

Your Joint Replacement, Dental Procedures and Antibiotics

For the first two years after a joint replacement, all patients may need antibiotics for all high risk dental procedures. After two years, only high risk patients may need to receive antibiotics for high risk procedures.

The bacteria commonly found in the mouth may travel through the bloodstream and settle in your artificial joint. This increases your risk of contracting an infection. Ask your dentist about preventive antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your orthopedic surgeon, working together, will develop an appropriate course of treatment for you.

You may need preventive antibiotics before all high risk dental procedures if:

- You had a joint replacement less than two years ago;
- You've had previous infections in your artificial joint;
- You have an inflammatory type of arthritis, type 1 diabetes or hemophilia;
- You have a suppressed immune system or are malnourished;
- You have a history of prior or present malignancy.

These dental procedures have a high risk of bleeding or producing high levels of bacteria in your blood:

- All dental extractions;
- All periodontal procedures;
- Dental implant placement and replantation of teeth that were knocked out;
- Some root canal work;
- Initial placement of orthodontic bands (not brackets);
- Certain specialized local anesthetic injections;
- Regular dental cleanings (if bleeding is anticipated).

One of these preventive antibiotics may be prescribed for you:

- If you are not allergic to penicillin: 2 grams of amoxicillin, cephalexin or cephadrine (orally) OR 2 grams of ampicillin or 1 gram of cefazolin (intramuscularly or intravenously) 1 hour before the procedure
- If you are allergic to penicillin: 600 milligrams of clindamycin (orally or intravenously) 1 hour before the procedure.

These guidelines were developed by the American Academy of Orthopedic Surgeons and the American Dental Association. They are designed to help practitioners make decisions about preventive antibiotics for dental patients with artificial joints. They are not a standard of care or a substitute for the practitioner's clinical judgment. Practitioners must exercise their own clinical judgment in determining whether or not preventive antibiotics are appropriate. Pediatric doses may be different.