

If you are unable to contact your GP, call NHS24/NHS111 and tell them about your cardiac condition and your symptoms and any recent dental treatment you have had.

Sources of advice and support

Oral Health Foundation, www.dentalhealth.org

British Heart Foundation, www.bhf.org.uk

Children's Heart Federation, www.chfed.org.uk

The Somerville Heart Foundation, www.thesf.org.uk

This leaflet has been developed by the Scottish Dental Clinical Effectiveness Programme (SDCEP), part of NHS Education for Scotland. It has been developed to support implementation of NICE Clinical Guideline 64 Prophylaxis Against Infective Endocarditis. The leaflet is relevant to people across the UK who are at high or moderate risk of infective endocarditis. This and other patient information is available on the SDCEP website (www.sdcep.org.uk)

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

© NHS Education for Scotland [2026]. You can copy or reproduce the information in this resource for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.



Dental advice for people at high or moderate risk of infective endocarditis

You have been given this leaflet because you are at high or moderate risk of infective endocarditis.

What is infective endocarditis?

Infective endocarditis is a rare but potentially life-threatening infection of the heart that often affects the heart valves. It happens when bacteria get into the bloodstream and attach to already damaged parts of the heart.

Why am I at risk of infective endocarditis?

Anyone can get infective endocarditis but some people with certain heart problems have an increased risk.

You are at **high risk** if you have:

- a replacement or repaired heart valve
- had infective endocarditis in the past
- some heart problems you were born with, even if you have had an operation to correct the problem

You are at **moderate risk** if you have:

- a problem with your heart valves, such as leaking or narrowing
- hypertrophic cardiomyopathy
- a pacemaker or defibrillator

Make sure that you tell your dental team about any changes to your heart condition and/or health.

Why does this affect my dental treatment?

Some dental treatments may make it easier for bacteria to enter your bloodstream. An example of this is having a tooth taken out. The risk of

infective endocarditis developing from this is low for most people. But if you have certain heart conditions, the risk is increased. Because infective endocarditis is serious, you and your dentist will decide if you need to take an antibiotic before some dental treatments. This is called antibiotic prophylaxis.

Should I be offered antibiotic prophylaxis when I have dental treatment?

For people who have a **high risk** of infective endocarditis, antibiotic prophylaxis is recommended for some dental treatments. This includes having a tooth taken out or oral surgery. You and your dentist will consider antibiotic prophylaxis for other dental treatments such as scaling.

For people who have a **moderate risk** of infective endocarditis, antibiotic prophylaxis is not recommended for dental treatment.

What will my dentist do?

Your dentist will explain the potential benefits and harms of antibiotic prophylaxis. They will also discuss whether antibiotic prophylaxis is recommended for you based on your heart condition and the planned dental treatment.

- In **high risk** patients, dental treatment such as having a tooth taken out or oral surgery increases the risk of infective endocarditis. For some other types of dental treatment, the risk of infective endocarditis is less certain. This does not mean that you should not have dental treatment. Your dentist will talk to you about whether taking an antibiotic before the dental treatment will reduce your risk of infective endocarditis.
- In **moderate risk** patients, the risk of infective endocarditis after dental treatment is much smaller. This means that the possible benefits of antibiotic prophylaxis may not outweigh the harms.
- Antibiotic prophylaxis does not completely remove the risk of infective endocarditis after dental treatment.
- Taking an antibiotic carries its own risks, such as an allergic reaction or diarrhoea.
- Using antibiotics when they are not needed can lead to antibiotic resistance.

You will then have the chance to talk with your dentist about antibiotic prophylaxis and whether this is right for you.

How can I reduce my risk of infective endocarditis?

You can reduce your risk by:

- **Looking after your oral health:**
 - Brush your teeth twice a day using fluoride toothpaste and regularly clean between your teeth using floss or interdental brushes.
 - Visit your dentist for regular dental check-ups.
 - Cut down on sugary snacks and drinks.
 - Do not smoke. Ask your dentist for advice on stopping smoking.
 - Drink less alcohol.
- **Taking care of your skin:**
 - Regularly wash your skin with soap and water.
 - Wash any cuts or grazes carefully to prevent them becoming infected.
 - Avoid non-medical procedures such as body piercing or tattooing.

Symptoms of infective endocarditis

Contact your GP as soon as possible if you have any of the following symptoms for more than a week, especially if they occur together as a flu-like illness:

- a high temperature (fever) of 38°C or above
- sweats or chills, especially at night
- feeling out of breath, especially during normal physical activity (e.g. when walking/climbing stairs)
- poor appetite or unexplained weight loss
- tiredness (fatigue)
- muscle, joint or back pain that is unrelated to recent physical activity

These symptoms are more likely to be caused by a less serious type of infection but it is important for your GP to check. Make sure that you tell your GP about any recent dental treatment you have had.