SURVEY

1. **Please indicate your gender**
   - Female
   - Male

2. **Duration of Experience**
   - 1-5 years
   - 5-10 years
   - 10-15 years
   - 15-20 years
   - 20 years and over

3. **Please indicate your career status.**
   - General Dentist
   - Research assistant
   - Specialized dentist (Oral and maxillofacial surgeon, periodontologist, radiologist, prosthodontist etc.)
   - Academician (Oral and maxillofacial surgeon, periodontologist, radiologist, prosthodontist etc.)

4. **Which institution do you work in?**
   - University
   - Public Hospital
   - Private practice

Blood Thinner	It includes both anti-platelet and anti-coagulant drugs.
Anti-platelet drug	Also known as anti-platelet or anti-aggregant drugs. These are drugs that prevent the formation of clots in the blood vessels.
Anti-coagulant drug	Drugs used for the treatment or prophylaxis of thromboembolism.
INR	International normalized ratio

5. **How often do you encounter patients on blood thinners?**
   - Everyday
   - More than one every day
   - Every few days
   - Once a week
   - Once a month

6. **What would be your approach before tooth extraction in a patient taking blood thinners (anti-platelet or anti-coagulant)?**

o No need for consultation, I interrupt medication for a few days

o No need for consultation, I will interrupt medication for one week

o No consultation is necessary, I do not stop the medication(s), I just tell him/her not to take the medication on the morning of surgery

o The risk of thrombosis/thromboembolism comes to the forefront, I would not want the drug to be discontinued under any circumstances

o I consult with the physician who started the drug treatment, I implement the physician's recommendations.

o I consult with the physician who started the drug treatment and evaluate the risk of bleeding and thrombosis. If the risk of bleeding is not high, I do not need to discontinue the medication

o Undecided

o Other

7. **When you consult for patients on blood thinners, can you indicate the bleeding risk of the procedure?**

o I indicate the risk of bleeding

o I do not indicate the risk of bleeding

o No consultation is required

o Undecided

8. **Which one(s) of the following blood thinners is/are included in the anti-platelet drug group? (You can select more than one option)**

- o Aspirin (Ecopirin)
- o Clopidogrel (Plavix)
- o Ticagrelor (Brilinta)
- o Prasugrel (Effient)
- o Warfarin (Coumadin)
- o Dabigatran (Pradaxa)
- o Rivaroxaban (Xarelto)
- o Apixaban (Eliquis)
- o Edoxaban (Lixiana)
- o Undecided

o I have never met a patient on anti-platelet drugs before

9. Which test(s) would you order in a patient on anti-platelet medication (You can check more than one option)

- o No test is required
- o I don't ask for a test, I consult the patient's physician
- o I would like prothrombin time (PT)
- o I would like INR
- o I would like Partial Thromboplastin time (PTT)
- o I would like thrombin time
- o I would like bleeding time
- o I'll check the platelet count
- o I would like a platelet function test
- o Undecided
- o Other .....

10. **Which consultant recommendation do you encounter most frequently in patients receiving anti-platelet therapy?**

o Discontinuation of the agent(s) 5-7 days before the procedure and not starting another drug instead

o Discontinuation of the agent(s) one week before the procedure and not starting another drug instead

o Do not interrupt the agent(s)

o Discontinuation of the agent(s) before the procedure and bridging with low molecular weight heparin

o Leaving the decision to continue or stop the medication to you according to the risk of bleeding

o Undecided

o Other .....

11. **In a patient who had a coronary stent implantation 6 months ago and is now taking aspirin. Is the decision to stop this medication before tooth extraction correct?**
    - o Strongly Agree
    - o Agree
    - o No Opinion
    - o Disagree
    - o Strongly Disagree
12. **Which test(s) you would order in a patient on oral anti-coagulant drugs (You can check more than one option)**

- o No test is required
- o I don't ask for a test, I consult the patient's physician
- o I would like prothrombin time (PT)
- o I would like INR
- o I would like Partial Thromboplastin time (PTT)
- o I would like thrombin time
- o I would like bleeding time
- o I'll check the platelet count
- o I would like a platelet function test
- o I would like anti factor-Xa level
- o Undecided
- o Other .....

