

## Dental Care for children with sickle cell – guidelines

- 1) We encourage regular dental care (every 6 – 12 months). Facial pain in a person with sickle cell disease can be due to a dental problem or vaso-occlusion, keeping all the teeth in good shape will make diagnosis & treatment of pain more straightforward.
- 2) Sickle cell patients do not need prophylactic antibiotics for dental care. This change occurred in 2007, when the American Dental Association and American Heart Association found that evidence showed endocarditis risk only in people with artificial valves or grafts or history of infectious endocarditis.  
[http://www.ada.org/prof/resources/topics/infective\\_endocarditis.asp](http://www.ada.org/prof/resources/topics/infective_endocarditis.asp)
- 3) If the dentist plans something more extensive than general dental cleanings, especially if there is consideration of general anesthesia or deep conscious sedation, then we ask to coordinate the pre-op planning between hematology, anesthesiology, and dentistry. We review the child's medical condition to look for high-risk features that would require the full facilities of a hospital operating room and peri-operative observation & hydration on a hematology ward.
- 4) Sickle cell complications are more likely in patients with:
  - a. Frequent acute chest syndrome, stroke, frequent pain, asthma, chronic hypoxia, and other chronic respiratory problems. Hospitalization may be recommended on a case-by-case basis for other underlying problems
  - b. Extensive dental procedures such as oral rehabilitation that requires prolonged general anesthesia.
  - c. Rarely is there a need for pre-procedure blood transfusion, which can be determined on a case-by-case basis.
- 5) There is no contraindication to the use of in-office general anesthesia (such as nitrous oxide). Close attention to warmth, oxygenation, and good hydration are advised to avoid sickle vaso-occlusion. Pulse oximetry monitoring is required.
- 6) We *discourage* the use of epinephrine in local anesthetics, because the epinephrine vasoconstriction may trigger sickle vaso-occlusive pain, however, this is debated and there are no consistent data.

Pediatric Specialists of Virginia  
Center for Cancer and Blood Disorders  
Comprehensive Sickle Cell Program  
8081 Innovation Park Drive  
Building B, Suite 765  
Fairfax, VA 22031  
Ph: 571-472-1717 Fax: 571-472-1718