Antibiotic Prophylaxis for Infective Endocarditis: A Study of Knowledge and Implementation of AHA Guidelines among Dentists

Thank you for completing this survey. We anticipate this will take you approximately 5-10 minutes. At the end of the survey you will have the option of providing your contact information, should you wish to be entered into a draw for a Samsung tablet.

Your time is much appreciated!

If you wish, this survey can be done online by using the following link:
http://j.mp/18vSDGV

Sincerely,

The Endocarditis Prophylaxis Dental Survey Team
University of Alberta and Dalhousie University
Edmonton, AB and Halifax, NS

<table>
<thead>
<tr>
<th>Part I: Among patients having cardiac conditions for which you would consider infective endocarditis (IE) prophylaxis, which of the following dental procedures or scenarios warrant prophylaxis?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restoration of gingival (class II) carious lesion</strong></td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>If sometimes, please specify under what circumstances: ____________________________</td>
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<td></td>
</tr>
<tr>
<td><strong>Endodontic treatment</strong></td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>If sometimes, please specify under what circumstances: ____________________________</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Periodontal surgery</strong></td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>If sometimes, please specify under what circumstances: ____________________________</td>
</tr>
</tbody>
</table>
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**Tooth extraction**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________

**Coverage for an exfoliating primary tooth**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________

**Tooth preparation with associated impression**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________

**Placement of a stainless steel crown on a primary tooth**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________

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**Part II:** Do you recommend antibiotic prophylaxis for the following cardiac conditions prior to invasive dental procedures?

**Mechanical valve**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________

**Previous endocarditis**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________

**Unrepaired cyanotic (“blue baby”) congenital heart disease after a shunt operation**
- [ ] Yes
- [ ] No
- [ ] Sometimes
If sometimes, please specify under what circumstances: __________________________
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Completely repaired congenital heart defects with prosthetic material or device during the first 6 months after the cardiac procedure

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Repairs complex congenital heart disease with a conduit

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Innocent (“functional” or “physiologic”) heart murmur

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Patent ductus arteriosus

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Mitral valve prolapse with mitral regurgitation

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Rheumatic fever with mitral regurgitation

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Moderate aortic stenosis

☐ Yes ☐ No ☐ Sometimes
If sometimes, please specify under what circumstances: __________________________

Hypertrophic cardiomyopathy

☐ Yes ☐ No ☐ Sometimes
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If sometimes, please specify under what circumstances: ________________________________

Cardiac pacemakers

☐ Yes  ☐ No  ☐ Sometimes

If sometimes, please specify under what circumstances: ________________________________

Small unrepaired ventricular septal defect

☐ Yes  ☐ No  ☐ Sometimes

If sometimes, please specify under what circumstances: ________________________________

Part III: Other factors influencing prophylaxis use

1. Do you have patients who previously used IE prophylaxis (prior to the 2007 AHA guidelines) but no longer require IE prophylaxis based on these revised guidelines?

☐ Yes  ☐ No

If “Yes”, how many have shown reluctance to stop using IE prophylaxis?

☐ None  ☐ Only a minority  ☐ About half  ☐ The majority  ☐ All

Indicate reasons for reluctance that you have encountered (all that apply)

☐ No previous allergic reaction to endocarditis prophylaxis, therefore no reason to stop

☐ Patient or caregiver anxiety about endocarditis

☐ Other (Please list): ____________________________________________

2. Which of the following factors influence your decision to recommend IE prophylaxis before dental procedures? (indicate all that apply)

☐ Pulpal bleeding

☐ Gingival bleeding anticipated

☐ Poor dental hygiene

☐ Recommendations made by the patient’s cardiologist

☐ Other (specify): ____________________________________________

☐ None of the above, I recommend prophylaxis for all dental procedures including cleanings
3. Do you write antibiotic prescriptions for IE prophylaxis yourself?
   - Yes, most of the time
   - No, I usually request the patient’s cardiologist to do so
   - No, I usually request the patient’s family/general practitioner to do so

4. With what frequency do you currently write antibiotic prescription for IE prophylaxis, relative to prior to the 2007 AHA guidelines.
   - Much less often
   - Somewhat less often
   - About the same frequency
   - Somewhat more often
   - Much more often
   - N/A, I was not in practice prior to 2007

Part IV: Demographics (Identity of individuals responding will be kept confidential)

Scope of practice (indicate all that apply):
   - General/ family dentistry
   - Pediatric dentistry
   - Orthodontics
   - Periodontics
   - Oral surgery
   - Prosthodontics
   - Other (specify: ____________________________)

Year of graduation with DDS: __________________ (yyyy)

Location of practice:
   - Urban
   - Rural

Type of practice:
   - Solo
   - Group
   - University-based
   - Military
   - Other (specify: _____________________________)
Part V: Final page

1. Prior to receiving this survey, were you aware of the 2007 American Heart Association (AHA) recommendations for endocarditis prophylaxis?
   - [ ] Yes
   - [ ] No

   If “Yes”, have you previously referred to them to guide your clinical practice?
   - [ ] Yes
   - [ ] No

2. Did you refer to the 2007 AHA recommendations when completing this survey?
   - [ ] Yes
   - [ ] No

Thank you very much for completing this survey. Your time is certainly appreciated.

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Optional:
If you would like to be entered into a draw for a Samsung tablet, please provide your email address:

________________________________________________________________________