Preface

Coagulopathy Management: The Balance Between Thromboembolism and Hemorrhage

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Editors

It ought ... to be understood that no one can be a good physician who has no idea of surgical operations, and that a surgeon is nothing if ignorant of medicine. In a word, one must be familiar with both departments of medicine.
—Guido Lanfranchi

A basic tenet of surgery is understanding hemo-stasis. The surgeon must be knowledgeable with disease processes associated with abnormal hemostasis, be able to recognize signs and symptoms identifying potential abnormal hemostasis, be familiar with the growing list of coagulation-altering therapy, and be up-to-date with management protocols to optimize patient care.

This issue is devoted to the management of the patients with a congenital or a therapeutic coagulopathy. The authors selected for this issue are recognized experts in their specialty, and they provide the most current and up-to-date data on the medical and surgical management of these patients.

As oral and maxillofacial surgeons, we are faced with medically compromised patients with systemic diseases, which alter hemostasis, and those who are therapeutically taking coagulation-altering therapy on a daily basis. In the last 20 years, prophylactic as well as therapeutic use of coagulation-altering therapy has been increasing due to the rise in prevalence of coronary artery disease, atrial fibrillation, vascular disease, thromboembolic events, and other risk factors of our aging US population. Careful management of the patient with risk for altered hemostasis or taking anticoagulant drugs in the perioperative period is essential in treating our surgical patients. Many surgeons may not have any established perioperative management guidelines.

The patient with a congenital or therapeutic coagulopathy requires a surgeon who is “familiar with both departments of medicine.” The surgeon must employ both his or her medical knowledge and surgical skill to achieve a balance between thromboembolism and perioperative bleeding. Many of these patients may require interdisciplinary management by a team of different medical and surgical specialties. Many medical specialists may not understand the scope and intricacies of the various oral and maxillofacial surgical procedures. There is a lack of knowledge of the risk of
hemorrhage or the ability to locally achieve hemostasis, which may result in an inappropriate recommendation. It is, therefore, important that we seek input and assistance when such is required but alternatively are neither passive nor silent with sharing our knowledge to ensure optimal patient management.

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