

# GYNAECOLOGY & OBSTETRICS UPDATE

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Finalist

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## Antibiotic prophylaxis for IUCD use in women at risk of bacterial endocarditis

Antibiotics were routinely given to people at risk of infective endocarditis who were undergoing an interventional procedure (e.g. dental, genitourinary, urological, obstetric, respiratory or ear nose and throat). However, the evidence to support this use of antibiotics is limited. In addition, evidence about the incidence of bacteraemia and the risk of subsequent infective endocarditis following an interventional procedure is limited. There is a real risk of antibiotic resistance with inappropriate antibiotic use.

The risk of infective endocarditis in at-risk women following intrauterine contraceptive device (IUCD) insertion or removal is unknown. Transient bacteraemia from vaginal organisms has been identified within 10 minutes of removal and replacement of IUCD but in only 13% of women in a small clinical trial. However, bacteraemia has been identified even after tooth brushing. Evidence on the use of antibiotics for the insertion and removal of IUCD is very limited.

Despite limited evidence, but given the potential seriousness of infective endocarditis, the Faculty of Sexual and Reproductive Health Care was cautious in guidance published in November 2007. Since this guideline was published, a review by the National Institute for Clinical Excellence (NICE) found no evidence to link level, frequency and duration of bacteraemia with the development of infective endocarditis. Moreover, the evidence did not show a casual relationship between having an interventional procedure and the development of infective endocarditis. NICE considered that for people who are at risk of infective endocarditis:

- \* there is insufficient evidence to determine whether or not antibiotic prophylaxis in those at risk of developing infective endocarditis reduces the incidence of infective endocarditis when given before a defined interventional procedure (both dental and non-dental).
- \* there is little evidence to support offering antibiotics routinely as a preventative measure to people at risk of infective endocarditis undergoing these procedures.

Reference:

Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. Intrauterine Contraception. <http://www.ffprhc.org.uk/admin/uploads/CEUGuidanceIntrauterineContraceptionNov07.pdf>. 2007.  
National Institute for Clinical Excellence. Prophylaxis against infective endocarditis. <http://www.nice.org.uk/guidance/index.jsp?action=download&o=40039>. 2008.

**The NICE guideline** recommends that antibiotic prophylaxis is no longer offered routinely for defined interventional procedures.

**The Faculty of Sexual and Reproductive Health Care** supports these recommendations and considers that antibiotic prophylaxis for the prevention of infective endocarditis is NOT recommended in women undergoing intrauterine insertion or removal even in women with conditions where the risk of endocarditis is increased.