

Dr Louis Shidiak

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Hip & Knee Surgeon
Joint Replacement
Hip Arthroscopy Surgery
Hip Preservation

specialtyorthopaed

Recommendations for Patients following Hip or Knee Joint replacement

Dental treatment

The reason for these recommendations is to prevent blood borne microbial organisms infecting the prosthetic joint replacement. Mouth organisms can be liberated into the blood stream at the time of dental treatment.

Dental problem in the first 3 months following joint replacement surgery

- **Infection with abscess formation**

Urgent and aggressive treatment of the abscess. Remove the cause (exodontic or endodontic) under antibiotic prophylaxis. (See antibiotic recommendations overleaf)

- **Pain**

Provide emergency dental treatment for pain. Antibiotics are indicated if a high or medium risk dental procedure performed.

- **Non-infective dental problem without pain**

Defer non-emergency dental treatment until 3 to 6 months after prosthetic replacement.

Dental treatment after 3 months in a patient with a normally functioning artificial joint

- **Routine dental treatment including extraction**

No antibiotic prophylaxis required.

Dental treatment for patients with significant risk factors for prosthetic joint infection

Immuno-compromised patients include

- Those with insulin-dependent diabetes
- Those taking immunosuppressive treatment for organ transplants or malignancy
- Those with systemic rheumatoid arthritis
- Those taking systemic steroids (eg patients with severe asthma, dermatological problems)

Consultation with the patient's treating physician is recommended.

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Shoulder & Elbow

Dr Peter Gray
Hip & Knee

Dr Ali Gürsel
Hip & Knee

Dr Roderick Kuo
Foot, Ankle & Trauma

Dr Adrian Low
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Dr Jun Nagamori
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Failing, particularly chronically inflamed, artificial joints

Consultation with the patient's treating orthopaedic surgeon is recommended.

Defer non- 2mg/kg IV just before procedure (can be administered 3mg/kg provided there is no concomitant renal disease)

PLUS essential dental treatment until orthopaedic problem has resolved.

Previous history of infected artificial joints

Routine non-surgical dental treatment – no prophylaxis indicated.

Recommended antibiotic regimens where indicated

- **Dental clinic LA extractions or deep curettage**

Amoxicillin 2-3g orally 1 hour prior to procedure

- **Theatre procedures**

Amoxicillin 1 g IV at induction

Followed by 500mg amoxicillin IV or orally 6 hours later

- **Penicillin hypersensitivity, long term penicillin, recent penicillin/other B-lactam**

Clindamycin 600mg 1 hour prior to procedure or Vancomycin 1 g IV 1 hour to finish 2 hours or Lincomycin 600mg just prior to the procedure

- **High risk case**

(i.e. Gross oral sepsis/severely immunocompromised/previous joint infection)

Gentamicin Amoxicillin 1g IV just before procedure followed by 500mg IV or orally 6 hours later.

If hypersensitive to Penicillin replace Amoxicillin with Vancomycin 1g IV over 1 hour to finish just before procedure

Ref: Scott JF et al, Patients with artificial joints: do they need antibiotic cover for dental treatment? Aust Dent J 2005 50 Suppl 2S45-S53

Driving

After consideration of the relevant literature, Dr Louis Shidiak recommends that for a minimum period of six weeks following hip or knee replacement surgery that patients abstain from driving a motor vehicle. This is inclusive of manual and automatic cars and independent of right or left side surgery. After this six week period, the choice to resume driving should only be made when the patient feels confident to be able to control the vehicle.

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