The American Academy of Orthopaedic Surgeons finds little scientific data to support the use of prophylaxis after joint replacement surgery unless specific risks of bacteria entering the patient's bloodstream from the procedure exist.

**NB: ALL ANTIBIOTICS SHOULD BE TAKEN 1 HOUR BEFORE THE PROCEDURE**

The following recommendations are extracted (in part) from the AAOS Online Service http://www.aaos.org/Research/guidelines/PUDP/dental_guideline.asp

**Routine Teeth cleaning, fillings - antibiotics required only if:**
- Immuno-compromised patients (Including Rheumatoid Arthritis & Diabetics)
- within 2 years of joint replacement
  (this is controversial; most feel the risk is no higher than flossing your teeth!)

**Rx:** Amoxicillin or Keflex: 2 grams by mouth **1 hour prior to the procedure**
  If Allergy: Clindamycin 600mg by mouth **1 hour prior to the procedure**

**Dental extractions, root canal:**
**Rx:** Same as above, but **continue antibiotics if any evidence of dental infection**

**Urinary tract procedures (cystoscopy, gynecological surgery, TURP) antibiotics required only if:**
- evidence of Urinary Tract Infection
- immuno-compromised patients
- within 2 years of joint replacement

**Rx:** Cipro or Levaquin 500 mg by mouth **one hour prior to procedure**

**Gastrointestinal tract procedures (colonoscopy, sigmoidoscopy, endoscopy, barium enema):**
**Rx:** Amoxicillin 2 grams by mouth or Flagyl 500mg by mouth, **1 hour prior to the procedure**

**Skin boils, infected lesions, ingrown toenails:**
**Rx:** Dicloxacillin 500 mg, or Keflex 500 mg by mouth every six hours, **until lesion has improved**
  Consider Clindamycin or Septra DS if high risk of CA-MRSA

**Breast biopsy, PAP smears:**
**Rx:** Not needed

**General Surgery:**
**Rx:** Antibiotics are procedure-specific. **Tell your General Surgeon you have a joint replacement**

**Cardiac Catherization:**
**Rx:** Not usually needed but **tell your cardiologist that you have a joint replacement**