

ANTIBIOTIC PROPHYLAXIS FOR DENTAL PATIENTS WITH TOTAL JOINT REPLACEMENTS[‡]

PATIENTS AT POTENTIAL INCREASED RISK OF HEMATOGENOUS TOTAL JOINT INFECTION*

All Patients During the First Two Years Following Joint Replacement

Immunocompromised/Immunosuppressed Patients

- Inflammatory arthropathies such as rheumatoid arthritis, systemic lupus erythematosus
- Drug- or radiation-induced immunosuppression

Patients with Comorbidities[†]

- Previous prosthetic joint infections
- Malnourishment
- Hemophilia
- HIV infection
- Insulin-dependent (Type I) diabetes
- Malignancy

* Based on Ching, et al.; Brause; Murray, et al.; Poss, et al.; Jacobson, Millard, et al.; Johnson and Bannister; Jacobson, Patel, et al.; and Berbari, et al.

[†] Conditions shown for patients in this category are examples only; there may be additional conditions that place such patients at risk of experiencing hematogenous total joint infection.

SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS*

Patients not allergic to penicillin: **Cephalexin, cephradine or amoxicillin**
2 grams orally 1 hour prior to the dental procedure

**Patients not allergic to penicillin and
unable to take oral medications:** **Cefazolin or ampicillin**
Cefazolin 1 g or ampicillin 2 g intramuscularly or
intravenously 1 hour prior to the dental procedure

Patients allergic to penicillin: **Clindamycin**
600 mg orally 1 hour prior to the dental procedure

**Patients allergic to penicillin and
unable to take oral medications:** **Clindamycin**
600 mg IV 1 hour prior to the dental procedure

* No second doses are recommended for any of these dosing regimens.

[‡]Based on the Association Report, *Antibiotic prophylaxis for dental patients with total joint replacements*. J Am Dent Assoc. 2003;134(7):895-898. Please note that this report was retired by the American Academy of Orthopedic Surgeons (AAOS), effective December 5, 2008. As a result of this action, the report has been removed from the AAOS website and is no longer supported, endorsed, or distributed by the Academy. A new [Information Statement](#) was issued by AAOS in February 2009.

ANTIBIOTIC PROPHYLAXIS FOR DENTAL PATIENTS WITH TOTAL JOINT REPLACEMENTS (CONT.)

INCIDENCE STRATIFICATION OF BACTEREMIC DENTAL PROCEDURES*

HIGHER INCIDENCE[†]

- Dental extractions
- Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strips, scaling and root planing, probing, recall maintenance
- Dental implant placement and replantation of avulsed teeth
- Endodontic (root canal) instrumentation or surgery only beyond the apex
- Initial placement of orthodontic bands but not brackets
- Intraligamentary and intraosseous local anesthetic injections
- Prophylactic cleaning of teeth or implants where bleeding is anticipated

LOWER INCIDENCE^{‡§}

- Restorative dentistry (operative and prosthodontic) with or without retraction cord^{**}
- Local anesthetic injections (nonintraosseous and nonintraosseous)
- Intracanal endodontic treatment; post placement and buildup
- Placement of rubber dam
- Postoperative suture removal
- Placement of removable prosthodontic/orthodontic appliances
- Taking of oral impressions
- Fluoride treatments
- Taking of oral radiographs
- Orthodontic appliance adjustment

* Adapted with permission from the publisher from Dajani, et al.

† Prophylaxis should be considered for patients with total joint replacement who meet the criteria in Table 1. No other patients with orthopedic implants should be considered for antibiotic prophylaxis prior to dental treatment/procedures.

‡ Prophylaxis not indicated.

§ Clinical judgment may indicate antibiotic use in selected circumstances that may create significant bleeding.

** This includes restoration of carious (decayed) or missing teeth.

References

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