

Dental Work Requiring Antibiotic Prophylaxis.

Effective immediately our office will follow the new guidelines from the American Heart Association regarding the prevention of infective endocarditis, published April 2007.
(http://www.ada.org/prof/resources/topics/infective_endocarditis.asp)

The following is a summary of the new guidelines. The new recommendations apply to such common dental procedures as teeth cleaning, fillings and extractions.

1. Patients who have taken prophylactic antibiotics routinely in the past but **no longer need them** include people with:
 - mitral valve prolapse
 - rheumatic heart disease
 - bicuspid valve disease
 - calcified aortic stenosis
 - congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.
 2. The new guidelines **recommend antibiotic prophylaxis** for dental procedures for the following cardiac conditions:
 - artificial heart valves
 - a history of having had IE
 - certain specific, serious congenital (present from birth) heart conditions*, including:
 1. unrepairs or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
 2. a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
 3. any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device
 - a cardiac transplant which develops a problem in a heart valve.
- * Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

The Council on Scientific Affairs of the American Dental Association has approved these guidelines as they relate to dentistry. In addition, the guidelines have been endorsed by the Infectious Diseases Society of America and by the Pediatric Infectious Diseases Society.

Should a change be recommended to your existing premedication regimen, this memo will be signed by you and will serve as informed consent. It is your responsibility to confirm any recommendations with your physician and/or cardiologist.