Questions to Ask / Necessary Information

1. Diagnosis of arrhythmia? Type of treatment/ device (medication, ablation, pacemaker, ICD)?
2. Recent associated complications?
3. Frequency and outcome of physician evaluation?

Risk for Medical Emergency

1. Stress or excessive epinephrine may induce life-threatening arrhythmias.
2. In the event of an emergency, automated external defibrillator electrodes should be placed away from the pacemaker or defibrillators.
3. Vast majority of dental procedures, whether surgical or nonsurgical are associated with low to very low risk for adverse events in patients with arrhythmias.

Pertinent Laboratory Information

- Electrocardiographic study (EKG) essential to determine type and severity of arrhythmia.
- For patients on Coumadin INR should be monitored.
Management For Dental Treatment

Preoperative Management
1. Consult with physician as appropriate.
2. Take vital signs. Ascertain well-being.
3. Stress reduction protocols as needed.
4. Antibiotic prophylaxis to prevent infective endocarditis is not indicated.
5. Anticoagulation protocol as appropriate

Management During Treatment
1. Avoid use of electrosurgery, ultrasonic bath cleaners, ultrasonic scalers, and battery-operated curing lights.
2. Provide excellent local anesthesia.
3. Limit epinephrine to 0.04mg or two cartridges of 1:100,000 epinephrine (avoid altogether if taking digoxin)
4. Avoid epinephrine-containing retraction cord.
5. Monitor pulse and blood pressure. Consider electrocardiogram use during procedures.

Postoperative Management
1. If on Coumadin, use of broad-spectrum penicillin and metronidazole may increase INR, caution in their use is advised.
2. Move chair slowly to prevent orthostatic hypotension.
3. Ensure patient’s vitals are stable prior to dismissal.

Oral Manifestations
N/A

References

Little, Falace. Dental Management of the Medically Compromised Patient, 8e.