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Antibiotic Prophylaxis for Patients with Joint Replacements

There has never been strong support from the scientific literature for the use of antibiotic prophylaxis for patients with total joint replacement. In 1997, the Infectious Disease Society of America (IDSA), the ADA, and the American Academy of Orthopedic Surgeons (AAOS) published an advisory statement on patients with prosthetic joints and modified it in 2003. It stated that "Antibiotic prophylaxis use was not recommended for patients with pins, plates or screws, or for otherwise healthy patients with total joint replacements. Patients at greater risk due to specific medical conditions should be considered candidates for prophylaxis. These include patients whose prostheses were less than two years old or those who had "high risk" conditions such as inflammatory arthropathies (rheumatoid arthritis, systemic lupus erythematosus), drug induced or radiation induced immunosupression, previous joint infection, malnourishment, hemophilia, HIV infection, insulin dependent diabetes, or malignancy." In February 2009, without collaborative involvement with organized dentistry or nonorthopedic physician specialties, the AAOS published what it labeled an "Informative Statement" entitled "Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacements." It states that it "was developed as an educational tool based on the opinions of the authors. Readers are encouraged to consider the information presented and reach their own conclusions."

The 2003 ADA/AAOS guidelines contain the following statement: "The risk benefit and cost /effectiveness ratios fail to justify the administration of routine antibiotic prophylaxis." The new 2009 AAOS information statement suggests a different position: "Given the potential adverse outcomes and cost of treating an infected joint replacement, the AAOS recommends that clinicians consider antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteremia." The American Academy of Oral Medicine states that "The risk of patients experiencing drug reactions or drug resistant bac-

continued on reverse

Dental Fun Fact

DID YOU KNOW THAT...

PRESIDENT OBAMA RECENTLY MET WITH THE CHICAGO BLACKHAWKS, WINNERS OF HOCKEY'S 2010 STANLEY CUP. HIS REMARKS INCLUDED:

"And when Duncan Keith had seven of his teeth knocked out by a puck -- seven -- some of you guys there, you're missing a few, he's missing seven at one time -- but he bit down on some gauze, took a shot of Novocaine, and headed right back out onto the ice. They did all this for their fans. And along the way, they helped Chicago become a hockey town again."

News You Can Use

Buoyed by professional advocacy, ADA-backed dental emergency responder legislation won a 401-12 vote of approval by the U.S. House of Representatives on March 8, 2011 and moved to the Senate. The nation's dentists "would be immeasurably valuable in a coordinated response to a disaster," said ADA President Raymond Gist.

Health professional lawmakers pushed the legislation in the House of Representatives. "This legislation is long overdue and will enable our state governments to take an 'all hands on deck' approach when it comes to disaster response," said Rep. Paul Gosar (R-Ariz.), a private practice dentist before his election to Congress.

"As a trained dentist, I know that dental students receive a great deal of general medical training during the course of their education," he said in a March 8 speech on the House floor offering "strong support" for the measure. "Despite these qualifications, the National Health Security Strategy precludes states from including dentists and dental schools in their disaster planning framework. This is a serious omission and an unnecessary one," Dr. Gosar said.

"H.R. 570 (Dental Emergency Responder Act) would strike this language, and without imposing a federal mandate would permit states to evaluate how dentistry can be helpful in times of crisis and public emergencies."
For more info, go to www.ada.org

terial infections and the cost of antibiotic medications alone do not justify the practice of using antibiotic prophylaxis in patients with prosthetic joints."

There were interesting letters to the editor in the November 2010 *JADA* which questioned the validity of data on both sides regarding case reports, source of bacteria of total joint replacement infections (TJRI), and temporal relationships of dental procedures and TJRI. In November 2010, an ADA/AAOS work group was developed in an effort to clarify this controversy. Until their report is published, what is one to do? The ultimate medicolegal resposibility is yours. Document well, consult as many specialists as possible, and hope for the best.

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Dr. Brian Simpson

announces the seventh meeting of the

NANUET IMPLANT STUDY GROUP

speaker: Brian Simpson, DMD

ORAL PATHOLOGY

Wednesday, June 1, 2011

Dinner: 6:30 Presentation: 7:00 — 9:00 pm

La Fontanella 52 Rte. 303 Tappan, NY

2 CE credits awarded by the Ninth District Dental Association
Cost: $30.00
Please bring your cases and documentation (photos, x-rays, models) for discussion.
To register, contact Theresa: 845-623-3497
or email her at theresag@drbriansimpson.com

"The true measure of a man is how he treats someone who can do him absolutely no good." -Samuel Johnson