

Prevention of Infective Endocarditis

To date, current professional guidelines from the ADA and the AHA, continue to support premedication antibiotics for a small group of patients. The basis of this judgement was a review of current scientific evidence showing the risk of adverse side effects to these antibiotics in general outweighs the advantages and benefits of these prophylactic precautions for most patients. The issue of developing drug-resistant bacteria supported this concept. It is critical to diligently check the latest information and science on guidelines like these to be sure you are fully aware of the most up-to-date standard of care.

The patients with a history of cardiac conditions and a high risk of developing infective endocarditis should be considered the prime subset to be covered. It is considered prudent for the following patients to receive prophylactic antibiotics:

- Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- Prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- A history of infective endocarditis;
- A cardiac transplants with valve regurgitation due to a structurally abnormal valve;
- The following congenital (present from birth) heart disease:
 - Unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
 - Any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

For patients with these cardinal cardiac conditions, prophylaxis is recommended for any treatment or procedures that involve soft tissue manipulation or bleeding, any periapical procedure, or any invasive procedure of the oral mucosa. Further, these guidelines recommend that patients at risk with underlying causes of endocarditis should maintain constant and meticulous homecare with regular dental visits.

Some of the current generally accepted guidelines are that this subset of patient at risk for endocarditis should be given antibiotics as a single dose regimen 30-60 minutes before the procedure. However, if the dosage of antibiotics is accidentally not administered prior, the dosage may be administered up to 2 hours after the procedure. Even if the high risk patient comes back for a procedure that needs coverage on the next day, the antibiotic regimen should be repeated.

Another concern is for those high risk patients who present for an appointment already on a course of antibiotics. Current recommendations for this situation are to prescribe a different class of antibiotics from the one being taken.

For the most current recommendations and guidelines on dosages and regimens, please consult the ADA, AHA, and the National Institute of Health to review a consensus on new studies and pertinent evidence.

ADA Science Institute, September 2017

Any publications or forms on this website are for informational and educational purposes only. Nothing contained within this website or on any publications or forms found therein is intended to be legal or dental advice. Accordingly, PPP makes no representations regarding the correctness or completeness of the aforementioned content and accepts no liability for any injury or damage that may arise from its use by persons viewing this website. Any person viewing this website should direct any specific legal or dental questions to a competent attorney or dental professional. In addition, the information contained within this website or on any publications or forms found therein may contain or refer to matters which are outside the scope of your insurance policy, and such information and materials do not create or imply the existence of coverage. Every insured should consult its insurance policy for the specific terms and conditions of coverage.