

Treatment of Patients on Conventional and Direct Oral Anticoagulants in the Dental Office Questionnaire

Welcome!

This questionnaire has 5 parts:

- Part 1 asks about a patient on warfarin (Coumadin) in two common clinical scenarios – scaling and a simple extraction.
- Part 2 asks about a patient on a direct oral anticoagulant (DOAC) in the same two common clinical scenarios in a dental office – scaling and a simple extraction.
- Part 3 asks about classification of the severity of bleeding.
- Part 4 asks questions about each anticoagulant or combination of anticoagulants with another agent.
- Part 5 asks about dental management of a patient at risk for bleeding using a case vignette.

Please note that some of the questions are required and some are not. Required questions will be indicated with the following phrase: * **must provide value**

Thank you for taking the time to complete this questionnaire.

[[Ability to go back to previous pages disabled for the entire questionnaire]]

Part 1. Your approach to a patient on warfarin (Coumadin) in two common clinical scenarios – scaling and a simple extraction

1. Can you estimate how many patients you have seen or treated over the past 3 months who are taking anticoagulants like warfarin (Coumadin)?
[[Not required]]

- i. None
- ii. 1-5
- iii. 6-15
- iv. More than 15

2. Thinking about when you treat patients taking warfarin (Coumadin) scheduled for scaling in your office, how often is each of the following done?

[[Required field]]

	Never	Rarely	Sometimes	Often	Always	I'm not sure
I. Consult with the patient's physician to determine how to manage the warfarin (Coumadin) and follow the physician's advice (i.e., the physician makes the decision).						
II. Suggest to the physician how to manage the warfarin (Coumadin).						
III. Decide how to manage the warfarin (Coumadin) (make the decision yourself).						
IV. Stop warfarin (Coumadin) for this patient (whether it is decided by the physician or by you).						
V. Refer the patient to another dental office for treatment.						
VI. Obtain the result of the patient's recent coagulation tests or order the tests prior to determining how to manage the warfarin (Coumadin).						

3. Thinking about when you treat patients taking warfarin (Coumadin) scheduled for a simple **extraction (code D7140)** in your office, how often is each of the following done?

[[Required field]]

	Never	Rarely	Sometimes	Often	Always	I'm not sure
I. Consult with the patient's physician to determine how to manage the warfarin (Coumadin) and follow the physician's advice (i.e., the physician makes the decision).						
II. Suggest to the physician how to manage the warfarin (Coumadin).						
III. Decide how to manage the warfarin (Coumadin) (make the decision yourself).						
IV. Stop warfarin (Coumadin) for this patient (whether it is decided by the physician or by you).						
V. Refer the patient to another dental clinic for treatment.						
VI. Obtain the result of the patient's recent coagulation tests or order the tests.						

4. Thinking about when you treat patients taking warfarin (Coumadin), on the day of the procedure following a simple extraction (code D7140), how often do you do each of these actions?

[[Required field]]

	Never	Rarely	Sometimes	Often	Always	I'm not sure
I. Apply pressure to stop bleeding.						
II. Use sutures to stop bleeding.						
III. Use solid hemostatics (such as gelfoam) in the socket.						

IV. Use a compound hemostatic solution (such as aminocaproic acid) to stop bleeding.	
V. Use tranexamic acid to stop bleeding.	

Part 2. Your approach to a patient on a direct oral anticoagulant (DOAC) in the same two common clinical scenarios– scaling and a simple extraction

5. How familiar are you with direct oral anticoagulants (DOACs), such as dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis)?

[[Not required]]

	Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
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6. How many patients on DOACs (e.g., dabigatran [Pradaxa], rivaroxaban [Xarelto], apixaban [Eliquis]) have you seen or treated in the last 3 months?

[[Not required]]

- i. None
- ii. 1-5
- iii. 6-15
- iv. More than 15

7. Thinking about when you treat patients taking a DOAC (like rivaroxaban [Xarelto] or apixaban [Eliquis]) scheduled for scaling in your office, how often are each of the following done?

