



## CNA HealthPro

### Review: Antibiotic Prophylaxis for Dental Patients With Total Joint Replacements

The April 2007 American Heart Association (AHA) guidelines for the prevention of infective endocarditis are specific to patients with cardiac conditions and do *not* directly affect the previously published advisory statement from the American Dental Association (ADA) and the American Academy of Orthopaedic Surgeons (AAOS) regarding patients with prosthetic joints. However, patients who present with a medical history that includes *both* cardiac and total joint considerations will necessitate a greater degree of investigation, communication, and documentation by the treating dentist.

The ADA and the AAOS most recently updated their advisory statement pertaining to prosthetic joints in July 2003. (*Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements*. JADA, Vol. 134, July 2003, pp. 895-899; also available on the Internet at the American Dental Association's Web site at [www.ada.org](http://www.ada.org)).

The expert panel of dentists, orthopedic surgeons and infectious disease specialists convened by the ADA and AAOS concluded that "antibiotic prophylaxis is not indicated for dental patients with pins, plates or screws, nor is it routinely indicated for most dental patients with total joint replacements. However, it is advisable to consider premedication in a small number of patients who may be at potential increased risk of experiencing hematogenous total joint infection."

As described in the report, the following patients have an increased risk of hematogenous total joint infection:

- All patients within the first two years following joint replacement
- Immunocompromised or immunosuppressed patients, through either disease or medication
- Patients with comorbidities. Examples cited are previous prosthetic joint infections, malnourishment, hemophilia, HIV infection, insulin-dependent (Type I) diabetes, and malignancy

The article also separates dental procedures into two groups — those having a higher and a lower incidence of bacteremia.

The suggested antibiotic prophylaxis regimen for joint-replacement patients warranting premedication who *are not* allergic to penicillin is cephalexin, cephradine or amoxicillin — 2.0 grams orally one hour prior to the dental procedure.

The suggested regimen for patients who *are* allergic to penicillin is clindamycin 600 milligrams orally one hour prior to the dental procedure.

Neither dosing regimen involves a second dose post-operatively. The above-referenced article also lists alternate dosing regimens.

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