

## Dental clearance prior to medical intervention in patients with liver failure

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### Abstract

As many as one in 10 Americans have some form of liver disease. Cirrhosis and chronic liver failure are leading causes of morbidity and mortality, with most cases due to excessive alcohol intake, viral hepatitis, or nonalcoholic fatty liver disease. Routine liver function tests do not correlate well with degree of liver function but with liver cell damage instead. Liver transplant is the only effective long-term treatment for chronic liver failure. The study detailed in this paper was undertaken to determine: 1. the oral disease presence in patients with liver failure awaiting liver transplant; 2. the oral health care determined to be necessary to clear patients for transplant and the costs of that oral care; 3. the effectiveness of an examination and treatment algorithm in the evaluation and care of liver failure patients; and 4. whether correlations existed among various commonly performed laboratory tests in these patients. The study showed that patients awaiting liver transplant commonly have generalized severe periodontal disease and periapical abscesses which would preclude the patient from undergoing transplant surgery. The average cost of care to issue dental clearance for the patients in this study was \$1,169. Liver failure patients being considered for liver transplant surgery can be treated safely using a treatment algorithm to guide care that incorporates a few precautions to avoid post-operative bleeding. Precautions include platelet transfusion and use of agents and surgical technique to ensure hemostasis. Results of commonly used laboratory tests for liver failure patients were not found to show correlations with one another and were not considered good predictors of the risk for complications following invasive procedures.



### Biography:

Jeffery Lynn Hicks served as a Chair of the Department of Hospital Dentistry in San Antonio, Texas, USA for 11 years and he has developed expertise in the care of patients with complex medical problems. In particular, he has developed algorithms for

the oral health care treatment of patients with organ failure and cancer. He currently directs training projects and writes for US federal training grants for the University of Texas Health San Antonio School of Dentistry.

### Speaker Publications:

1. Fung B, Fatahzadeh M, Kirkwood K, Hicks J and Timmons S (2018) Should dental schools invest in training predoctoral students for academic careers? two viewpoints. *Journal of Dental Education* 82(4):379-387.
2. Hicks J, Vishwanat, L, Perry M, Messura J and Dee K (2016) SCDA task force on a special care dentistry residency. *Special Care in Dentistry* 36(4):201-212.
3. Hicks J L, Schaffer R, Frances D, Usher S, Barnes J and Sabbah A (2015) Foreign service special care opportunity in SCDA. *Special Care in Dentistry* 35(5):206-213.
4. Hicks J L (2015) Oral care of the patient with liver failure, pre-transplant - A retrospective study. *Special Care in Dentistry* 35(1):8-14.
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