[[Required field]]

	Never	Rarely	Sometimes	Often	Always	I'm not sure
I. Consult with the patient's physician to determine how to manage the DOAC and follow the physician's advice (i.e., the physician makes the decision).						
II. Suggest to the physician how to manage the DOAC.						
III. Decide how to manage the DOAC (make the decision yourself).						
IV. Stop DOACs for this patient (whether it is decided by the physician or by you).						

V. Refer the patient to another dental clinic for treatment.	
VI. Obtain the result of the patient's recent coagulation tests or order the tests prior to determining how to manage the DOAC.	

8. Thinking about when you treat patients taking a DOAC (like rivaroxaban [Xarelto] or apixaban [Eliquis]) scheduled for a simple extraction (code D7140) in your office, how often are each of the following done?

[[Required field]]

	Never	Rarely	Sometimes	Often	Always	I'm not sure
I. Consult with the patient's physician to determine how to manage the DOAC and follow the physician's advice (i.e., the physician makes the decision).						
II. Suggest to the physician how to manage the DOAC.						
III. Decide how to manage the DOAC (make the decision yourself).						
IV. Stop DOACs for this patient (whether it is decided by the physician or by you).						
V. Refer the patient to another dental clinic for treatment.						
VI. Obtain the result of the patient's recent coagulation tests or order the tests prior to determining how to manage the DOAC.						

Part 3. Your opinion and experience about classifying the severity of bleeding

9. Would you consider each of these intra-oral scenarios following a simple extraction to be a minor, moderate, or major bleeding event?
(Check the appropriate box)

[[Required field]]

	Minor Bleeding	Moderate Bleeding	Major Bleeding	I'm not sure
I. Bleeding that necessitates referral to emergency.				
II. Bleeding that continues for 10-20 minutes post-operatively, despite the use of local hemostatic measures.				
III. Bleeding that necessitates blood transfusion.				
IV. Bleeding that necessitates a flap procedure to stop bleeding.				
V. Bleeding that continues for 21-30 minutes post-operatively, despite the use of local hemostatic measures.				
VI. Bleeding that causes pinkish saliva 24 hours following the extraction.				
VII. Bleeding that continues beyond 30 minutes post-operatively, despite the use of local hemostatic measures.				
VIII. Bleeding that resumes 2 hours following the extraction after having stopped post-procedure and requires local hemostatic agents.				
IX. Bleeding that necessitates a visit to the dental office within 24 hours following the procedure and requires local hemostatic agents.				

10. Please indicate if you have ever had a patient experience each of the following situations in response to a simple extraction (code D7140) .

[[Not required]]

	Yes	No
I. Patient's bleeding continued over 60 minutes, despite an attempt to control the bleeding.		
II. Patient was bleeding and exhibited signs of distress (sweating, weakness, fainting) in the dental office.		
III. Patient needed to be rushed to the Emergency Room due to post-procedure intraoral bleeding.		
IV. Patient presented to the office the day following the procedure and had massive blood clot in the mouth.		
V. Patient needed to stay at the office for 2 hours following the procedure to confirm bleeding control.		
VI. Patient needed to stay at the office for 30 minutes following the procedure to confirm bleeding control.		
VII. Patient called to report having bleeding for 3 hours following the procedure but was able to stop it with applying pressure at home.		
VIII. Patient called to report having bleeding 3 hours following the procedure, but upon arrival at the dental office shortly after the phone call there was <u>no</u> bleeding.		
IX. Patient called to report having bleeding 3 hours following the procedure, and upon arrival at the dental office shortly after the phone call there still was bleeding.		
X. Patient experienced intraoral post-procedure bleeding for 10 minutes following the extraction.		

11. Prior to performing a simple dental extraction for patients taking warfarin (Coumadin), what is your approach towards medical management?
 (Check “yes” or “no” or “don’t know” for each question)

[[Required field]]

	Yes	No	I don't know
I. Do you generally ask the patient to discontinue warfarin (Coumadin)?			
II. Does the decision about discontinuing warfarin (Coumadin) depend on a blood test?			

