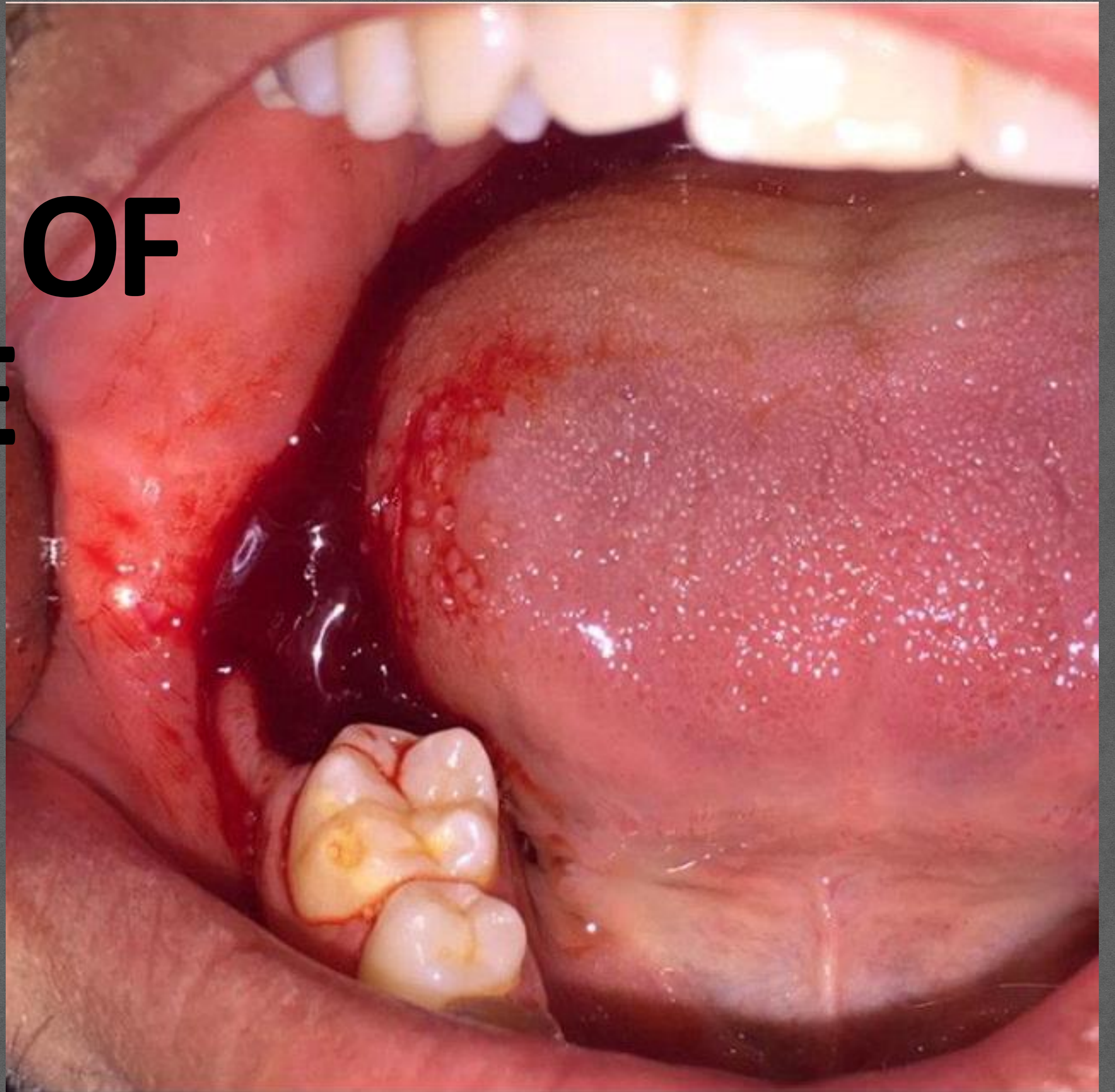


MANAGEMENT OF HAEMORRHAGE

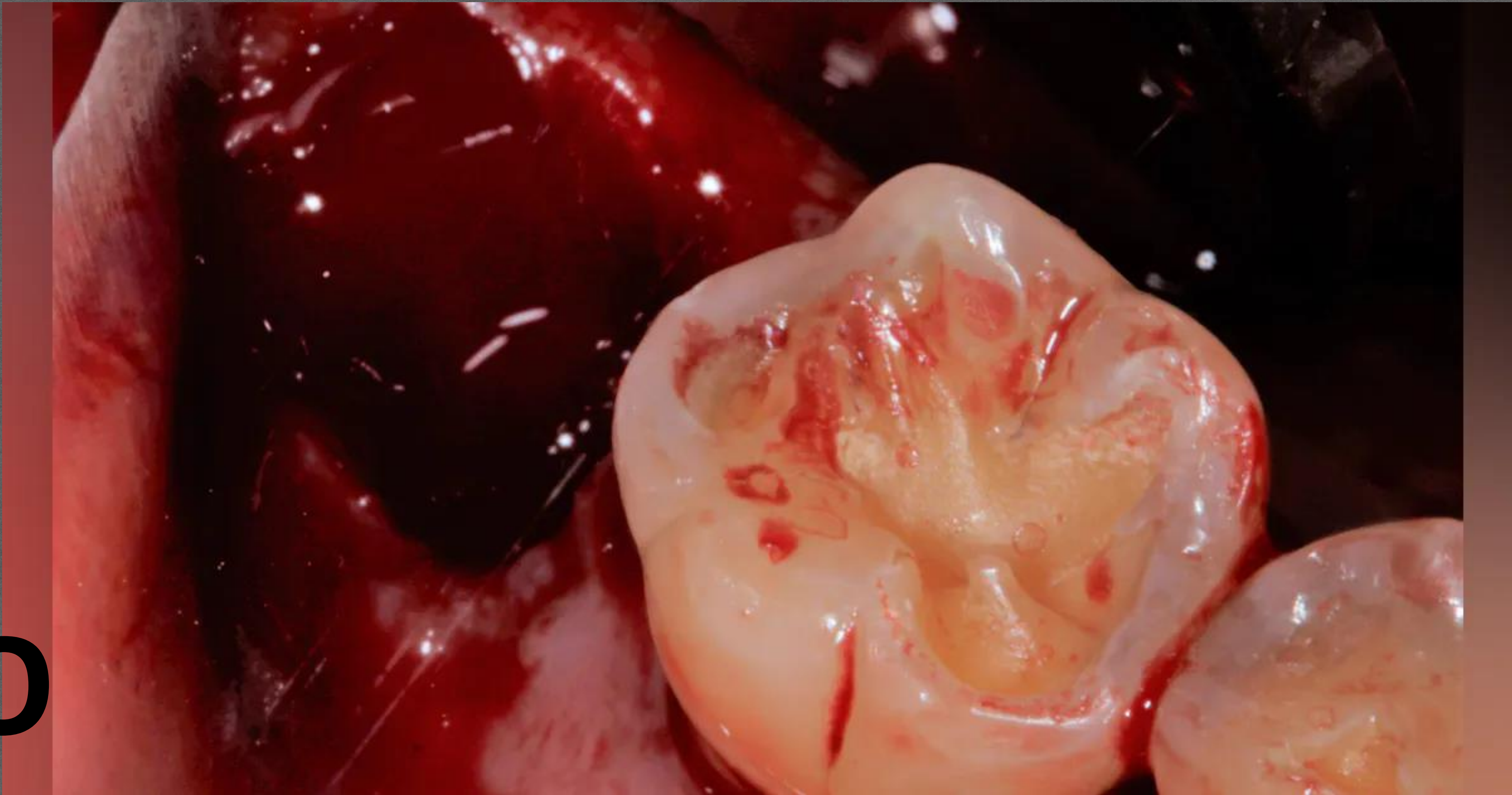
CLINICAL SCENARIO

JAMES CUNNINGHAM 22/9/25



SCENARIO

REFERRAL VIA PHONE FROM GDP TO OMFS
PATIENT HAD LR8 REMOVED YESTERDAY
HAS RE-PRESENTED TO GDP WITH BLEEDING



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Man bleeds to death after tooth removal

Last updated at 13:37 15 December 2004

A man bled to death overnight after having a tooth removed at the dentist, an inquest has heard.

Robert Braber, 59, was found dead in bed this morning after the extraction, by his wife Jane, in Prestwood, Buckinghamshire.

