



Instructions for Use with Extractions

Patient with continued bleeding:

1. Divide one sterile 2 X 2 inch piece into fourths.
2. Place one or more piece(s) [1 X 1 inch square], depending on the size of the socket and the amount of bleeding, into the middle of the socket with cotton plier.
3. Move it around in the socket until totally saturated with blood.
4. If the gauze is placed on bleeding points, apply for 1-2 minutes or until the bleeding stops, then remove the excess before closure.
5. Approximate the soft tissue by suturing with interrupted (in papillae), mattress, or cross suture to better cover and protect the Hemostatic Gauze and prevent it from being withdrawn by regular gauze sponge outside the socket. Do not suture closed. Important for fluids to exchange to further assist the dissolution process of ActCel.
6. Slightly moisten a 2 X 2 (or bigger) gauze sponge and have the patient place pressure on the socket by biting gently. Dry gauze can tend to pull the ActCel Hemostatic Gauze from the socket if they touch.

Additional patient precautions:

1. Bite on gauze for 15-20 minutes.
2. If bleeding continues or restarts, bite again for 15-20 minutes. This can be repeated as needed over a few hour period.
3. If bleeding does not stop, consult your dentist. (Repacking and resuturing may be required in rare cases.)
4. Rest for 2-3 hours.
5. No rinsing for 24 hours.
6. Avoid surgery area with tongue.
7. Avoid hot liquids and hard foods on the day of surgery.
8. Don't chew on surgical area for three days.
9. Avoid aspirin or NSAIDs.

Instructions for Protection of Sockets

1. After tooth removal, inspect socket for loose bone chips. Remove if present.
2. Thoroughly debride socket and flap area with copious sterile saline lavage.
3. Place one or more pieces of 1 X 1 inch square Hemostatic Gauze into socket.
4. Move the gauze around until totally saturated with blood.
5. Don't suture tightly closed.
6. Place slightly moistened regular gauze sponge over the socket and instruct the patient to bite with gentle pressure.
7. Refer to: "Additional patient precautions" given above.
8. Do not use to treat a dry socket (usually 4-6 days past surgery).
9. You may dust about 20 1"x1" pieces with 250 mg tetracycline powder.

Instructions for Protection of Sockets (Cont.)

10. ActCel gauze gradually turns into glucose and saline when in contact with some type of bodily fluid, water, saline or hydrogen peroxide.

Situations that predispose bleeding:

Group 1*:

Aspirin:

inhibit platelet aggregation by inhibiting the pathway of cyclo-oxygenase enzyme

Anti-inflammatories

similar mechanism as aspirin but effect more limited

Anticoagulants

inhibits synthesis of vitamin K-dependent coagulation factors

Antibiotics

altered intestinal flora which can decrease production of Vitamin K

Anticancer drugs/chemotherapy

patient may be on drugs that reduce the number of circulating platelets

Group 2*:

- ▶ liver damage from alcoholism (may have decreased production of liver-dependent coagulation factors)
- ▶ non-alcoholic liver disease
- ▶ primary hepatitis
- ▶ hypertension (elevated systolic blood pressure, 180-200 systolic, may cause prolonged bleeding)

Group 3*:

- ▶ Hemophilia A (factor VIII deficiency)
- ▶ Hemophilia B or Christmas disease (factor IX deficiency)
- ▶ Hemophilia C (factor XI deficiency)
- ▶ Von Willebrand's disease (absent or reduced levels of factor VIII)
- ▶ Thrombocytopenia (defective or decreased production of platelets)
Acquired, Congenital
- ▶ Disseminated intravascular coagulation or DIC (lack of clotting factors and platelets at the site where required)
- ▶ Hypoprothrombinemia (deficiency in prothrombin or factor II)
Acquired, Congenital

**Some of the above situations require consultation with physician/hematologist.*