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Infekt- und Endokarditisprophylaxe

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Infekt- und Endokarditisprophylaxe

WAS?

WER?

WANN?

WARUM?

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WAS?

WER?

WANN?

WARUM?

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WAS ist das?

Prophylaktische Gabe von Antibiotika um eine Infektion zu Verhindern

z.B.: Amoxicillin 2g (einmalig)



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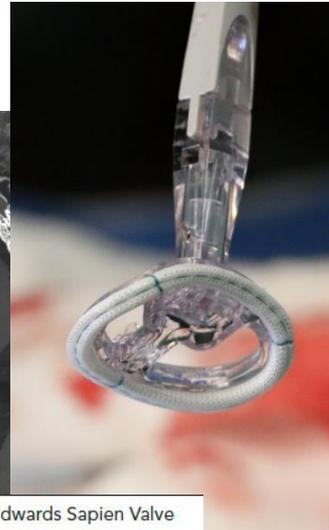
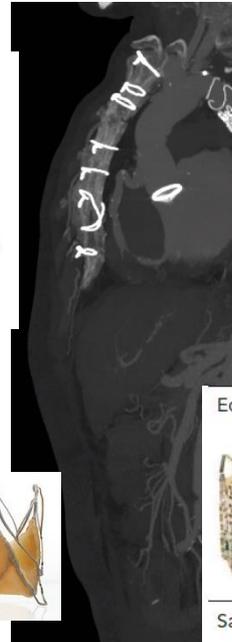
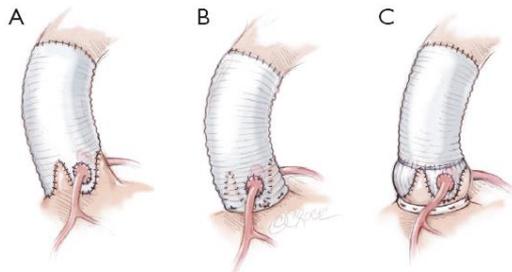
WER sollte ?

Alle Patienten mit Z.n.
Klappenersatz/Rekonstruktion,
Z.n. Aortenprothese, (Z.n.
aortaler Stentimplantation)



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WER sollte ?



Recommendations	Class ^a	Level ^b
General prevention measures are recommended in individuals at high and intermediate risk for IE.	I	C
Antibiotic prophylaxis is recommended in patients with previous IE. ^{47,84,86}	I	B
Antibiotic prophylaxis is recommended in patients with surgically implanted prosthetic valves and with any material used for surgical cardiac valve repair. ^{47,87-89}	I	C
Antibiotic prophylaxis is recommended in patients with transcatheter implanted aortic and pulmonary valvular prostheses. ⁹¹⁻⁹⁴	I	C
Antibiotic prophylaxis is recommended in patients with untreated cyanotic CHD, and patients treated with surgery or transcatheter procedures with post-operative palliative shunts, conduits, or other prostheses. After surgical repair, in the absence of residual defects or valve prostheses, antibiotic prophylaxis is recommended only for the first 6 months after the procedure. ^{8,47,97,101}	I	C
Antibiotic prophylaxis is recommended in patients with ventricular assist devices. ¹⁰²	I	C
Antibiotic prophylaxis should be considered in patients with transcatheter mitral and tricuspid valve repair. ⁹⁵	IIa	C
Antibiotic prophylaxis may be considered in recipients of heart transplant. ¹⁰⁵⁻¹⁰⁷	IIb	C
Antibiotic prophylaxis is not recommended in other patients at low risk for IE. ^{11,51}	III	C



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WANN empfohlen?

- Alle **Zahnärztliche** Eingriffe
- Invasive Diagnostik oder Therapie

Gastrointestinal

Atemwege

Urologische Eingriffe

Hauteingriffe

Muskuloskelettale Eingriffe

I	B
IIb	C



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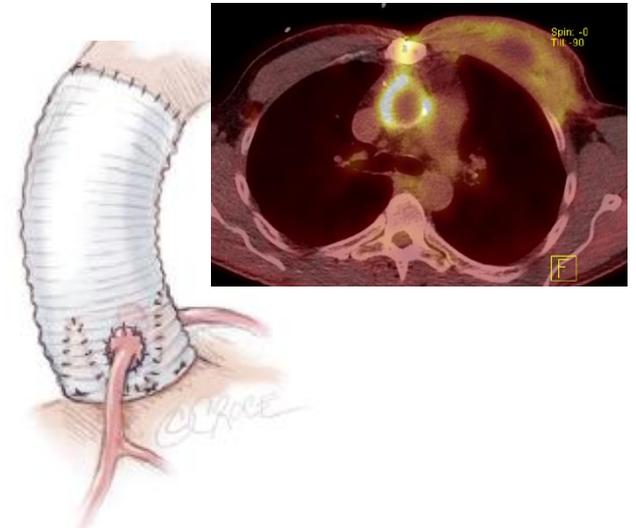
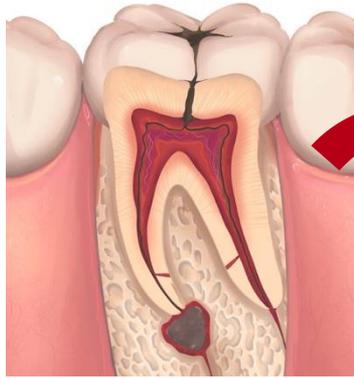
WAS?

