

Dalhousie University
Faculty of Dentistry
Position Statement on the Management of Dental Patients with Total Joint Replacements

- The American Academy of Orthopaedic Surgeons (AAOS) released a new position paper in February 2009 regarding prophylactic antibiotic recommendations in patients with total joint replacements
- The AAOS is now recommending that all patients with total joint replacements have antibiotic prophylaxis prior to any dental procedures causing a bacteremia irregardless of when the joint replacement surgery was completed
- This position differs from the 2003 AAOS position which recommended antibiotic prophylaxis in patients with total joint replacements for
 - 2 years following joint replacement surgery
 - patients with co-morbidities that might put them at a higher risk for a bacteremia related to a dental procedure
- This February 2009 AAOS position is not currently endorsed by the CDA or the ADA
- Therefore the Faculty of Dentistry is recommending that a medical consult be sent to the patient's orthopedic surgeon when
 - there is a history of total joint replacement beyond 2 years
 - and
 - no co-morbidity is present
- A standard medical consult has been prepared to acquire the recommendations of the orthopedic surgeon
- Copies of the **Medical Referral Form – Joint Replacement Consult Form** are available in the Clinical Affairs office (room 1210)



**DALHOUSIE
UNIVERSITY**
Inspiring Minds
Faculty of Dentistry

**Faculty of Dentistry
Dalhousie University
Halifax, NS B3H 3J5
Phone: (902) 494-2101
FAX: (902) 494-3181**

MEDICAL REFERRAL FORM – Joint Replacement Consult Form

Medical Doctor Name (Print): _____

Telephone Number: _____ FAX Number _____

Address: _____
.....

Patient Name (Print): _____ Chart #: _____ Date of Birth: _____

Address: _____ Postal Code _____

Telephone: (h) _____ (w) _____

has requested general dental treatment at the student clinic, Faculty of Dentistry, Dalhousie University. The patient's initial examination indicates that additional medical information is required prior to dental care being instituted. As the patient has indicated you are his/her physician, would you kindly supply the information requested below and return this form by:

Mail to: Faculty of Dentistry
Consultation Report
Dalhousie University
5981 University Avenue
Halifax, NS B3H 3J5

Or by **Fax to: (902) 494-3181**

Type of joint replacement _____ Date of joint replacement _____

INFORMATION REQUESTED: The position paper by the AAOS (February 2009) is now recommending prophylactic antibiotic coverage (**after two years** for patients with joint replacements) for dental procedures causing a bacteremia. A number of concerns have resulted from this position statement. The Canadian and American Dental Associations have not endorsed the new AAOS recommendations. The Faculty of Dentistry has decided to consult with each of our patient's orthopedic surgeons to determine their recommendations as to whether prophylactic antibiotic coverage is recommended beyond two years after joint replacement.

Patient (Signature): _____ Date: _____

Student (Print): _____ Faculty (Print): _____

Student (Signature): _____ Faculty Dentist (Signature): _____

TAKE COMPLETED MEDICAL REFERRAL FORM TO CLINICAL AFFAIRS OFFICE, ROOM 1210.

PHYSICIAN'S RESPONSE: _____

Physician's Name _____ Signature : _____ Date: _____

FACULTY OF DENTISTRY RECOMMENDATIONS

Signature : _____ Date: _____

B. Cleghorn DMD MSc
Assistant Dean - Clinics