Endocarditis prevention instructions for patients

Certain heart conditions are associated with an increased risk of endocarditis. Endocarditis is an infection of the heart's internal structures. Therefore, a preventative dose of antibiotics, a prophylaxis, is recommended before certain procedures. The need and suitability of the antibiotic prophylaxis is assessed individually, and other possible risks of infection are also taken into consideration.

To prevent endocarditis, you need to take good care of your mouth, teeth and skin, and treat even minor bacterial infections.

Patient groups for whom antibiotic prophylaxis is advisable before certain procedures:

- ☐ Patients with an artificial heart valve (mechanic or biological), or patients who have undergone valve repair surgery with artificial material (such as annuloplasty ring or chordae)
- ☐ Previous endocarditis
- ☐ Uncorrected cyanotic congenital heart defect, including patients with a palliative shunt or a conduit
- ☐ Corrected congenital heart defect, if the patient has a residual defect close to artificial material, such as an artificial heart valve
- ☐ For the first 6 months, patients who have had surgery with artificial material, shunt, or conduit due to a congenital heart defect, and patients who have had a clip implanted in a valve in a catheterization procedure.
- ☐ Heart transplant patients who have developed a valvular disease
- ☐ Patients with a left ventricular assist device (LVAD)

Antibiotic prophylaxis for endocarditis is advisable before procedures where the mucous membrane in the mouth, pharynx, or airways will be broken and bacteremia will be possible or likely, **such as**:

- Procedures to the teeth and parodontium that are generally associated with bleeding from the gums (tooth extraction, curettage) or manipulation of the periapical region (root canal treatment, resection)
- Cleaning of the dental support tissues and removing tartar under the gums performed by a dentist or a dental hygienist
- Antral lavage
- Surgery to remove palatine or pharyngeal tonsils
- Bronchoscopy (endoscopy of the airways in the lungs) with invasive procedures

Separate* antibiotic prophylaxis for endocarditis is not needed in the following procedures, for example:

- Tooth filling
- Root canal treatment with no invasion to the periapical region
- Local anesthesia in the mouth
- Dental prosthesis fitting
- Dental cleaning with prophy paste
- Gastroscopy (endoscopy of stomach), colonoscopy (endoscopy of large intestine), non-invasive bronchoscopy (endoscopy of the airways in the lungs)
- Urological (urine tract) procedures*
- Gynecological and obstetric (childbirth-related) procedures and childbirth*
- Gastrointestinal (stomach and intestines) surgeries*

***Please note:**

- In gastrointestinal and genitourinary procedures antibiotic prophylaxis is given according to normal practice (stomach, intestines, gynecological organs and urine tract). Any urinary tract infection and asymptomatic bacterial growth in urine must be treated before any urinary tract procedures.

Medicines used as antibiotic prophylaxis for endocarditis (administered **30–60 minutes before the procedure)**

Route of administration	Antibiotic	Adult	Child
Primarily given orally	Amoxicillin	2 g	50 mg/kg
Intravenous alternative	Ampicillin	2 g	50 mg/kg
Oral alternatives for those allergic to penicillin	Cephalexin	2 g	50 mg/kg
	Clindamycin	600 mg	20 mg/kg
	Azithromycin	500 mg	20 mg/kg
	Clarithromycin	500 mg	15 mg/kg
	Roxithromycin	300 mg	
Intravenous alternatives for those allergic to penicillin	Cefuroxime	1.5 g i.v.	60 mg/kg
	Clindamycin	600 mg i.v.	20 mg/kg