

It is impossible to predict who will develop IE or which particular procedure will be responsible, therefore...

PREVENTION IS THE BEST TREATMENT



How can you prevent IE?

* **Always carry your Endocarditis Prophylaxis card** and show this to your dentist, orthodontist, family doctor or any other physician you may see.

* **Remind your doctors you have heart valve or congenital heart disease** and ask if you require antibiotics before you undergo tests or surgery. Antibiotics are not required for all procedures, just those where there is high risk of bacteria entering the blood stream.

* **Practice good oral hygiene:**

- Brush your teeth after meals.
- Floss regularly with waxed dental floss.
- Visit your dentist regularly every six months for preventative care.
- Make sure your dentist knows you have heart valve or congenital heart disease and prescribes antibiotics prior to having dental work that will likely cause bleeding of the gums.

* **See your doctor at the first sign of infection:**

- flu-like symptoms that persist for longer than two days,
- a prolonged sore throat,
- a wound or cut with redness, pain, swelling and warmth,
- persistent acne.

Hopefully, the information in this pamphlet will help you in the prevention of endocarditis.

If you have any questions or concerns please do not hesitate to contact your family doctor, cardiologist, or cardiac surgeon.



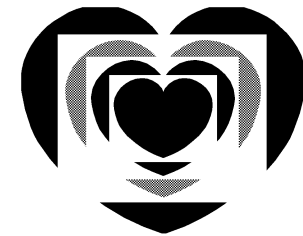
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health information

A Patient's Guide to Infective Endocarditis





The following information will answer some common questions about infective endocarditis and how to prevent it. The key to endocarditis is **prevention**. People with congenital heart disease must take life-long precautions to avoid serious complications of infective endocarditis

What is infective endocarditis?



Infective endocarditis (IE) is caused by bacteria or germs which enter the blood stream and attach themselves to the inner lining of the heart, heart valves or major blood vessels. The infection may enter the blood stream during routine dental work, surgery, or through an infected cut or wound. These organisms grow and form clumps which your doctor may refer to as "vegetations". IE is also called "bacterial endocarditis".

Why am I at risk of developing IE?



IE is uncommon in the general population. Individuals with heart valve disease or congenital heart disease are at greater risk. Organisms

in the blood are particularly attracted to those areas of the heart or main blood vessels that have been damaged or altered (eg. prosthetic heart valves).

How do I develop IE?



Many of the organisms that cause IE are present in the mouth. These organisms can enter the bloodstream during dental procedures or result from poor dental care, which causes bleeding gums and tooth infection. Certain surgical procedures can provide a point of entry for infection into the bloodstream.

Organisms may also enter through a wound in the skin or acne which has become infected. Body piercing and tattooing may put you at risk as well.

What will happen if I contract IE?



* Embolism - vegetations may break off and block blood vessels within the body. If a blood vessel in the brain is affected, a stroke results.

* Damage to heart valves - valves become leaky and may require surgical repair.

* Damage to heart muscle - this may lead to problems with heart failure or heart rhythm disturbances.

* Death - 20% of the time IE can result in death, even if appropriate treatment is received.

What are the signs and symptoms of IE?



Unexplained fever, fatigue, muscle aches, rash and pains, are symptoms of IE. It is easy to confuse these symptoms with the flu. Therefore if you are at risk for IE it is important to visit your doctor if the symptoms last more than a few days. Your doctor can detect IE by doing blood cultures.

For this test, a small amount of blood is withdrawn and sent for cultures. It is important to have blood cultures done before antibiotics are taken. Organisms can then be identified and the appropriate treatment started.

How is IE treated?



Treatment usually involves 4-6 weeks of intravenous antibiotic therapy (IVT) and close monitoring for complications. Treatment is started in the hospital. In some circumstances treatment can be completed as an outpatient with IVT being administered at home.