

PREMEDICATION FOR ARTIFICIAL JOINTS



To Prevent Joint Infections

The oral cavity is a portal of entry as well as the site of disease for microbial infections that affect general health.

Streptococcus viridians is the main infective agent that can enter the bloodstream from areas with considerable bleeding such as the oral cavity, urinary tract and gastrointestinal tract. This bacteria may lodge on the heart valves, inflame the myocardium and cause ulcerations on the inner walls of an artery. Patients with artificial joints, prosthesis or previous severe infections are at higher risk. These risks are from an implied association between dental treatments and joint infections.

For the first two years following a total joint placement, antibiotic prophylaxis is recommended for everyone. After two years, only high-risk patients may need to receive antibiotics for high-risk procedures.

Do any of these high-risk situations apply to you?

- Rheumatoid arthritis
- Systemic lupus
- Other medical conditions that cause you to be immunocompromised or immunosuppressed
- Immunosuppression caused by drug or radiation treatment
- Malnourishment
- Hemophilia
- HIV infections
- Insulin dependent (Type 1) diabetes
- Cancer
- Some Elderly patients

All patients in these high-risk categories may need antibiotics for all high-risk dental procedures. Premedication is recommended for antibiotic prophylaxis for any dental procedure likely to cause bleeding.

The American Dental Association recommends antibacterial prophylaxis for at-risk individuals with any dental procedure that may cause bleeding such as the following procedures:

- Tooth extractions
- Periodontal surgery
- Scaling and root planing
- Probing
- Recall maintenance
- Dental implant placement
- Replantation of avulsed teeth
- Subgingival placement of antibiotic fiber or strips
- Initial placement of orthodontic bands (not brackets)
- Intraligamentary local anesthetic injections
- Cleaning of teeth or implants where bleeding is anticipated
- Endodontic surgery
- Instrumentation beyond the apex

The current regimen:

Patient Type	Suggested Drug	Regimen
Not allergic to penicillin	Cephalexin, cephadrine, amoxicillin	2 grams orally 1 hour prior to dental procedure
Patient not allergic to penicillin and unable to take oral medications	Cefazolin or ampicillin	Cefazolin 1 g or ampicillin 2 g intramuscularly or intravenously 1 hours prior to the dental procedure
Patient allergic to penicillin	Clindamycin	600 mg orally 1 hours prior to dental procedure
Patients allergic to penicillin and unable to take oral medications	Clindamycin	600 mg intravenously 1 hr prior to dental procedure * source JADA Vol 134, 7/03 pgs 895-899

is two grams of amoxicillin, one hour prior to treatment with no follow-up dosage required. Clindamycin, cephalexin, cefadroxil, axithronycin or clarithromycin as also suggested alternatives.

At our office we also reduce bacteremias by using an antiseptic mouthrinse for 30 seconds before any procedures are done.

The most effective reduction in bacteria in your mouth is accomplished by you. It is urgent that you improve your oral hygiene care in order to improve your oral health by:

- Rinsing your mouth with an antiseptic mouthrinse like BreathRx or PerioGuard to reduce the bacteria count in your mouth BEFORE you do the following:
 1. Use a Waterpik irrigator on a daily basis.
 2. Brushing at least twice a day for 2 minutes or more using a Sonicare toothbrush.
 3. Flossing daily or using an automatic flosser.

All these with “stir up” the bacteria in your mouth, yet by using a consistent and regular self care maintenance routine along with the frequent check-ups and professional cleanings will result in an overall reduction of oral bacteria to improve not only your oral health but your total well-being.

Poor oral hygiene and periodontal (gum disease) or periapical infections increase your risk for joint infections.

If you have any questions or concerns please e-mail our office at: edwardgloverdds@yahoo or call our office at: (903) 455-7673