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AAOS UPDATES STANCE ON PROPHYLACTIC ANTIBIOTICS

In August 2009, it was reported that the American Association of Orthopedic Surgeons (AAOS) had released an Information Statement developed by their Patient Safety Committee about antibiotic coverage for total joint replacement. It advocated "considering antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteremia."

Prior to 2009, the American Dental Association (ADA) had agreed with AAOS' stand. However, the ADA did not agree with the 2009 Information Statement as there were now clinical studies showing bacteria producing bacteremia after dental procedures are unique to the oral cavity and would not be the type found in an infected total joint. The 2009 AAOS statement caused confusion among practitioners, as there were now two schools of thought.

AAOS reviews its clinical guidelines on a regular basis, and as opposed to earlier guidelines that were opinion based, they used a new collaborative systematic, evidence-based process in 2012. A workgroup that included members of the AAOS and ADA co-developed a new Clinical Practice Guideline (CPG) in December 2012. It proposed that practitioners consider changing the long standing practice of routinely prescribing prophylactic antibiotics for patients with orthopedic implants who undergo dental procedures.

The workgroup that developed the guidelines found there is insufficient evidence to recommend routine prophylactic antibiotics for dental procedures in patients with orthopedic implants, as there is no direct evidence that routine dental procedures cause prosthetic joint infections.

According to Elliot Abt, DDS, MS, MSc, who was one of the ADA representatives on the volunteer workgroup that developed the guidelines, "This guideline was based on research that examined a large group of patients, all having a prosthetic hip or knee, and half with an infected prosthetic joint. The limited research suggested that invasive dental procedures, with or without antibiotics, had no effect on

the likelihood of developing a periprosthetic joint infection (PJI)."

The committee recognizes that prevention of orthopedic implant infection is critical in light of its significant morbidity. It also recognizes that prophylactic antibiotics can introduce risks to individual patients and can contribute to the growing problem of bacterial resistance resulting from

continued on reverse

NEWS YOU CAN USE

Azithromycin and the risk of cardiovascular death

Although several macrolide antibiotics are proarrhythmic and associated with an increased risk of sudden cardiac death, azithromycin is thought to have minimal cardiotoxicity. However, published reports of arrhythmias suggest that azithromycin may increase the risk of cardiovascular death. During 5 days of azithromycin therapy, there was a small

increase in cardiovascular deaths, which was most pronounced among patients with a high baseline risk of cardiovascular disease. The risk of cardiovascular death was significantly greater with azithromycin than with either amoxicillin or ciprofloxacin but did not differ significantly from the risk with levofloxacin.

[N Engl J Med](#). 2012 May 17;366(20):1881-90

DENTAL FUN FACT

DID YOU KNOW...

\$2.10 is the national average, per tooth, left by the Tooth Fairy in 2011, according to Delta Dental. Still in doubt about how much to leave? There's an app for that available from iTunes. (*Tufts Dental Magazine* Fall 2012 Vol. 16 No. 2)

antibiotic overuse. They encouraged each clinician to use his or her experience to treat all patients, and in particular, to determine the best care choices for high-risk

patients (for instance, immunocompromised). The new CPG will replace previous AAOS information statements on the topic. It will put to rest the previous confusion arising

from the differing opinions, and will assist dental professionals greatly in clinical decision making on the issue.

More information, including the entire guideline,

can be found at <http://www.aaos.org/news/aaosnow/jan13/cover1.asp>.

OMSNIC Defending the Specialty, February 2013 Vol. 24, No. 1

Dr. Brian Simpson
announces the sixteenth meeting of the
NANUET IMPLANT STUDY GROUP

Speaker: Paul D. Freedman, D.D.S.
Director of Oral Pathology Inc. in Flushing, New York

**“Common Oral Mucous
Membrane Diseases”**

Tuesday, September 17, 2013
Dinner: 6:30 Presentation: 7:00 — 9:00 pm

Restaurant X 117 North Rte. 303 Congers, NY

2 CE credits awarded by the Ninth District Dental Association
Cost: \$45.00

To register, contact Theresa: 845-623-3497
or email her at theresag@drbriansimpson.com

“The chief cause of problems is solutions.”
-Eric Sevareid, American journalist