



## Position Statement of the Arthroplasty Society of Australia

### Recommendations for Patients with Hip or Knee Joint Replacement who Require Dental Treatment.

#### Dental problem in the first 3 months following hip or knee joint placement surgery

*Infection with abscess formation:* Urgent and aggressive treatment of the abscess. Remove the cause (exodontic or endodontic) under antibiotic prophylaxis.

*Pain:* Provide emergency dental treatment for pain. Antibiotics are indicated if a high- or medium-risk dental procedure performed.

*Noninfective dental problem without pain:* Defer non-emergency dental treatment until 3 to 6 months after prosthesis replacement.

#### Dental treatment after 3 months in a patient with a normally functioning artificial joint

Routine dental treatment including extraction. **No antibiotic prophylaxis required.**

#### Dental treatment for patients with significant risk factors for prosthetic joint infection

*Immunocompromised patients include:*

- those with insulin-dependent diabetes
- those taking immunosuppressive treatment for organ transplants or malignancy
- those with systemic rheumatoid arthritis
- those taking systemic steroids (e.g., patients with severe asthma, dermatological problems)

Consultation with the patient's treating physician is recommended.

*Failing, particularly chronically inflamed, artificial joints:*

Consultation with the patient's treating orthopaedic surgeon is recommended.

Defer non-essential dental treatment until orthopaedic problem has resolved.

*Previous history of infected artificial joints:*

Routine non-surgical dental treatment – no prophylaxis indicated.

#### Recommended antibiotic regimens where indicated

1. Dental clinic LA extractions or deep curettage

Amoxicillin 2-3g orally 1 hour prior to procedure

2. Theatre procedures

Amoxicillin 1g I/V at induction

Followed by 500mg amoxicillin I/V or orally 6 hours later.

3. Penicillin hypersensitivity, long term penicillin, recent penicillin/other B-lactam.

Clindamycin 600mg 1 hour prior to procedure or Vancomycin 1g I/V 1 hour to finish 2 hours

or Lincomycin 600mg just prior to the procedure

4. High risk case

(i.e., Gross oral sepsis/severely immunocompromised/previous joint infection.)

Gentamicin 2mg/kg I/V just before procedure (*can be administered 3mg/kg provided there is no concomitant renal disease*)

PLUS Amoxicillin 1g I/V just before procedure followed by 500mg I/V or orally 6 hours later.

If hypersensitive to penicillin replace amoxicillin with Vancomycin 1g I/V over 1 hour to finish just before procedure.

Ref: Scott JF et al, Patients with artificial joints: do they need antibiotic cover for dental treatment? **Aust Dent J** 2005;50 Suppl 2S45-S53