

Clinical Practice Guideline Overview

The Prevention of Total Hip and Knee Arthroplasty Periprosthetic Joint Infection in Patients Undergoing Dental Procedures

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The scope of this guideline is intended for use with patients who are scheduled to undergo TJA as well as those who have a TJA and are seeking dental care.



Literature Review

1,251
abstracts reviewed



203
articles recalled
for full review



8
articles included
after full text review
and quality analysis



Limited (L) and Consensus (C) Options*



Implementation of a dental screening in patients before a hip or knee replacement may not reduce the risk of subsequent periprosthetic joint infection. (L)



In the absence of reliable evidence, it is the opinion of the workgroup that the use of an oral topical antiseptic wash is not necessary before a dental procedure in patients with a hip or knee replacement. (C)



In the absence of reliable evidence, it is the opinion of the workgroup that the decision to delay a hip or knee replacement surgery is based on the risk of transient bacteremia, the occurrence of an invasive surgical procedure, or treatment of an active dental infection. Please see Table 3. (C)



In the absence of reliable evidence, it is the opinion of the workgroup that the decision to delay a dental procedure after hip or knee replacement surgery is based on the risk of transient bacteremia, the occurrence of an invasive surgical procedure, or treatment of an active dental infection. Please see Table 3. (C)

Routine use of a systemic prophylactic antibiotic prior to a dental procedure in patients with a hip or knee replacement may not reduce the risk of a subsequent periprosthetic joint infection. (L)



Future Research

Consideration for future research is provided for each recommendation within this document are based on the work groups clinical experience and perceived need for better guiding data.

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* Options are formed when there is little or no evidence on a topic. This is defined as low quality evidence or a single moderate study (i.e., a limited strength option, no evidence or only conflicting evidence (i.e., a consensus option), or statement resulting in a limited or consensus statement following Evidence to Decision Framework upgrading and/or downgrading.