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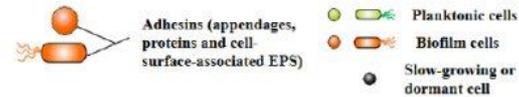
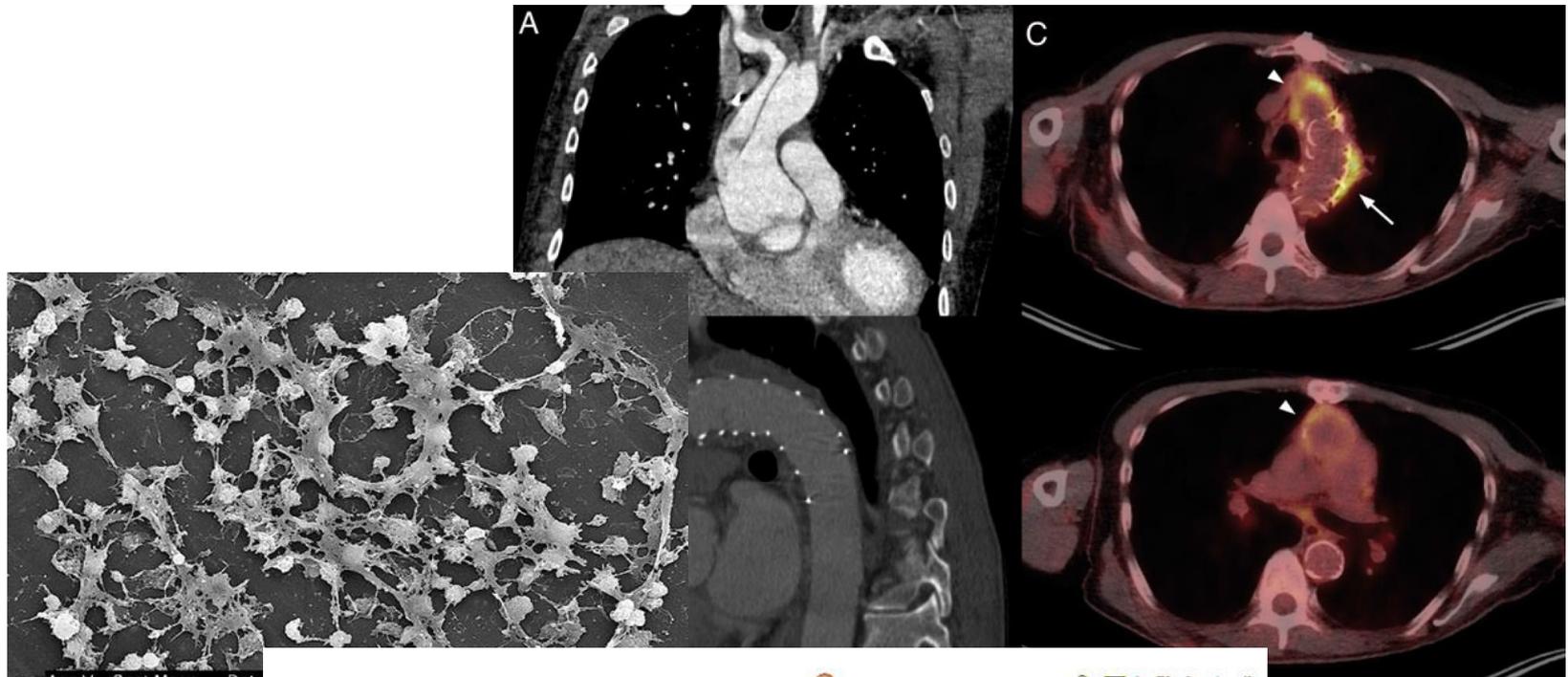
WANN?

WARUM?

