OET Case Notes

Dentistry · Proficient · Discharge letter · to General Practitioner

Dentistry — Discharge to GP following Oral Surgery with Anticoagulation Complicat

THE CASE NOTES

Patient: Mr Robert McAlister, 67 years old; on warfarin for AF

Procedure: Surgical extraction of lower left impacted third molar (38); procedure completed under local anaesthesia; INR checked day of procedure — 2.8 (within target 2.0–3.0, but at the higher end)

Intraoperative: Profuse bleeding post-extraction: local haemostatic measures (haemostatic gauze, sutures, tranexamic acid 5% mouthwash); bleeding eventually controlled after 35 minutes; patient remained stable throughout

Post-operative: Patient monitored for 1 hour; haemostasis satisfactory at discharge; tranexamic acid mouthwash prescribed (10 mL QDS for 2 days); patient advised not to rinse for 24 hours

GP actions requested: INR recheck in 5–7 days — prolonged bleeding episode may reflect that INR was at the high end of range; consider whether to adjust warfarin dose or reduce target range before any future dental surgical procedures

Future procedures: Patient will require further dental treatment (upper left 28 extraction planned); recommend liaison with anticoagulation clinic before that procedure; consider bridging protocol or INR reduction to lower end of range pre-operatively

Medications dispensed: Tranexamic acid mouthwash 5% (10 mL four times daily for 2 days); ibuprofen avoided due to anticoagulant interaction — paracetamol 1 g prescribed for pain

Task: Write a discharge letter to the GP, Dr Angela Carey, documenting the intra-operative complication and requesting appropriate follow-up.

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WHAT TO INCLUDE

+ **The intra-operative bleeding episode: duration, haemostatic measures used, and that haemostasis was achieved**
  The GP needs to know this happened, how it was managed, and that the patient is safe. This is the reason for the discharge letter — it documents a complication that changes the patient's future anticoagulation management.
+ **The INR on the day of the procedure and the concern that the higher-end value may have contributed**
  The GP must know the INR context to judge whether to adjust the warfarin dose or target range. Without this, the 'please check INR' request has no clinical framing.
+ **The planned upper left 28 extraction and the recommendation for pre-procedural anticoagulation clinic liaison**
  This is the forward-looking management recommendation. The complication today has direct implications for the next planned procedure — the GP needs this to act proactively, not wait until the next dental appointment.

WHAT TO LEAVE OUT

– **The technical surgical detail of the third molar extraction**
  The GP manages anticoagulation — they do not need the surgical anatomy. 'Surgical extraction of lower left third molar' is one clause; the surgical technique is for the hospital record.

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– **The patient's post-operative pain management routine beyond the analgesic dispensed**
  Paracetamol was prescribed and ibuprofen was avoided — state this once. The GP does not need a pain management plan for a post-extraction episode.

CRITERION IN FOCUS · CONTENT

A discharge letter documenting a complication must always answer four questions: what happened, how it was managed, what the current status is, and what the GP needs to do. A letter that answers three of four fails Content. In this case: bleeding episode (what happened) - haemostatic measures (managed) - haemostasis achieved at discharge (current status) -> INR recheck and anticoagulation clinic before next procedure (GP actions). All four must be present.