News

Dentist Suspended Due To Patient Bleeding To Death After He Extracted Ten Of Her Teeth

October 23, 2019

by The Telegraph

A dentist has been banned from practising for a year after one of his patients bled to death only hours after he extracted ten of her teeth.

Tushar Patel, who worked at Confidential Clinics in Purley, Surrey, treated a woman suffering from advanced gum disease, known as Patient A, in the summer of 2017.

She had been taking a blood-thinning medicine called Warfarin for a rare blood condition that causes clotting.

To view the full story, [please click here](#).

[See more of the latest dentistry news here!](#)

[Int J Surg Case Rep.](#) 2017
Published online 2017 Jul 1

Massive bleeding after
malformation of the

[Nasr Hasnaoui](#),^{a,b,*} [Eric C](#)

► [Author information](#) ► [Ar](#)

[Abstract](#)

[Introduction](#)

Arteriovenous malformation

AIMS AND OBJECTIVES

AIM:

TO ENABLE YOU TO MANAGE COMMON FORMS OF BLEEDING IN AN OMFS/ORAL SURGERY
POST

AIMS AND OBJECTIVES

OBJECTIVES:

KNOW HOW TO TAKE CALLS FROM A&E AND GDP AND GIVE INITIAL ADVICE

KNOW HOW TO ASSESS A BLEEDING PATIENT

BE ABLE TO TREAT BLEEDING FROM SOCKETS AND LACERATIONS

KNOW WHEN TO INVOLVE OTHER SPECIALTIES

KNOW WHEN TO ESCALATE OR ADMIT PATIENTS

COAGULATION

VERY QUICK RECAP

1. Constriction of blood vessel
2. Platelet activation plugs vessel
3. Activation of coagulation cascade
4. Formation of fibrin clot

HISTORY TAKING

Basic facts from referrer:

Has the patient been assessed face to face?

Reason for extraction

Difficulty of extraction

Medical considerations

What has been done so far?



INITIAL MANAGEMENT / ADVICE

CAN THE PATIENT BE MANAGED IN PRACTICE?



