

Illinois Dental News: Summer 2017
One View: Hooray for the AAOS!

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In case you missed it, there has been a major, positive development in the realm of antibiotic stewardship and patient safety. The issue of **premedication of our patients who have prosthetic joints** has long been an area of conflict between various stakeholders. Dentists have been in the uncomfortable position of trying to adhere to changing guidelines and conflicting policies for years. However, in the September 2016, the American Association of Orthopaedic Surgeons (AAOS) adopted the **“Appropriate Use Criteria (AUC) for the Management of Patients with Orthopaedic Implants Undergoing Dental Procedures.”**

This is great news! The bad news is that not all Orthopaedic surgeons and dentists are aware of this important document.

The AUC is a 49-page document written by a panel of five Orthopaedic surgeons and six dentists. A voting panel of 14 physicians and dentists laboriously studied the issue of antibiotic premedication and produced a guide which determines the “appropriateness” of antibiotic prophylaxis in 64 specific circumstances. Five indications with associated classifications (the **Indication Profile**) are evaluated in determining the “appropriateness” (**Recommendations**) of antibiotic prophylaxis.

As the following checklist of the five indications shows, the **Dental Procedure** planned, the **Immunocompromised** status of the patient, the patient’s **Glycemic Control**, the history of any **Joint Infections**, and the **Time** since the joint surgery are all considered. A recommendation is then made as to whether antibiotic prophylaxis is **“Rarely Appropriate,” “May Be Appropriate,”** or **“Appropriate.”** We now have this tool, provided by the American Association of Orthopaedic Surgeons and adopted by the AAOS Board of Directors (9/23/2016) and the ADA Council on Scientific Affairs (10/24/2016) that we can apply to each individual patient for guidance as to whether the antibiotic prophylaxis is appropriate. By utilizing the AUC, each individual patient’s unique situation can be evaluated (either by finding the appropriate scenario from the 64 presented, or entering the information into the AUC App), and a printout of this page can be a powerful supporting document when communicating with the patient’s Orthopaedic surgeon.

The accompanying consult subtly informs the Orthopaedic surgeon of the AAOS “Appropriate Use Criteria” and requests a simple response: either (1) concurrence with the determination that antibiotics are not appropriate for the patient, or (2) a decision that, for whatever reason, the Orthopaedic surgeon will provide the patient with his or her antibiotic regimen. This form (along with the **checklist** or AUC printout) can be faxed to the Orthopaedic surgeon’s office, and the faxed response becomes part of the dental record.

Fortunately, we are now in an improved position as a result of the efforts of the AAOS and the ADA to be in compliance with policies that are in the best interests of our patients, and in keeping with the important antibiotic stewardship concerns. We are finally taking a sensible position between the “perceived” risks associated with potential joint infections and the “known risks” associated with antibiotics!

The AAOS AUC makes the assumption that “The chance of oral bacteremia being related to joint infections is extremely low, with no evidence for an association,” and further states that, “Any perceived potential benefit of antibiotic prophylaxis must be weighed against the known risks of antibiotic toxicity, allergy, and development, selection and transmission of microbial resistance.”

After taking all of the above into consideration, it is clear that **antibiotics are not appropriate before dental treatment for almost all patients with prosthetic joints.**

Complete information is available in the AAOS Appropriate Use Criteria for the Management of Patients with Orthopaedic Implants Undergoing Dental Procedures at www.ortho-guidelines.org/auc.

See Sample Form below

SAMPLE

Orthopedic Patient Checklist

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Patient _____ DOB _____ Date _____

Planned Dental Procedure:

___ Dental procedures that do not result in the manipulation of gingival or periapical tissues, or the perforation of the oral mucosa.

___ Dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

Immunocompromised Status:

___ Not severely Immunocompromised

___ Severely Immunocompromised

Diabetic Glycemic Control:

___ No current or active diabetes diagnosis

___ Active known diabetic, Hemoglobin A1C less than 8 or Blood Glucose less than 200

___ Active known diabetic, Hemoglobin A1C of 8 or above, OR Blood Glucose of 200 or above

___ Active known diabetic, Hemoglobin A1C unknown, Glucose unknown

History of Periprosthetic or Deep Prosthetic Joint Infection that Required an Operation:

___ No history of periprosthetic or deep prosthetic joint infection that required an operation

___ History of periprosthetic or deep prosthetic joint infection that required an operation

Timing Since Joint Replacement Procedure:

___ Less than 1 year

___ 1 year or greater

Date _____

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According to:
The American Academy of Oral Surgeon's "*Appropriate Use Criteria*"
For the Management of Patients with Orthopaedic Implants Undergoing Dental Procedures
(Adopted by the AAOS Board of Directors, 9/23/2016),
the indications for antibiotic prophylaxis are *significantly reduced*.

We are anticipating providing DENTAL treatment for _____,
DOB: _____. Following a review of the "Appropriateness" of antibiotic prophylaxis
prior to planned dental treatment for this patient, taking into account germane aspects of the patient's
medical history (i.e., *immunocompromised status, glycemic control, history of periprosthetic or deep
joint infection which required an operation, timing since hip or knee joint replacement procedure*), in
accordance with the above referenced "Appropriate Use Criteria," it is concluded that, for this patient, it
is "Rarely appropriate to prescribe prophylactic antibiotics."

I am requesting your opinion and input regarding the management of this patient. Please indicate your
recommendation:

___ I concur that this patient does not require antibiotic prophylaxis in accordance with the
AAOS "*Appropriate Use Criteria*."

___ I feel this patient needs antibiotic prophylaxis prior to dental treatment and I will prescribe
accordingly.

Signed: _____

Date: _____