopsy
- → If clear cystic fluid → Residual Cyst
- → If cheesy yellowish fluid → Odontogenic Keratocyst.

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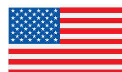

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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS

Hello Readers,

I am very excited to provide the latest installment of "Mastering the Business of Dentistry" in the Resnik Implant Institute newsletter. I have great respect for the educational importance of the Institute, and I sincerely hope that I will be able to contribute ideas on the business of dentistry and increasing practice production that will benefit all students and alumni. My own career as CEO of Levin Group began with one question that I am still asking 39 years later – how do you increase production in a dental practice while reducing stress? Based on this critical question, I look forward to providing more practical recommendations that can be implemented quickly to benefit all your practices.

All the best,
Roger

TAKE THREE STEPS TO RAPIDLY IMPROVE YOUR TEAM

INTRODUCTION

As in many businesses, life in a dental practice consists of repeating a standardized set of processes many times. And to be most successful in dentistry these processes (also known as systems) need to be implemented by the dental team in a consistent manner. This applies to the clinical procedures that are performed, as well as to the business aspects of a practice. Some processes are inherently complicated. Most though, are not but frequently become over-complicated for assorted reasons. The goal is to keep every process as simple as possible. This increases efficiency, speed and predictability as well as reduces waste and increases profit.

UNDERSTANDING SIMPLIFICATION

Dental practices have become complex businesses. There are so many distinct factors that the dentist needs to stay abreast of ranging from innovative technology to increased regulation to continuing education requirements to finding and applying business models. All of these areas are important and necessary, but staying on top of everything can be overwhelming. The antidote for complication is to simplify everything.

As it applies to the business of dentistry, simplification means creating systems that have the .least number of steps, fastest times (without rushing) and predictable results. The best place to start applying the concept of simplification is in managing and directing the dental team.

THREE STEPS TO RAPIDLY IMPROVING THE DENTAL TEAM

Over almost 40 years of working with thousands of dentists and team members Levin Group has determined that the following three steps will streamline every process in the practice and create a highly efficient and smooth-running practice. These will elevate your dental team to an entirely new level.

Step #1 Every team member needs to know "exactly" what they **are** to do.

Step #2 Every team member needs to know "exactly" **how** to do it.

Step #3 Every team member needs to know "exactly" what **result** is expected.

These steps may sound obvious, but the devil is in the details, as they say. The word "exactly" is critical. In reality, many team members are not sure what they should be doing day to day. They react to emergencies, scheduling breakdowns and doctors running late which leads to a lot of what needs to be accomplished not getting done or getting "half done" without achieving the necessary result. When team members have a definitive list of their "exact" jobs, know how and when to perform those tasks, they immediately begin to excel.

(cont'd. pg 12)

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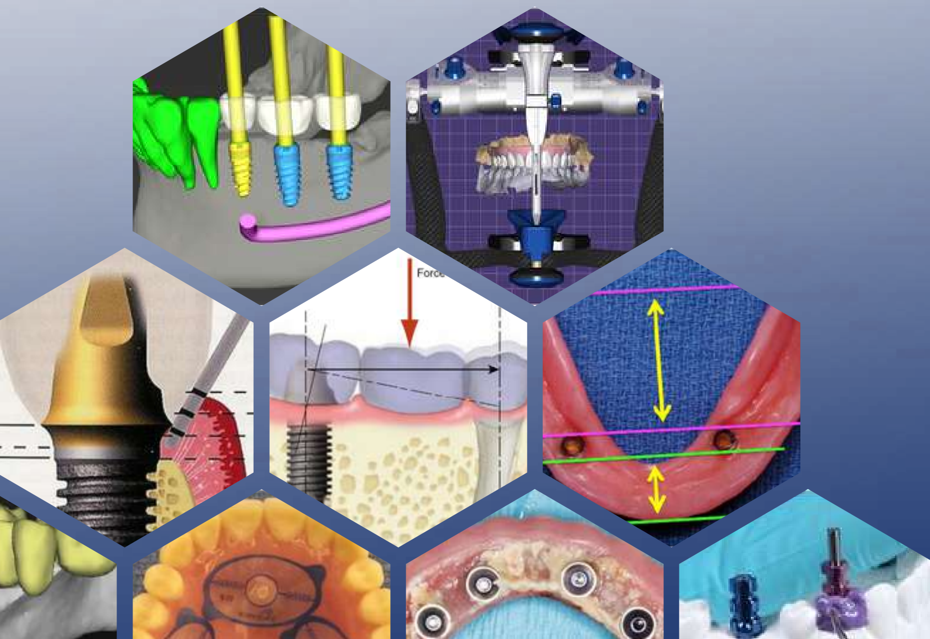
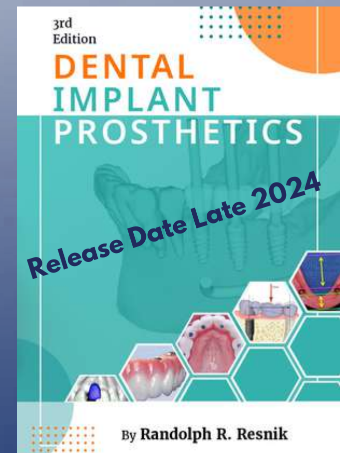
- Impression Techniques
- Overdentures Technques
- Biomechanics
- Implant Protected Occlusion Concepts
- Progressive Bone Loading
- Prosthetic Complications

