

Endocarditis prophylaxis is recommended only for patients with the following cardiac conditions (that are associated with an increased risk of developing infective endocarditis and the highest risk of adverse outcomes from endocarditis) who are undergoing a procedure listed in the box below [NB1] [NB2]:

- prosthetic cardiac valve, including transcatheter-implanted prosthesis or homograft
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords
- previous infective endocarditis
- congenital heart disease *but only* if it involves:
 - unrepaired cyanotic defects, including palliative shunts and conduits
 - repaired defects with residual defects at or adjacent to the site of a prosthetic patch or device (which inhibit endothelialisation)
- rheumatic heart disease [NB3].

NB1: Endocarditis prophylaxis is not recommended for patients with forms of valvular or structural heart disease not listed in this box, including patients with mitral valve prolapse, septal defects or cardiac implantable electronic devices.

NB2: Patients with a heart transplant who have developed cardiac valvulopathy may also be at high risk of adverse outcomes from endocarditis; consult the patient's cardiologist for specific recommendations.

NB3: See *Therapeutic Guidelines* for discussion of patients with rheumatic heart disease.

Endocarditis prophylaxis is recommended only for patients with a cardiac condition listed in the box above who are undergoing one of the following procedures associated with a high risk of a bacteraemia that is associated with infective endocarditis [NB4]:

- **Dental procedures**—only those involving manipulation of the gingival or periapical tissue or perforation of the oral mucosa (eg extraction, implant placement, biopsy, removal of soft tissue or bone, subgingival scaling and root planing, replanting avulsed teeth).
- **Dermatological or musculoskeletal procedures**—only those involving infected skin, skin structures or musculoskeletal tissues.
- **Respiratory tract or ear, nose and throat procedures**—only for tonsillectomy or adenoidectomy, or invasive respiratory tract or ear, nose and throat procedures to treat an established infection (eg drainage of abscess).
- **Genitourinary and gastrointestinal tract procedures**—only if surgical antibiotic prophylaxis is required or for patients with an established infection [NB5].

NB4: Endocarditis prophylaxis is not recommended for procedures other than those covered in this box. However, surgical prophylaxis may be indicated even if endocarditis prophylaxis is not—see *Therapeutic Guidelines* for surgical antibiotic prophylaxis regimens.

NB5: In these guidelines, obstetric procedures (eg caesarean section) are not considered to be genitourinary procedures.

If prophylaxis against infective endocarditis is indicated, see *Therapeutic Guidelines* for antibiotic regimens.