13. **What is your approach regarding the INR value before a low bleeding risk tooth extraction planned to be performed without interruption of warfarin (Coumadin)? (INR: International Normalized Ratio)**

o There is no upper limit for INR, the procedure can be performed without interruption of medication

o If INR ≤ 1, the procedure can be performed without interruption of medication

o If INR ≤ 1.5, the procedure can be performed without interruption of medication

o If INR ≤ 2, the procedure can be performed without interruption of medication

o If INR ≤ 2.5, the procedure can be performed without interruption of medication

o If INR ≤ 3, the procedure can be performed without interruption of medication

o If INR ≤ 3.5, the procedure can be performed without interruption of medication

o If INR ≤ 4, the procedure can be performed without interruption of medication

o Undecided

o Other .....

14. **A patient with mitral valve prosthesis (high risk group) and on warfarin will have a tooth extraction with low bleeding risk. If the INR value is 3 on the morning of the procedure, can the tooth be extracted without interrupting the medication?**
    - o Strongly Agree
    - o Agree
    - o No Opinion
    - o Disagree
    - o Strongly Disagree
15. **Which consultant recommendation do you encounter most frequently in a patient on warfarin (Coumadin)?**
    - o Discontinuation of warfarin 5-7 days before the procedure and not starting any other medication in its place
    - o Discontinuation of warfarin five days before the procedure, bridging with low molecular weight heparin
    - o If the INR value is appropriate, performing the procedure without interrupting warfarin
    - o Leave the decision to you according to the risk of bleeding
    - o If the bleeding risk of the procedure is low and the INR value is appropriate, performing the procedure without stopping the medication
    - o Undecided
    - o Other....
16. **Have you ever met patients on direct acting oral anti-coagulants (e.g: Dabigatran (Pradaxa), Rivaroxaban (Xarelto), Apixaban (Eliquis))**
    - o Yes
    - o No

<u>If yes, please fill the next two questions. Otherwise, you can skip the questions of #17 and #18.</u>

17. **Which consultant recommendation do you encounter most frequently in patients using direct acting oral anti-coagulants?**
    - o Making a decision according to the INR value
    - o Performing the procedure without stopping the drug
    - o Only skipping the dose of the drug on the morning of surgery and performing the procedure
    - o Discontinuation of the drug 1-2 days before the procedure, not starting another agent instead
    - o Stopping the drug 1-2 days before the procedure and replacing it with low molecular weight heparin
    - o Stopping the drug a few days before and replacing it with 100 mg aspirin
    - o Leaving the decision to you according to the risk of bleeding
    - o Performing the procedure without stopping the medication if the risk of bleeding is low
    - o If the risk of bleeding is low, skipping the morning dose
    - o Undecided
    - o Other .....
18. **What is your approach in patients on direct acting oral anti-coagulants?**

- I interrupt it before all operations
- I would definitely like to interrupt it one day
- I would definitely like to interrupt two days
- No need for consultation, I will interrupt medication for a few days
- No need for consultation, I will suspend medication for a week
- No consultation is necessary, I do not stop the medication(s), I just tell him/her not to take the medication on the morning of surgery
- If the INR value is appropriate, the drug does not need to be discontinued
- I stop 1-2 days before and start low molecular weight heparin instead.
- I consult with the physician who initiated the treatment and implement the physician's recommendations
- I consult with the physician who started the treatment and determine the bleeding and the patient's risk group. If the risk of bleeding is low, there is no need to stop the medication
- I would not want the medicine to be discontinued under any circumstances
- Undecided
- Other.....

19. **Which painkiller(s) do you prefer in the postoperative period in patients on blood thinners. (You can check more than once)**

- Paracetamol
- Non-steroidal anti-inflammatory agents
- Opioid derivatives
- Undecided
- Other.....

20. **Do you think there is a need for a national guideline on patients on blood thinners?**

- A national guideline is needed.
- There is no need for a national guideline.
- Undecided