

URGENT NEWS UPDATE FROM DR. NEMETH'S OFFICE!



American Heart Association Issues New Guidelines For Prevention Of Infective Endocarditis

Effective immediately we do NOT have to pre-medicate (1) patients with mitral valve prolapse with valvular regurgitation and/or thickened leaflets or (2) patients with acquired valvular dysfunction from rheumatic heart disease.

We now need to pre-medicate **ONLY** patients with prosthetic cardiac valves, previous infectious endocarditis, some types of congenital heart disease, and cardiac transplantation recipients who develop cardiac valvulopathy. This is only a relatively **SMALL SUBSET** of patients who previously needed pre-medication. The antibiotic regimens to use remain essentially the same. In addition—and this is exciting—if the antibiotic is inadvertently not administered before the procedure, the dosage may be given up to two hours after the procedure.

To the best of our knowledge, this information is accurate. Please review the complete article at the following link:

http://www.ada.org/prof/resources/topics/infective_endocarditis.asp

Best regards,

A handwritten signature in black ink, appearing to read 'Joe Nemeth', written over a light blue ECG line background.

Joe Nemeth

PS. Hip transplants and artificial joints are not addressed in this report. We are waiting for the orthopedists to evaluate pre-medicating these patients to see if it is evidence-based. Also, the report stated that antibiotic prophylaxis solely to prevent infectious endocarditis is not recommended for genitourinary or gastrointestinal tract procedures.