Patients on Dialysis as a Challenge for Dentist and Prophylaxis Team

Patients undergoing dialysis therapy are classified as high-risk patients in the dental practice. This entails a number of special features which have to be taken into account in a risk-oriented dental treatment. Gerhard Schmalz/Leipzig and Priv.-Doz. Dr Dirk Ziebolz, M.Sc./Leipzig

First visit of HD patient:

- extensive anamnesis:
- · underlying diseases (diabetes, hypertension)
- · medication (Nifedipin, Amlodipin)
- · potential transplantation (tx waiting list)
- contact to nephrologist/general practitioner
- enlightment, information about status as risk-patient



Detailed examination:

- oral mucosa (gingiva ulceration, xerostomia)
- caries status
- PSR/PSI, periodontal status if necessary
- x-ray diagnosis
- clarification of therapy options and patient specifics with nephrologist and general practitioner
- therapy plan, taking into account the current health status and resilience of the patient

Professional tooth cleaning:

- motivation of the patient to practice personal oral hygiene
- oral-hygiene instructions
- information on importance of prophylaxis

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No further treatment necessary

Further treatment necessary

Prophylaxis and recall:

- every three months
- anamnesis update, in case of changes contact to nephrologist/general practitioner
- remotivation and professional tooth cleaning
- clinical examination (caries status, PSR/PSI, screening of the oral mucosa)
- if further therapy is necessary, return to the previous step

Therapy according:

- surgical therapy
- restaurative, endodontic therapy
- periodontal therapy
- possibly prosthodontic treatment if necessary



CAVE:

- treatment on the day after dialysis
- medication according to indication, dose adjustment
- antibiotic prophylaxis if necessary
- clarify risk of bleeding, countermeasures
- in case of doubt, consult nephrologist/general practitioner