

# Eggert Family Dentistry

Elizabeth C. Eggert, DDS

Suite 160 700 Village Center Drive  
North Oaks, MN 55127 651-482-8412

## Guidelines for Antibiotic Prophylaxis

Updated April 2007.

The American Heart Association (AHA) released new guidelines for the prevention of infective endocarditis on April 19, 2007. The AHA and the American Dental Association (ADA) now recommend that fewer dental patients with heart disease receive antibiotic prophylaxis before dental procedures to prevent the heart infection called infective endocarditis.

### Conditions In Which Antibiotic Prophylaxis Is No Longer Recommended

- Mitral valve prolapse
- Rheumatic heart disease
- Bicuspid valve disease
- Calcified aortic stenosis
- The following congenital heart conditions:
  - Ventricular septal defect
  - Atrial septal defect
  - Hypertrophic Cardiomyopathy

### Heart Conditions Requiring Antibiotic Prophylaxis

- Artificial Heart Valves
- History of Infective Endocarditis
- Certain specific, serious congenital heart conditions including:
  - Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  - A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  - Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
- A cardiac transplant that develops a problem in a heart valve like valvulopathy

### Joint Replacement Requiring Antibiotic Prophylaxis:

- Total joint replacement for the first two years after surgery
- Immunocompromised/immunosuppressed patients with total joint replacement:
  - Inflammatory arthropathies (e.g. rheumatoid arthritis, systemic lupus erythematosus)
  - Drug-induced immunosuppression
  - Radiation-induced immunosuppression
- Patients with co-morbidities with total joint replacement:
  - Previous prosthetic joint infections
  - Malnourishment
  - Hemophilia
  - HIV infection
  - Insulin-dependent (Type 1) diabetes
  - Malignancy

More information can be found at the following websites:

[ADA.org](http://ADA.org)

[www.circ.ahajournals.org/rapidaccess.shtml](http://www.circ.ahajournals.org/rapidaccess.shtml) (select April 19, 2007 abstract)

[www.aaos.org/about/papers/advistmt/1014.asp](http://www.aaos.org/about/papers/advistmt/1014.asp)

New guidelines published in the Circulation Journal.

## **Guidelines for Antibiotic Prophylaxis, Other Information**

Updated April 2007.

### **Primary Reasons for Revision of the Infective Endocarditis Guidelines**

- IE is much more likely to result from frequent exposure to random bacteremias associated with daily activities than from bacteremia caused by a dental, GI tract, or GU tract procedure.
- Prophylaxis may prevent an exceedingly small number of cases of IE, if any, in individuals who undergo a dental, GI tract, or GU tract procedure.
- The risk of antibiotic-associated adverse events exceeds the benefit, if any, from prophylactic antibiotic therapy.
- Maintenance of optimal oral health and hygiene may reduce the incidence of bacteremia from daily activities and is more important than prophylactic antibiotics for a dental procedure to reduce the risk of IE.
- The AHA concluded that only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even if prophylaxis is 100% effective.
- Antibiotic prophylaxis is not recommended based solely on an increased lifetime risk of acquisition of IE.