

Guidelines from the American Heart Association Regarding Antibiotic Prophylaxis to Prevent Infective Endocarditis Associated with Genitourinary Procedures
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According to guidelines issued by the American Heart Association (AHA), antibiotic prophylaxis solely to prevent infective endocarditis in patients with valvular heart disease is no longer recommended for patients who undergo a gastrointestinal (GI) or genitourinary (GU) procedure, including patients with the highest risk of adverse outcomes due to infective endocarditis (1,2). Consequently, antibiotic prophylaxis is no longer recommended for women having major or minor gynecologic procedures, including women with valvular heart disease (e.g., mitral valve prolapse). The change in guidelines was based on the following observations:

- The cases of infective endocarditis temporally associated with a GI or GU procedure are anecdotal.
 - No published data demonstrate a conclusive link between GI and GU procedures and the development of infective endocarditis.
 - No studies exist that demonstrate that the administration of prophylactic antibiotics prevents infective endocarditis in association with GI or GU procedures.
 - There has been a dramatic increase in the frequency of antimicrobial resistant strains of enterococci (the only bacteria among the varied flora found in the GI and GU tract likely to cause infective endocarditis) to penicillins, vancomycin, and aminoglycosides (the antibiotics recommended in previous AHA guidelines), casting further doubts about the efficacy of antibiotic prophylaxis for GI and GU procedures.
1. Wilson W, Taubert KA, Gewitz M, Lockhart PB, Baddour LM, Levison M, et al. Prevention of infective endocarditis: guidelines from the American Heart Association: a guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. *Circulation* 2007;116:1736-54. Erratum in: *Circulation* 2007;116:e376-7.
 2. Bach DS. Perspectives on the american college of cardiology/american heart association guidelines for the prevention of infective endocarditis. *J Am Coll Cardiol* 2009;53:1852-4.

This report was developed under the direction of the Practice Committee of the American Society for Reproductive Medicine as a service to its members and other practicing clinicians. Although this document reflects appropriate management of a problem encountered in the practice of reproductive medicine, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment. Other plans of management may be appropriate, taking into account the needs of the individual patient, available resources, and institutional or clinical practice limitations. The Practice Committee and the Board of Directors of the American Society for Reproductive Medicine have approved this report.

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