

Bleeding after tooth extraction:

Bleeding occurs because the gingivae (gum) and periodontal tissues have been damaged.

The amount of bleeding can vary due to:

Local factors: Amount of damage caused by elevators or forceps

Amount of inflammation surrounding the tooth, either due to acute infection or chronic gingival or periodontal disease. (if there has been an abscess and swelling the tissue will have a bigger blood supply. If they have bleeding gums because of poor toothbrushing. If the tooth is loose because of periodontal disease there will be more bleeding from the socket).

If it is a large tooth with wide apart roots that causes the gum to tear when removing the tooth.

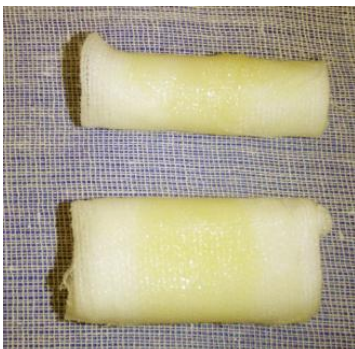
Medical factors: Patients may have bleeding problem because of Leukemia, Liver disease, Haemophilia, high blood pressure or because of medication to make the blood thinner(anticoagulants) or aspirin.

Bleeding can be reduced by the use of local anaesthetic next to the tooth as most anaesthetics contain a vasoconstrictor (a drug to reduce the blood flow by reducing the size of the blood vessels) such as Adrenaline/Epinephrine.

Patients can be given Chlorohexidene Gluconate as a mouthwash or gel several days before the extraction to reduce the amount of bacteria and reduce the inflammation.

The Clotting System When a blood vessel is damaged it will contract (become smaller) to block the vessel- it then releases clotting factors that will cause the Platelets in the blood to stick to the damaged area and allow the fibrin proteins to form a clot.

After an Extraction:



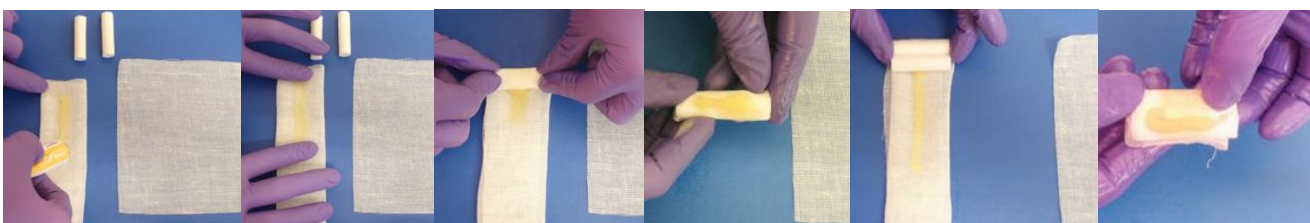
The best way to stop bleeding and help healing is to apply pressure over the socket to stop blood flow and encourage a blood clot to form. The patient is asked to bite very hard onto a pack placed over the socket for at least 10 -15 minutes. That area of the mouth must be left undisturbed for as long as possible to stop disturbing the fragile clot.

A really good pack must fit the socket – (fit between the other teeth and be higher than the next teeth so the opposing teeth can press on it)

It must be firm enough to provide pressure onto the socket (cotton wool will not do this)

It should be covered in Vaseline so the blood will not seep into the gauze otherwise that blood will clot and pull away the clot when the pack is removed.

To make a good pack fold the gauze no wider than the cotton wool roll. Smear some vaseline on the gauze to hold the pack together – use 1 or 2 cotton wool rolls and **tightly** roll them in the gauze – then apply a large amount of vaseline over the whole surface of the pack .



The dental assistant should ensure the mouth is clear of debris, blood and saliva before the pack is placed on the socket to ensure the patient is comfortable and does not want to spit or wash out their mouth. Wipe round the patients mouth with a damp then dry tissue to remove any traces of blood.

After the patient has been biting on the pack for 10-15 minutes the operator or dental assistant should remove the bite pack and check that bleeding has stopped before giving the patients final instructions and allowing them to go home.

Instructions to patient after an extraction.

No rinsing / washing the mouth or spitting out for the next 4 hours

No drinks or hot food for the next 4 hours

No over exercise No alcohol No smoking

Do not touch the socket with fingers or tongue

Analgesics can be taken after the anaesthetic has worn off if there is any pain.

If bleeding will not stop or the pain continues for more than 2 days then contact the surgery. It is better if written instructions can be given to the patient as well as talking to them. An extra pack can be given if there is a chance of further bleeding.

Problems after an extraction: Swelling Bruising Trismus Bleeding Pain

Swelling can occur due to inflammation of the soft tissue around the tooth. It is not very common with simple extractions. Swelling can be reduced if cold packs are applied to the area after extractions or surgery.

Bruising is a result of bleeding into the soft tissue surrounding the socket. It is not common with simple extraction and in young patients but is common with difficult extractions of the lower third molar. It is painless and will disappear within a week.

Trismus is a stiffness and soreness of the muscles used to open the mouth and can occur after an inferior dental block has been given for the extraction of a lower tooth and it has caused some damage and swelling within the muscle.

Bleeding continuously or some hours after extraction is usually due to inflamed tissue resulting in poor clotting and giving a steady oozing of blood.



The patient can have large clots of blood lying in their mouth. The mouth should be cleaned gently with damp gauze and a pack tried again for 15 minutes. If bleeding continues Gelatine sponge, Surgicel (oxidised cellulose) or Fibrin foam can be placed in the socket to aid clot formation. Sutures are then placed to bring the edges of the socket together.

Pain several hours after the anaesthetic has worn off and lasting several days is usually due to a “dry socket”. This happens when a good clot is not formed within the socket and the bone within the socket is exposed (it is not covered and protected) this results in severe pain. Sometimes the teeth next to the socket are painful.



The socket should be washed out with warm saline or chlorohexidene and an antiseptic dressing such as Alvogyl placed in the socket. Zinc oxide Eugenol dressing with a little cotton wool can be placed in the socket to provide a seal while the bone underneath heals. Dry sockets can last 1-2 weeks and may require the socket to be cleaned and dressed several times.