

Dental advice for people at increased risk of infective endocarditis

What is infective endocarditis?

Infective endocarditis is an infection of the lining of the heart that often involves the heart valves. It is a very rare but serious condition.

Why am I at risk of infective endocarditis?

Infective endocarditis can affect anyone but people who have specific heart problems are at increased risk. These include:

- some diseases that affect the heart valves;
- having a replacement heart valve;
- a condition called hypertrophic cardiomyopathy;
- a history of infective endocarditis;
- some types of heart problem present from birth (congenital heart disease), even if you have had an operation to correct the problem.

Why might this affect my dental treatment?

Dental procedures which cause bleeding, such as having a tooth extracted, may increase the chances of bacteria entering your bloodstream. However, everyday activities such as brushing your teeth or chewing food can have the same effect over time.

The risk of infective endocarditis developing from either of these routes is very low. However, as it is such a serious condition, your dentist may consider whether any additional precautions are needed for your dental treatment.

Can I reduce my risk of infective endocarditis?

You can reduce your risk by:

- **Looking after your oral health**
 - Clean your teeth regularly and carefully using fluoride toothpaste.
 - Have regular dental check-ups.
 - Cut down on sugary snacks and drinks.
 - Do not smoke. For help and advice on quitting go to www.canstopsmoking.com.
 - Cut down the amount of alcohol you drink.
- **Taking care of your skin**
 - Regularly wash your skin with soap and water and wash any cuts or grazes carefully to prevent them becoming infected.
 - Avoid non-medical procedures that involve piercing the skin, including body piercing or tattooing.

Should I be offered antibiotics when I have dental treatment?

The National Institute for Health and Care Excellence (NICE) recommends that people should not usually be given antibiotics before dental procedures. This is because:

- dental procedures are no longer thought to be the main cause of infective endocarditis;
- we are uncertain whether antibiotic prophylaxis prevents infective endocarditis;
- taking an antibiotic carries its own risks, such as an allergic reaction or diarrhoea;
- antibiotic resistance is increasing due to antibiotics being used unnecessarily.

What will my dentist do?

Your dentist will talk with you about the potential benefits and risks of antibiotics and explain why antibiotics are not usually recommended to prevent infective endocarditis.

Most people at increased risk of infective endocarditis will not need antibiotics when they have dental treatment. However, a small number may need to be further assessed.

If this applies to you, your dentist will contact other healthcare professionals involved in your care to decide whether you should be offered antibiotics. You will then have the opportunity to discuss whether this is right for you.

Symptoms of infective endocarditis

You should contact your GP as soon as possible if you notice any of the following symptoms, particularly if they occur together as a flu-like illness:

- A high temperature (fever) of 38°C or above
- Sweats or chills, especially at night
- Breathlessness, especially during physical activity
- Weight loss
- Tiredness (fatigue)
- Muscle, joint or back pain (unrelated to recent physical activity)

These symptoms are more likely to be caused by a less serious type of infection. However, your doctor will want to investigate. Make sure that you tell them about any recent dental treatment you have had.

Sources of advice and support

National Institute for Health and Care Excellence, www.nice.org.uk

Oral Health Foundation, 01788 539780, www.dentalhealth.org

British Heart Foundation, 0300 330 3311, www.bhf.org.uk

Children's Heart Federation, 0808 808 5000, www.chfed.org.uk

The Somerville Foundation, 0800 854 759, www.thesf.org.uk