Hands-On Labs

- Single/Multiple/Full-Arch Prosthesis
- Screw & Retained Prosthetic Protocol
- Direct & Indirect Impression Techniques
- Digital Impressions
- Multi Unit Abutment Lab
- PMMA Interim Prosthesis
- Locator Attachment Protocol
- 3-D Printing
- Attachment Abutment Selection
- Removable Impression Techniques





Instead of tackling every task for every team member, begin your simplification project by identifying the top three tasks performed by each team member. Next have them document step-by-step exactly how they do each. In their list of steps, you will find many that are simply a waste of time. Identify the extraneous steps and eliminate them. Finally, ensure that every team member knows the expected result. We find that most team members focus on the busyness of doing the job and not on achieving the desired result – there's a difference.

Take the example of the inexperienced new front desk person who had only been in the practice for six months. She was hired when another experienced front desk person resigned to stay at home and care for an elderly parent. One of her primary responsibilities was to follow up with patients who were overdue for their next appointment. Before she left, the experienced front desk person wrote down the exact process she used when contacting overdue patients, as well as an outline for the script she used when she finally got them to respond to an email or talk on the phone. The new person was also given a goal to have no more than 4% of active patients overdue for their next appointment. Think about the impact this would have on the production of your own practice.

Her story is extremely exciting, but there's a practice reason for her success. She was told "exactly" what to do (reach out to schedule overdue patients.) She was told "exactly" how to do it, and she was informed of her exact goal – less than 4% of active patients overdue for their next appointment. This is one small example of the many processes you can capture for all team members. Three steps are all it takes.

SUMMARY

Dental practice can be overwhelming. A positive approach to reducing this is to document and implement with every team member the three steps recommended above. Determine exactly what to do, exactly how to do it, and exactly what the result needs to be. Using this approach can help practices to simplify and improve performance both on the business side and clinical side of the practice.

ROGER P. LEVIN, DDS

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world. To contact Dr. Levin visit www.levingroup.com or email rlevin@levingroup.com.

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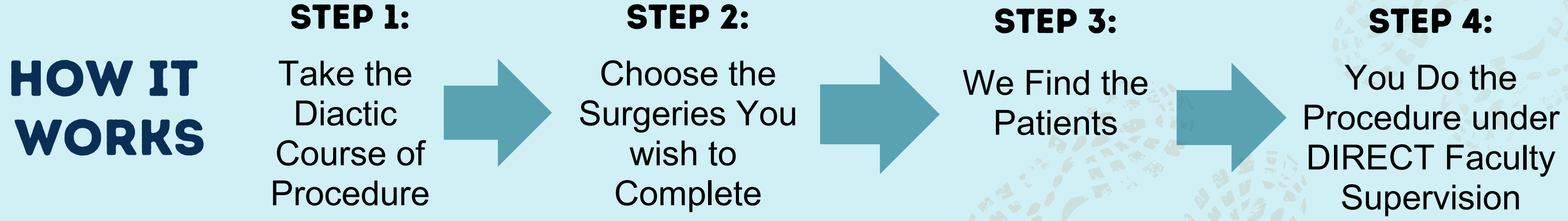

