

## Clinical Update: New Guidelines for SBE Prophylaxis

In our effort to help support you in your daily practice, we would like to pass on this clinical update regarding the new antibiotic prophylaxis guidelines for the prevention of bacterial endocarditis (BE) which were released May 8, 2007.

The American Heart Association's Endocarditis Committee together with National and International experts on BE extensively reviewed published studies in order to determine whether dental, gastrointestinal or genitourinary tract procedures are possible causes of BE. These experts determined that there is no conclusive evidence that links dental, GI or GU tract procedures with the development of BE.

The current practice of giving patients antibiotics prior to a dental procedure is no longer recommended *except* for patients with the highest risk of adverse outcomes resulting in BE (see below). The Committee cannot exclude the possibility that an exceedingly small number of cases of BE, if any may be prevented by antibiotic prophylaxis prior to a dental procedure. If such benefit from prophylaxis exists, it should be reserved *only* for those patients listed below. The Committee recognizes the importance of good oral and dental health and regular visits to the dentist for patients at risk for BE.

Changes in these guidelines do not change the fact that cardiac conditions place patients at increased risk for developing endocarditis. If patients develop signs or symptoms of endocarditis, such as unexplained fever, they should see their doctor right away. If blood cultures are necessary (to determine if endocarditis is present), it is important for their doctor to obtain these cultures and other relevant tests *before* antibiotics are started.

**Antibiotic prophylaxis with dental procedures is recommended only for patients with cardiac conditions associated with the highest risk of adverse outcomes from endocarditis, including:**

- Prosthetic cardiac valve
- Previous endocarditis
- Congenital heart disease only in the following categories:
  - Unrepaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  - Completely repaired congenital heart disease with prosthetic material or device, whether placed by surgery



*Your complimentary  
use period has ended.  
Thank you for using  
PDF Complete.*

[Click Here to upgrade to  
Unlimited Pages and Expanded Features](#)

tion, during the first six months

**– Repaired congenital heart disease with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)**

- **Cardiac transplantation recipients with cardiac valvular disease**

\*Antibiotic prophylaxis is NOT recommended for the following dental procedures or events: routine anesthetic injections through non infected tissue; taking dental radiographs; placement of removable prosthodontic or orthodontic appliances; adjustment of orthodontic appliances; placement of orthodontic brackets; and shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa.

If you have any questions, Please feel free to contact our office.