

Dear Colleagues

As you are aware NICE currently does not advocate routine antibiotic prophylaxis for procedures likely to cause a bacteraemia in patients with increased risk of Infective Endocarditis (IE)

Wessex cardiologists have become aware of an increase in cases of IE over recent years, and in an attempt to reduce the incidence of this life-threatening condition have been asked that we introduce changes to antibiotic prophylaxis protocols.

To support this initiative, as dental professionals we must work with our patients to help them understand the risks, teach them to optimise their oral health and reduce the need for treatments which put their heart in jeopardy.

The cardiac conditions with increased risk of IE are:-

- Any form of prosthetic valve including a trans-catheter valve replacement
- Any valve repair using prosthetic material
- Previous episode of endocarditis
- Cyanotic congenital heart disease
- Congenital heart disease with residual shunt or valve leak

The procedures requiring antibiotic prophylaxis are

- Scale and polishing
- Root surface debridement
- Dental extractions
- Endodontics
- Periodontal Surgery
- Endodontic surgery

The antibiotic prophylaxis regime is:

- 3gm orally of Amoxicillin or 600mg of Clindamycin (for penicillin allergic individuals) 60 minutes before the dental procedure.

Please remember that the antibiotics do not guarantee the patient will not have a problem and you should ask the patient to report any changes to their health following treatment.

Signs and symptoms of IE may include:

- Flu-like symptoms, such as fever, chills, fatigue (tiredness)
- aching muscles and joints
- night sweats, and headaches
- Shortness of breath or a cough that won't go away

- A new heart murmur or a change in an existing heart murmur

Remember avoiding the need for treatment is the best way to reduce the risk to the patient

Yours Sincerely

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