

## ENDOCARDITIS PROPHYLAXIS

Endocarditis prophylaxis is only recommended in the situations detailed below, as antibiotic prophylaxis may only be effective at preventing a very small number of endocarditis cases. Infective endocarditis is far more likely to be caused by frequent exposure to random bacteraemias than bacteraemias caused by dental, GI tract or GU tract procedures. The risk of antibiotic-related adverse events exceeds the benefit, if any, from antibiotic prophylaxis. These recommendations are taken from the European Society of Cardiology (ESC) Guidelines on the Prevention, Diagnosis and Treatment of Infective Endocarditis, 2015

**Cardiac conditions that require endocarditis prophylaxis**  
 Prosthetic cardiac valve, including a transcatheter valve or prosthetic material used for cardiac valve repair.  
 Previous infective endocarditis  
 The following forms of Congenital Heart Disease (CHD):

- Any type of cyanotic heart disease
- Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first 6 months after the procedure or lifelong if residual shunt or valvular regurgitation remains
- Repaired CHD with residual defects at or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialisation)

**Endocarditis prophylaxis IS recommended in patients with the above cardiac conditions, for all dental procedures that involve:**

- manipulation of gingival tissue or the peri-apical region of teeth, or
- perforation of oral mucosa including scaling and root canal procedures.

Maintenance of optimal oral health and hygiene is important in reducing the risk of endocarditis from dental procedures.

### Dental procedures in Adults and children

Give as a single dose 30-60 minutes prior to procedure:

Adults no penicillin allergy	Children no penicillin allergy
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#### 1<sup>st</sup> line option

Amoxicillin* 2g orally/iv	Amoxicillin 50mg/kg orally/iv (max 2g)(single dose, 30-60 minutes before procedure)
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#### First line option in penicillin allergy

Clindamycin 600mg orally/iv	Clindamycin 20mg/kg PO or IV (max 600mg)(single dose, 30-60 minutes before procedure)
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2 grams = four x 500mg capsules (or 40mls of 250mg/5ml suspension)

**Endocarditis prophylaxis is NOT recommended for the following procedures:**

- Routine anaesthetic injections through non-infected tissue
- taking dental radiographs
- placement of removable prosthodontic or orthodontic appliances
- adjustment of orthodontic appliances
- placement of orthodontic brackets
- shedding of deciduous teeth
- bleeding from trauma to the lips or oral mucosa which also includes treatment of superficial caries, removal of sutures etc.

**Consult patient's Cardiologist to confirm decision on prophylaxis. Discuss the risk of endocarditis with the patient. Explain the benefits and risks of antimicrobial prophylaxis. Record subsequent decision in patient's notes.**

References: .

ESC Guidelines for the management of infective endocarditis 2015. *European Heart Journal*, Habib et al. Published online 29 August 2015

AHA Endocarditis prophylaxis guidelines 2007. *Circulation*, Wilson et al. 116 (15): 1736

NHS Antibiotic Prophylaxis against Infective Endocarditis Implementation Advice July 2018