LA

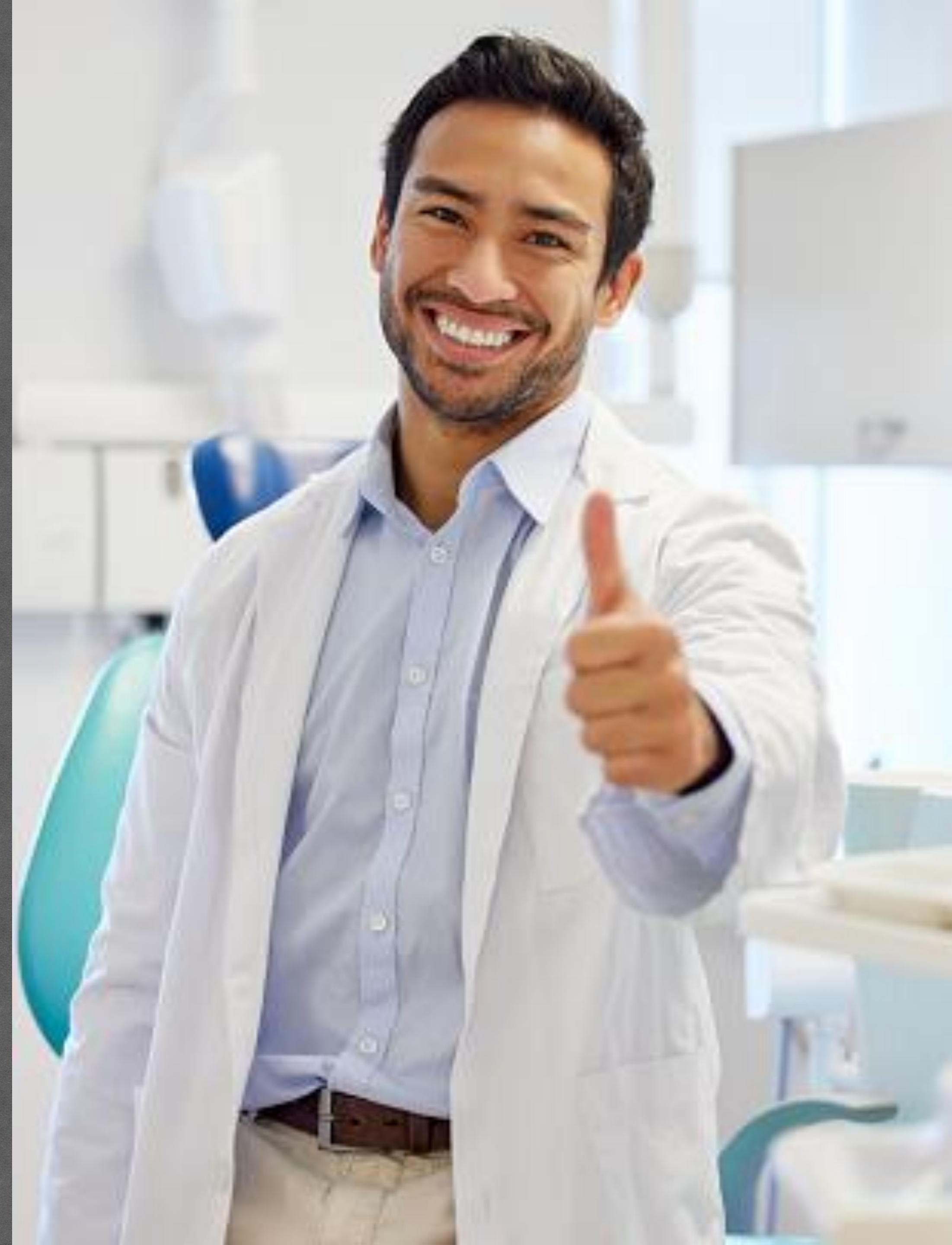
Suturing

Haemostatic agents

Pressure

Not unreasonable to insist these are done before
transfer to hospital

PATIENT NEEDS HOSPITAL TREATMENT



WHAT WILL YOU DO?

HISTORY TAKING

Apply pressure with TXA or adrenaline soaked gauze while taking history

Any systemic signs?

Focus on times/dates/nature of bleeding

Medical considerations

Anatomical concerns

EXAMINATION

Nature of bleeding, where from?

Clot present/absent

Swelling intra/extraorally

Sutures/pack in situ

Loose mucoperiosteal flap

MANAGEMENT OF THE SOCKET

LA infiltrations/blocks

Remove exuberant or failing clot

Can bleeding point be identified? - bone/soft tissue

Packing with surgical

Suturing socket

Gauze pressure post procedure

INVESTIGATIONS

INITIAL ASSESSMENT IN HOSPITAL

Clinical observations - BP, RR, HR

Haematological investigations - FBC, Coagulation screen, INR, LFT

X-Ray

HAVE YOU STOPPED THE BLEEDING?

Consider need for investigations

Monitor patient, at least 30 minutes

Post op instructions

Advice if bleeding restarts

STILL BLEEDING?

TIME FOR ESCALATION?

Call for senior help - second on call if available, other team members

Other haemostatic aids - bipolar to soft tissues, bone wax

Do we need medical assistance? Haematology, ED/physicians

STILL BLEEDING?

INPATIENT MANAGEMENT

Do we need to go to theatre?

Do we need management of anticoagulation?

OTHER CLINICAL SCENARIOS

OTHER OMFS SOURCES OF BLEEDING

Postoperative bleeding on the ward, especially after clexane given.

Epistaxis - merocel packs, rapid rhino

Haematoma - drainage

Lacerations - closure of wound usually sufficient

Bleeding from oral tumours

CLINICAL CASE

Referral from paediatric dentists - unusual appearance of LR6



Caption

CLINICAL CASE

Further investigations - US/MRI

Suggested vascular malformation close to mandible but not directly involving it.

LR6 removed in theatre

CLINICAL CASE

Torrential bleeding!

Tooth replaced

Sutures placed

Pt kept intubated

Transfer to Paediatric ICU

Interventional radiology

CT angiogram



CLINICAL CASE

Sclerosant placed by interventional radiologists



Caption

HISTORY
ASSESSMENT
EMERGENCY TREATMENT
MONITORING
OTHER SPECIALTIES
=
HAEMOSTASIS

**THANKS FOR LISTENING
ANY QUESTIONS?**