12. If you use the International Normalized Ratio (INR) to assess a patient’s bleeding risk, at what level do you decide to stop the warfarin (Coumadin) prior to a simple dental extraction?
 (Select the most applicable answer)

[[Required field]]

- i. 1-2
- ii. 2.1-3
- iii. 3.1-3.5
- iv. 3.6-4
- v. >4
- vi. I don't use this test

Part 4. Short questions about each anticoagulant or combination of anticoagulants with another agent

13. Prior to performing a simple dental extraction (code D7140) for patients taking aspirin, what is your approach towards medical management?
(Check “yes” or “no” or “don’t know” for each question)

[[Required field]]

	Yes	No	I don't know
I. Do you generally ask the patient to discontinue aspirin?			
II. Does the decision about discontinuing aspirin depend on a blood test?			

14. Prior to performing a simple dental extraction (code D7140) for patients taking antiplatelet medications, such as clopidogrel (Plavix), ticagrelor (Brilinta), or prasugrel (Effient), what is your approach towards medical management?
(Check “yes” or “no” or “don’t know” for each question)

[[Required field]]

	Yes	No	I don't know
I. Do you generally ask the patient to discontinue antiplatelet medication?			
II. Does the decision about discontinuing antiplatelet medication depend on a blood test?			

15. Prior to performing a simple dental extraction for patients taking DOACs such as dabigatran [Pradaxa], rivaroxaban [Xarelto], apixaban [Eliquis], what is your approach towards medical management?
(Check “yes” or “no” or “don’t know” for each question)

[[Required field]]

	Yes	No	I don't know
I. Do you generally ask the patient to discontinue DOACs?			
II. Does the decision about discontinuing DOACs depend on a blood test?			

16. Prior to performing a simple dental extraction for patients taking antiplatelet medication, such as aspirin or clopidogrel (Plavix), together with an anticoagulant (warfarin [Coumadin] or DOAC), what is your approach towards medical management of the anticoagulant?
 (Check “yes” or “no” or “don’t know” for each question)

[[Required field]]

	Yes	No	I don't know
I. Do you generally ask the patient to discontinue anticoagulants?			
II. Does the decision about discontinuing anticoagulants depend on a blood test?			

Part 5. Your approach to dental management of a patient at risk for bleeding using a case vignette

Vignette 1

Your 60 year-old patient of many years presents to your dental office with a complaint of a new site of pain. His medical background includes hypertension, hyperlipidemia, atrial fibrillation, and a history of coronary artery bypass grafting 10 years ago. There is no history of a stroke. The patient has been treated with metoprolol, atorvastatin, aspirin, and warfarin (Coumadin). Upon presenting to your office, the patient denies any changes to his medical condition but mentioned that he started a new medication named rivaroxaban (Xarelto), which now replaces the warfarin (Coumadin). You were pleased that you identified this medication easily and recognized that it is an anticoagulant. You continued with the dental exam and diagnosed a vertically fractured tooth. You recognize that this tooth is not restorable and needs to be extracted. How would you proceed in the following scenarios?

[[Required field]]

Physician consultation (check only the one that applies)	Decide whether or not to discontinue the medication without consulting the physician	Recommend your approach about whether or not to discontinue the medication to the physician	Defer to the physician to make a decision about whether or not to discontinue the medication	I'm not sure
1. If the patient is taking rivaroxaban (Xarelto)				
2. Assuming the patient is on warfarin (Coumadin) and not Xarelto, what would you do If the patient is taking warfarin (Coumadin)?				

