

## Endocarditis Prevention

### Definition

Infective Endocarditis is a rare condition where the inner lining of the heart – most commonly one of the heart valves – becomes infected.

### Who is at risk?

#### High Risk

- Previously had infective endocarditis
- Heart valve replacement or repair

#### Moderate Risk

- Unoperated heart valve disease (a leaking or narrowed heart valve)

### Recognising the symptoms

The symptoms are often very vague. If you have flu-like symptoms (fever, sweats or chills) that are severe or last longer than a week, you should seek medical attention from your GP urgently, and bring this sheet with you.

### **For GPs: always obtain blood cultures BEFORE starting antibiotics in patients with possible Endocarditis**

### Advice for your Dentist

Dental work where antibiotic prophylaxis should be considered in high risk patients includes:

- Extractions.
- Subgingival scaling.
- All procedures that involve manipulation of the gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

For patients who have a penicillin allergy or who have taken a penicillin or cephalosporin-group antibiotic in the last 4 weeks: Amoxicillin 3g orally (child 50mg/kg up to 3g); orally, 1 hour before the procedure.

For patients who have received a penicillin or cephalosporin-group antibiotic in the past 4 weeks: Clindamycin 600mg (child 20mg/kg up to 600mg); orally, 1 hour before the procedure.

### History

In March 2008 the National Institute For Health and Care Excellence (NICE) guidelines recommended complete cessation of antibiotic prophylaxis. Unfortunately, the incidence of endocarditis increased, as carefully documented in Dr Mark Dayer's paper in the *Lancet*.

Dayer M J et al: An Increase in the Incidence of Infective Endocarditis in England since 2008: A secular trend interrupted time series analysis; *Lancet*. 2015 March 28; 385 (9974): 1219-1228

