Management of Patients at Increased Risk of Infective Endocarditis

Does the patient have a cardiac condition from the special consideration* sub-group?

- Offer advice on prevention as outlined for Routine Management.
- Contact the patient’s cardiology consultant, cardiac surgeon or local cardiology centre to determine if prophylaxis should be considered for invasive procedures.

Does the cardiologist advise that prophylaxis should be considered for invasive procedures?

- Discuss the potential benefits and risks of prophylaxis for invasive dental procedures with the patient to allow them to make an informed decision about whether prophylaxis is right for them.

Does the patient want prophylaxis to be prescribed for invasive procedures?

- Ensure that the patient and/or their carer or guardian are aware of their risk of IE and provide advice about prevention, including:
  - the potential benefits and risks of antibiotic prophylaxis, and an explanation of why antibiotic prophylaxis is no longer routinely recommended;
  - the importance of maintaining good oral health;
  - symptoms that may indicate infective endocarditis and when to seek expert advice;
  - the risks of undergoing invasive procedures, including non-medical procedures such as body piercing or tattooing.

Non-Routine Management

- If you do not hold a stock of prophylactic antibiotics in your practice, provide the patient with a prescription for antibiotic prophylaxis at the appointment prior to planned invasive procedure(s).
- Advise the patient to bring the antibiotic with them to the dental practice on the day of the procedure(s). Alternatively, the patient may choose to take the antibiotic at home.
- Give advice on possible adverse events such as hypersensitivity, anaphylaxis and antibiotic-related colitis.

Routine Management

- Ensure that any episodes of dental infection in people at increased risk of infective endocarditis are investigated and treated promptly to reduce the risk of endocarditis developing.

*These are:
- patients with any prosthetic valve, including a transcatheter valve, or those in whom any prosthetic material was used for cardiac valve repair;
- patients with a previous episode of infective endocarditis;
- patients with congenital heart disease (CHD):
  - any type of cyanotic CHD;
  - any type of CHD repaired with a prosthetic material, whether placed surgically or by percutaneous techniques, up to 6 months after the procedure or lifelong if residual shunt or valvular regurgitation remains.

If an increased risk patient who is not in the special consideration sub-group expresses a desire for antibiotic prophylaxis, consider contacting the patient’s cardiology consultant, cardiac surgeon or local cardiology centre for advice.

For further details of these recommendations and advice on following them, refer to the full Implementation Advice, available at www.sdcep.org.uk.