
Prevention of Infective Endocarditis

Guidelines for the American Heart Association for Prevention of Investive Endocarditis.

Published April 2007 (circulation)

1. Infective endocarditis prophylaxis for dental procedures should be recommended only for patients with underlying cardiac conditions. Prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissue or periapical region of the teeth or perforation of the oral mucosa.
2. Antibiotic prophylaxis is recommended for procedures on the respiratory tract or infected skin, skin structures or musculoskeletal tissue only for patients with underlying cardiac conditions.
3. List of cardiac conditions associated with the highest risk of adverse outcome from endocarditis for which prophylaxis with dental procedures is recommended:
 - a. Prosthetic cardiac valves
 - b. Previous infective endocarditis (IE)
 - c. Congenital heart disease (CHD)
 - d. Unrepaired cyanotic CHD, including palliative shunts and conduits
 - e. Completely repaired CHD with prosthetic material or device, whether place by surgery or by catheter intervention, during first six months after procedure.
 - f. Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
 - g. Cardiac transplantation recipients who develop cardiac valvuloplasty

*** Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.
4. Administration of antibiotics solely to prevent endocarditis is NOT recommended for patients who undergo a genitourinary or gastrointestinal tract procedure, including EGD's or colonoscopy or cystoscopy.