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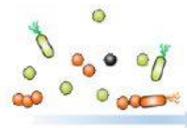


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Initial adhesion

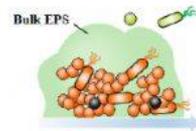
- Attachment
- Microorganism-surface interaction



a

Early biofilm formation

- EPS production
- Cell division



b

Mature biofilms

- EPS matrix
- Heterogeneity
- Microenvironments



c

Late stage dispersal

- EPS matrix remodelling
- Activate dispersal mechanisms

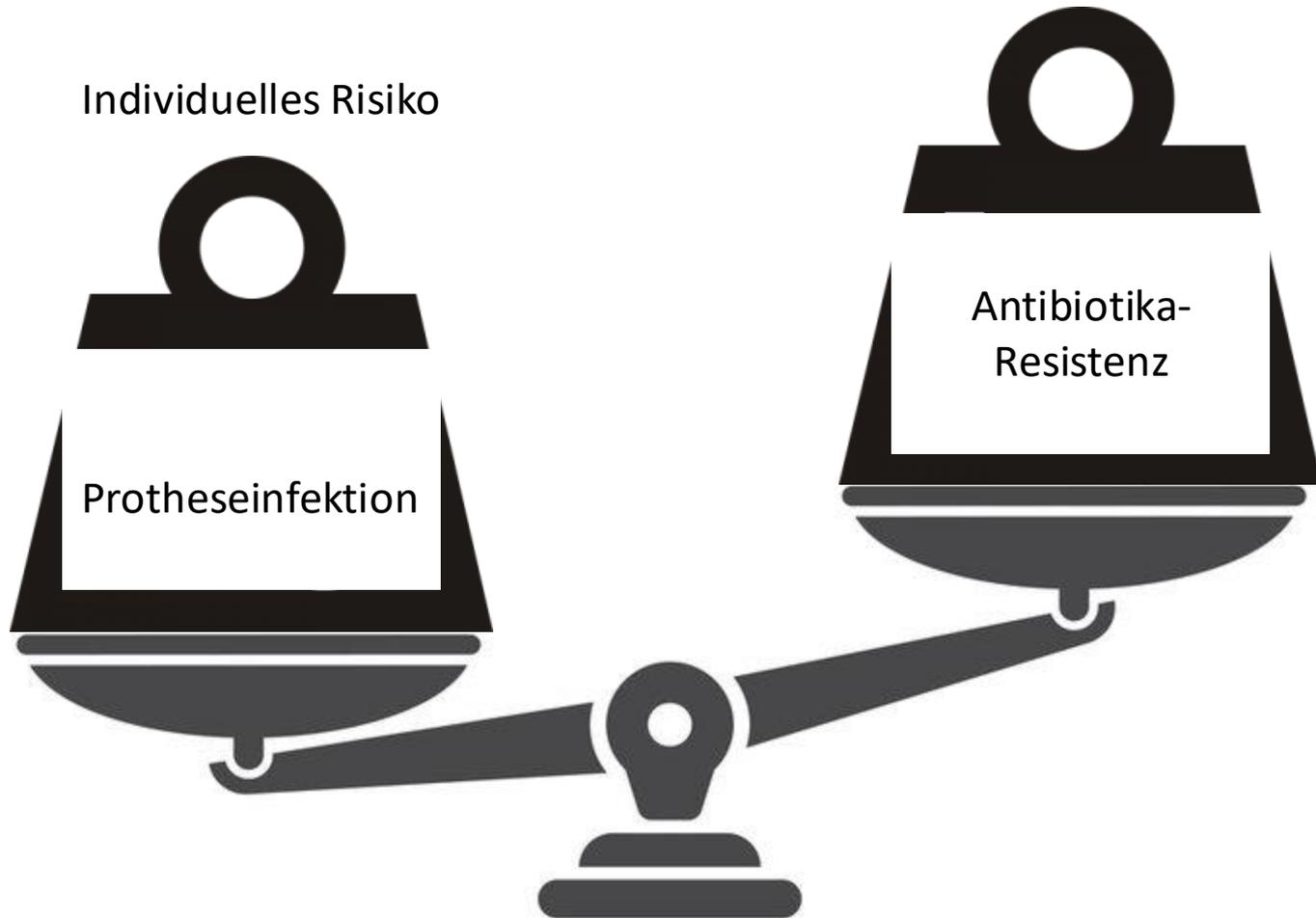


d

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Globales Gesundheitsrisiko

Individuelles Risiko



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Education of high-risk patients to prevent infective endocarditis

- **Maintain good dental hygiene**
 - Use dental floss daily
 - Brush teeth morning and evening
 - See your dentist for regular check-ups
- **Maintain good skin hygiene**
 - Minimize risk of skin lesions
 - In case of lesions, observe for signs of infection (redness, swelling, tenderness, puss)
 - Avoid tattoos and piercings
- **Be mindful of infections**
 - If experiencing fever for no obvious reason, contact your doctor, and discuss appropriate action based on your risk of endocarditis
- **Do not self prescribe antibiotics**
- **Show this card to your doctors before any interventions**



Guter Zahnstatus



(Zahnseide, regl. Putzen, 2x jährlicher Zahnarztbesuch)

Hygienischer Hautstatus

(Verletzungen vermeiden, Wunden sorgfältig versorgen, Tattoos/Pircings vermeiden)



Bei Infektionen → ärztliche Hilfe aufsuchen!



Zusammenfassung:

- Endokarditisprophylaxe ist sicher und einfach
- Für Patienten mit Aortenprothese und Klappenersatz/Rekonstruktion
- Im Zweifel: Ja!

Bei Unklarheiten sind wir für Sie da...