Table 6: Summary of Major Changes in Updated Document

- We concluded that bacteremia resulting from daily activities is much more likely to cause IE than bacteremia associated with a dental procedure.

- We concluded that only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even if prophylaxis is 100% effective.

- Antibiotic prophylaxis is not recommended based solely on an increased lifetime risk of acquisition of IE.

- Limit recommendations for IE prophylaxis only to those conditions listed in Table 3.

- Antibiotic prophylaxis is no longer recommended for any other form of CHD, except for the conditions listed in Table 3.

- Antibiotic prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissues or periapical region of teeth or perforation of oral mucosa only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE (Table 3).

- Antibiotic prophylaxis is recommended for procedures on respiratory tract or infected shin, skin structures or musculoskeletal tissue only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE (Table 3).

- Antibiotic prophylaxis solely to prevent IE is not recommended for GI OU GU tract procedures.

The writing group reaffirms the procedures noted in the 1997 prophylaxis guidelines for which endocarditis prophylaxis is not recommended, and extends this to other common procedures including ear piercing and body piercing, tattooing, and vaginal delivery and hysterectomy.