

Antibiotic Guidelines for Children with Congenital Heart Disorders

What is Subacute bacterial endocarditis (SBE)?

Subacute Bacterial Endocarditis or SBE is an invasive infection of the inner lining of the heart and the heart valves. SBE is a serious condition that can cause major damage to the heart tissue. Treatment requires a long hospital stay and sometimes even surgery.

Some routine daily activities such as chewing, brushing teeth or flossing can allow small amounts of bacteria to enter the bloodstream. For most people, this isn't a problem. A healthy immune system prevents these bacteria from causing any harm, but people with some heart conditions have a higher risk for developing SBE and need to take special precautions to prevent it.

How can I prevent SBE?

One way to prevent SBE is by taking antibiotics before having invasive procedures, such as dental work. These procedures may increase the likelihood that bacteria could enter the bloodstream and cause an infection. Taking antibiotics for the purpose of preventing SBE is called SBE Prophylaxis.

While SBE is not very common, talk with your doctor about the steps you need to take in order to reduce your child's risk for developing SBE.

Who needs to take antibiotics to prevent SBE?

- Children with many forms of unrepaired congenital heart disease, especially those that result in lower than normal oxygen saturations (cyanosis).
- Children with artificial heart valves or shunts.
- Children with patches or devices in their heart for at least six months after the procedure. This may be longer if there is a leak close to the patch or device.

- People who develop heart valve disease after a heart transplant. (valvulopathy).
- Any person with a history of Endocarditis, even if they do not have any other heart diseases or conditions.

When will my child need SBE prophylaxis?

Your child will need to take antibiotics before any of the following procedures:

- Dental procedures around the gum area, or procedures that may cause bleeding such as tooth extractions, cleaning and drilling.
- Any surgical procedures that involve the mucus lining of the respiratory organs in the nose, neck and lungs. These include tonsillectomy, adenoidectomy, bronchoscopy with biopsy and more. It is not necessary for endotracheal intubation or myringotomy with tube insertion.
- Incision and drainage of infected tissue.

To learn more about recommendations on SBE prophylaxis and infective endocarditis, visit the [American Heart Association's page on infective endocarditis](http://www.heart.org/endocarditis) at www.heart.org/endocarditis.

Take the next step:

Talk with your U-M pediatric cardiologist about your child's risk of endocarditis and whether SBE prophylaxis may be recommended. To contact your doctor call the Congenital Heart Center at 734-764-5176.

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