

General Dental Procedures

For Provider Use Only:

Please note that these are general guidelines only. Final anticoagulation management plans are individualized based on the planned procedure, bleeding risk, indication for anticoagulation, and patient-specific thrombotic risk. Please notify us at least **1 week in advance** of any planned dental procedure and include the proceduralist's name and contact information to facilitate discussion of peri-procedural management. Please note that same-day INR testing prior to procedures is not available. Pre-procedure antibiotic prophylaxis, when indicated, is managed and prescribed by cardiology or primary care.

General protocol:

- **Routine dental cleaning:** no warfarin interruption required
- **Deep cleaning/scaling:** no warfarin interruption required
- **Fillings, cavities, and crowns:** no warfarin interruption required
- **Restorations involving subgingival margins:** no warfarin interruption required
- **Root canal:** no warfarin interruption required
- **Extraction of 1–2 teeth or dental implantation:** Aim for INR at the lower end of the therapeutic range prior to the procedure
 - For patients with an INR goal of 2.0–3.0, target pre-procedure INR of approximately 2.0
 - For patients with an INR goal of 2.5–3.5, target pre-procedure INR of approximately 2.5
- **Extractions of 3 teeth or more and crown lengthening:** may require holding warfarin for 1–2 days

Hemostatic mouthwashes, such as tranexamic acid or aminocaproic acid, can be considered for patients who are unable to hold warfarin or who have increased procedural bleeding.

Thank you.

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NYU Langone Health Anticoagulation Service hours: Monday–Friday, 9 am–4 pm



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