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IMPORTANT INFORMATION FOR PATIENTS WHO HAVE HAD TOTAL JOINT REPLACEMENTS

While joint replacement surgery is one of the most successful interventions medicine has to offer, artificial joints are not as resistant to infection as the normal joints of your body.

You should be aware that any infection, be it a boil on the skin or an infection in the bladder, can subsequently lead to infection in the artificial joint. Therefore, infections should be treated promptly by a doctor and should include antibiotic treatment.

Certain situations place you at risk for developing infection even though you may not presently have an infection. The most common time of risk is during any dental work that can cause bleeding of the gums. This includes cleaning of the teeth, dental extraction, periodontal procedures, dental implant placement, root canals, and some other procedures with which your dentist is familiar.

While there is no scientific proof that taking antibiotics before such an event will lessen the risk of infection in your total joint, and while there is a small risk of serious allergic reaction to any drug administered, many orthopaedic surgeons, including me, recommend taking special precautions under certain conditions. I recommend antibiotic prophylaxis for dental work and other high risk procedures be continued for a lifetime. I feel that the small risk of problems with oral intake of the antibiotic is more than offset by the potential benefit of avoiding an infection in the area of your joint replacement.

My current antibiotic recommendations are listed below. If you are not sure whether you should take an antibiotic, or which one to take, discuss this with your dentist or myself.

SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS:

Patients NOT allergic to penicillin: Cephalexin (such as brand name Keflex) or Amoxicillin – 2 grams orally 1 hour prior to dental procedure.

Patients allergic to penicillin: Clindamycin – 600 milligrams orally 1 hour prior to dental procedure.