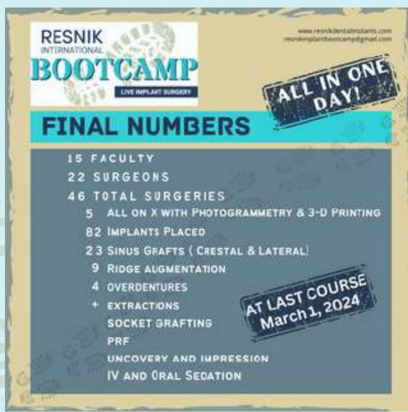

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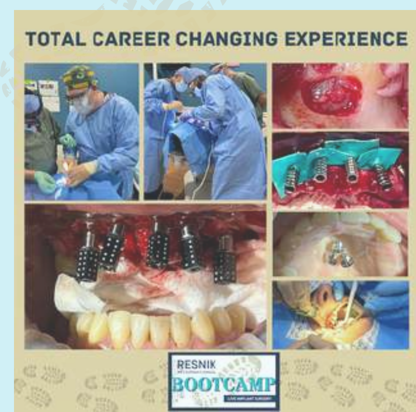

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Mark's Corner

by Mark Romano
CEO of NOW MEDIA

THE ULTIMATE SUMMER DIGITAL MARKETING CHECKLIST

Summer is a pivotal time for digital marketers, especially for the team at Now Media Group. While some industries may experience a seasonal slowdown, the dental industry sees an increase in demand and engagement. The warmer months present unique opportunities and challenges that require a strategic approach to your digital marketing efforts.

Audit and Analyze - Evaluate your digital marketing landscape before embarking on new initiatives. This will help you identify areas for improvement and opportunities for optimization.
Content and SEO - Content is king, and summer is the perfect time to refresh your content strategy. Start by updating existing content with fresh, s**easonal information.**

Social Media and Email Marketing - Social media and email marketing are powerful channels for engaging your audience during the summer. Share behind-the-scenes glimpses, promote seasonal products or services, and encourage user-generated content through contests or giveaways.

Website Maintenance and Optimization - A well-maintained and optimized website is essential for delivering a seamless user experience during the busy summer months.

Analytics and Tracking - Proper tracking and analytics are essential to executing your summer digital marketing campaigns.
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- Live Hands-On Patient Surgery

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Director

See what past graduates are saying...

Dr. Resnik and his team are amazing! I took an extensive implant curriculum about 12 years ago and only placed the straight forward single or double implants since then. If you want to raise your implant game for your patients, your practice, and yourself - you don't have a choice: SIGN UP TODAY and you won't regret it! Cheers! ***-- Dr. Chad Yenchesky***

The course gives you the confidence you need to place dental implants and allows you to meet like minded colleagues and instructors. \ Dr. Resnik is a great lecturer, keeps things interesting and presence scientific research to back up his claims. Most importantly the course will provide you with cook book instructions and protocols for everything you will encounter during your implant journey, from placement, to suture line opening to dealing with infections, consent form templates, medical clearance templates...etc. \. Strongly recommend! ***-- Dr. J Chen***

This course gives you a comprehensive introduction to placing single, multi, and full arch implants mostly using guided techniques. This course if for anyone at any level. The audience is made up of beginners who have never placed an implant (like myself) to the well seasoned general dentists/ OMFS who has had years of experience placing implants. Best money I have spent to forward my career. **-- Dr. *Natalie Sigwart***

I finished the 5-course curriculum just this past year. Dr. Resnik and the faculty are hands down the best in the business. The Resnik program gives you the education, tools, and the confidence to be proficient at implant dentistry. This curriculum gives you the knowledge and the skills to take your practice to the next level! ***-- Dr Michael Buck***

After 30 years of practicing dentistry, my only regret is that I did not get involved with implant dentistry earlier in my career, specifically with the Resnik Institute. I never realized how rewarding and exciting for both me and my practice this could be. Dr. Randy Resnik and his entire staff are a major factor in this testimony! ***-- Dr. Douglas Adel***

Dr. Resnik has an amazing depth of scientific based knowledge concerning his subject. He builds a very large zone of safety. If one stays within this zone the success rate will be maximized and complications will be extremely rare. ***-- Dr. Terry Rigdon***

Join the Family!

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