Sickle Cell Disease and Dental Appointments

Sickle cell disease is an inherited blood disorder in which the red blood cells assume a sickle shape because of an abnormal hemoglobin. The abnormally shaped red blood cells cause obstructed blood flow in vessels leading to episodes of pain. The episodes of pain are called crises and can affect the bones, chest, and abdomen most commonly. An obstructed blood vessel in the brain may cause a stroke with muscle weakness or if severe, even coma and death.

- Routine dental care is recommended every 6-12 months due to the risk of increased frequency of dental problems in individuals with sickle cell disease.


- If a procedure more extensive than a routine cleaning is planned, care coordination should take place between Hematology, Anesthesiology, and Dentistry for pre-operative planning.
  - Deep conscious sedation or general anesthesia may require peri-operative hospitalization for IV hydration and observation.
  - Pre-procedure blood transfusion may be required for patients whose hemoglobin is <10 g/dL.

- Use of nitrous oxide is discouraged without prior Hematology approval. Low-risk patients may be eligible for conscious sedation, but close attention to oxygenation, warmth, and hydration are advised to prevent sickle vaso-occlusion. Pulse oximetry monitoring is required.

- Local anesthetic with epinephrine is contraindicated due to its vaso-constrictive properties which may trigger a vaso-occlusive episode.

*If you are in need of a dental letter, please ask your healthcare provider to email ISCC@ihtc.org for a modifiable template.*