



CONCORD ORTHOPAEDICS

IMPORTANT INFORMATION FOR PATIENTS WHO HAVE HAD TOTAL JOINT REPLACEMENTS

While joint replacement surgery is one of the most successful interventions medicine has to offer, artificial joints are not as resistant to infection as the normal joints of your body.

You should be aware that any bacterial infection in your body can subsequently lead to infection in your artificial joint. Therefore, infections should be treated promptly by a physician and should include antibiotic treatment.

Certain situations place you at risk even though you may not presently have an infection. These include periodontal disease, tooth infections, poor oral hygiene and dental treatment procedures that can cause bleeding of the gums. This includes cleaning of the teeth, dental extraction, periodontal procedures, dental implant placement, root canals, and some other procedures with which your dentist is familiar. In general, we recommend that you avoid all dental procedures for a period of 3 months following your total joint replacement.

While there is no scientific proof that taking antibiotics before such an event will lessen the risk of infection in your total joint, and while there is a small risk of serious allergic reaction to any drug administered, many orthopaedic surgeons, including those at Concord Orthopaedics, recommend antibiotic prophylaxis for dental work and invasive medical procedures, and that this be continued throughout your life time.

Our current antibiotic recommendations are listed below. If you are not sure whether you should take an antibiotic, or which one to take, discuss this with your dentist or orthopaedic surgeon.

SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS:

PROCEDURE	ANTIMICORBIAL AGENT	DOSE	TIMING	DURATION
Dental	Cephalexin, Cephradine, Amoxicillin	2 gm PO	1 hour prior to procedure	Discontinued within 24 hours of the procedure. For most outpatient/ office based procedures a single pre-procedure dose is sufficient.
Ophthalmic	Gentamicin, Tobramycin, Ciprofloxacin, Gatifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin, or Meomycin- Gramicidin-polymyxin B cefaxolin	Multiple drops topically over 2 to 24 hours or 100 mg sub- conjunctively	Consult ophthalmologist or pharmacist for dosing regimen	
Orthopaedic	Cefazolin Cefuroxime OR Vancomycin	1-2 g IV 1.5 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Vascular	Cefazolin OR Vancomycin	1-2 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Gastrointestinal	Cefazolin, Cefazolin, Neomycin + Erythromycin base (oral) OR Metronidazole (oral)	1-2 g IV 1-2 g IV 1 g 1 g	Begin dose 60 minutes prior to procedure Dependent on time of procedure, consult with GI physician	
Head and Neck	Clindamycin + Gentamicin OR Cefazolin	600-900 mg IV 1.5 mg/kg IV 1-2 g IV	Begin dose 60 minutes prior to procedure	
Obstetric and gynecological	Cefoxitin, cefazolin Ampicillin/sulbactam	1-2 g IV 3 g IV	Begin dose 60 minutes prior to procedure	
Genitourinary	Ciprofloxacin	500 mg PO or 400 mg IV	Begin dose 60 minutes prior to procedure	

*If a tourniquet is used the entire dose of antibiotic must be infused prior to its inflation