Local Haemostasis after Dental-Surgical Operations

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Present-day methods of local haemostasis by thermocoagulative effects of a ND-YAG laser, infrared coagulator as well as a local medicinal application of fibrin adhesive are discussed. Possibilities and limitations of these methods are to be disclosed which have resulted from experience of the past 4 years. 416 operations were performed on 155 patients with haemorrhagic diathesis; 78 of these interventions were performed on patients with a remaining factor VIII activity of below 1 %. The rate of complications is at 2.8% as per the entire collective; in the first place, however, it is limited to cases with a remaining factor VIII activity of below 1 % (relative portion here at below 9%). With phenoproconmonum patients with a quick value of below 25%, these measures have introduced themselves as a routine already (N 300). Following this, there might be genuine alternatives for the classical substitution therapy in the everyday

dental interventions, and this procedure, on the one hand, will add to hepatitis prophylaxis and on the other hand, there will be a financial ease through those operations frequently performed on the outpatient. It is only in cases of severe haemophilia A and B that we still insist on a hospitalized control in the postoperative phase. The rate of surgical operations extended from simple extractions via an apicoectomy, elimination of impacted, malpositioned teeth to the elimination of small benign soft tissue tumors in our examinations. There is no question that a clearly noticeable prolongation of the healing process with thermocoa-gulation can be tolerated under the given conditions.