[[Required field]]

Other considerations	Yes	No	I don't know
3. If patient is using rivaroxaban (Xarelto), is there any indicator/test/exam that will alert you to potential bleeding risk prior to extraction?			
4. If instead of Xarelto the patient were treated with warfarin (Coumadin), should there be any			

	indicator/test/exam that would alert you to potential bleeding risk prior to extraction?	
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[[Required field]]

Test (check all that apply)	PT	PTT	INR	Another test is needed	No test is needed	I'm not sure
5. How should you assess the risk for bleeding for rivaroxaban (Xarelto)?						
6. How should you assess the risk for bleeding if patient is still on warfarin (Coumadin)?						

[[Required field]]

Anticoagulation (check only the one that applies)	No need to stop it	On the morning of extraction	A day prior to extraction	2 days before the extraction	I'm not sure
7. Should you discontinue the rivaroxaban (Xarelto)?					
8. If instead of Xarelto the patient were treated with warfarin (Coumadin), should you discontinue the Coumadin?					

[[Not required]]

Level of comfort (Check only the one that applies)	Not comfortable	Slightly comfortable	Somewhat comfortable	Moderately comfortable	Very comfortable

	9. What is your level of comfort in providing appropriate medical management prior to the extraction, given that the patient is taking rivaroxaban (Xarelto)?	
	10. If instead of Xarelto the patient is taking warfarin (Coumadin), what is your level of comfort in providing appropriate medical management prior to extracting the tooth?	

Vignette 2

After the extraction, your patient experiences excessive bleeding from the extraction site. What are your preferred methods to stop excessive bleeding? Check all that apply.

[[Not required]]

		Yes	No
	1. Pressure		
	2. Sutures		
	3. Fibrin glue		
	4. Inject with local anesthetic with epinephrine		
	5. Antifibrinolytic solution, such as aminocaproic acid		
	6. Collagen plug (e.g., HeliCote, CollaCote)		
	7. Collagen microfibrillar (e.g., Avitene)		
	8. Cellulose plug (e.g., Surgicel)		
	9. Tranexamic acid solution		
	10. Kaolin (e.g. Combat gauze)		
	11. Thrombin solution		
	12. An open flap and sutures		
	13. Laser		
	14. Electrocautery		

Part 6. Payment questions

1. [If individual has indicated they work as part of one of the group practices ask:] **Are you employed at [Group Practice Name]?**

[If yes] END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]

2. **To help us determine if you are eligible for individual compensation for your participation in this questionnaire, are you employed in any of the following dental firms? If so, please check your organization (please select one).**

- Veterans Affairs**
- Permanente Dental Associates**
- Health Partners**
- Park Dental**
- I am not employed by any of the above.**

[If “I am not employed by any of the above”] ask qx 3 [otherwise] END

3. **Would you like to be compensated for your participation?**

- Yes**
- No**

[If “No”] END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]

3. [If “Yes”] **Below is your Network enrollment information. For you to receive payment, we need to know if you would like to receive payment using the name, address, and phone number listed below or if you would like to provide updated information. Please review the information below and indicate your preference.**

- (i) **Name [Practitioner_name]**
 - I would like to receive payment using this information**
 - I would like to receive payment for this questionnaire under a different name**

[If “I would like to receive payment for this questionnaire under a different name”]

First Name _____
Middle Name or initial, if available _____
Last Name _____

- (ii) **Mailing address [address1] [address2]**
[city], [state] [zip]
 - I would like to receive payment using this information**
 - I would like to receive payment for this questionnaire at a different address**

[If “I would like to receive payment for this questionnaire at a different address”]

Address 1 _____
Address 2 (Optional) _____
City _____
State _____
Zip _____

(iii) Primary Phone Number [phone]

- I would like to receive payment using this information.
 I would like to receive payment for this questionnaire using a different phone number

[If "I would like to receive payment for this questionnaire using a different phone number"]
Phone _____

3b. [If "I would like to receive payment for this survey at a different name, address, or phone"] **Do you want to update your Network information on file with the new information provided?**

- Yes, please update my enrollment information.
 No, I do not wish to update my enrollment information at this time

[INSERT END OF SURVEY LANGUAGE]:

Thank you for participating in the National Dental Practice-Based Research network