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THE STRENGTH OF EXPERIENCE

## **Dental Prophylaxis and Infection Prevention after Shoulder Replacement Surgery**

With any joint replacement surgery, there is always a risk of a postoperative infection. Orthopedic surgeons have historically recommended the routine use of antibiotics prior to dental work and invasive medical procedures due to the devastating effects of a prosthetic joint infection (PJI) and the relative safety of a single dose of oral antibiotics.

Your surgeon asks that in the **first 3 months after surgery** to avoid any dental work, dental cleanings, invasive procedures, or other surgeries (except emergencies) to help prevent a postoperative infection in the shoulder. After 3 months, it is acceptable to have these procedures, but your surgeon recommends antibiotics **be taken during the first year** following your shoulder replacement.

After one year since surgery has passed, most people do not have to take antibiotics before procedures anymore. However, if you are immunocompromised, have a history of PJI, are on disease-modifying medications for rheumatoid arthritis, or uncontrolled diabetes, you are at a greater risk of infection and it may be recommended that you take antibiotics before any invasive procedures even after the first year.

### **Dental or oral procedures**

- During dental procedures, bacteria that are normally found within the mouth can enter the blood stream. Your immune system is normally able to clear these bacteria without a problem. However, before they can be cleared, these bacteria can settle on your joint replacement and cause an infection.
- To prevent this problem, all patients with a shoulder replacement should delay dental procedures for 3 months after surgery, such as dental cleanings, tooth extractions, periodontal procedures, dental implants or orthodontics, and root canal surgery.
- For one year after surgery, antibiotics should be taken by mouth 1 hour prior to dental procedures.

### **Urologic procedures**

- Higher risk urologic procedures include any stone manipulation, shock wave lithotripsy, transrectal prostate biopsy, endoscopic procedures of the upper tract (ureter and kidney), cystoscopy, and any procedure involving entry into your urinary tract.
- For 3 months after surgery, delay higher risk urologic procedures.
- For one year after surgery, if any of these higher-risk procedures are necessary, antibiotics are recommended.

### **Gastrointestinal procedures**

- Gastrointestinal procedures include any procedure during which an instrument or tube is inserted into your body. This may include upper endoscopy, colonoscopy, or sigmoidoscopy.
- Antibiotics are not recommended before most gastrointestinal procedures
- For 3 months after surgery, delay non-urgent endoscopy (for example, to follow-up on reflux). If you are due for a screening colonoscopy, wait 3 months.
- *If you experience symptoms of gastrointestinal bleeding, seek emergency diagnosis and treatment.*

### **Which antibiotic to take**

- If you are NOT allergic to penicillin: 2 g of oral Amoxicillin or Cephalexin taken one hour prior to the procedure.
- If you ARE allergic to penicillin: 600mg of Clindamycin taken orally one hour prior to the procedure.

Whoever is performing the procedure should be able to prescribe the appropriate antibiotic. However, you may also contact our office and let us know when you need it.

**Please contact Dr. Krasney's Clinical Assistant with any questions.**

**Liza M. Beghin, CCMA**

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