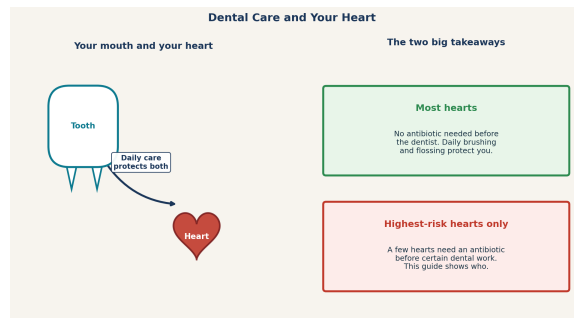


Understanding Dental Care and Your Heart

When you do and do not need an antibiotic before the dentist, and how healthy gums protect your heart

Most heart patients do NOT need an antibiotic before the dentist. Good daily mouth care protects your heart far more than any one-time pill.



Online: <https://go.riasalimd.com/dental-care-heart-guide>

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Names & Terms You Will Hear

Term	Meaning
Antibiotic prophylaxis (premedication)	A single antibiotic dose taken before some dental work to lower the small chance of a heart-valve infection. Only the highest-risk hearts need it.
Infective endocarditis (IE)	An infection of a heart valve or the heart's inner lining. Germs in the blood land on a valve and grow. Pre-dental antibiotics aim to prevent this in high-risk patients.
Periodontitis (gum disease)	A deeper infection of the gums and the bone that holds the teeth. It is the form of gum disease most tied to heart disease.
Gingivitis	Early, mild gum swelling. The gums are red, puffy, and bleed easily. Good daily care can reverse it before it gets worse.
Bacteremia	Germs in the blood. Daily chewing, brushing, and flossing send germs into the blood far more often than one dental visit does.
Premedication	Another word for taking an antibiotic before a procedure. Your dentist may ask if you need to do this.
Prosthetic valve	A man-made or repaired heart valve. People with one are in the highest-risk group that may need a pre-dental antibiotic.



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What Is Dental Care and Your Heart?

- This guide answers two common questions: do you need an antibiotic before the dentist, and how does the health of your mouth affect your heart?
- On antibiotics: the rules changed. For many years, almost any heart problem meant taking an antibiotic before the dentist. Since 2007, the American Heart Association saves this for only the highest-risk hearts.
- The reason the list got shorter: daily chewing, brushing, and flossing put germs into the blood far more often than one dental visit. For low-risk patients, the harms of extra antibiotics beat the tiny benefit.
- On gum health: gum disease (periodontitis) is linked with heart disease. They share inflammation and risk factors like smoking and diabetes. Caring for your gums is part of caring for your heart.
- The bottom line: most heart patients need no antibiotic before the dentist. Good daily mouth care protects the heart more than any one-time pill ever could.

Do You Need an Antibiotic Before the Dentist?

YES - antibiotic may be needed

Only these highest-risk hearts:

- A man-made (prosthetic) valve
- A valve repair with man-made material (includes TAVR)
- A prior episode of endocarditis
- Certain congenital heart defects
- A heart transplant with a new valve problem

NO - no antibiotic needed

Most common heart conditions:

- Mitral valve prolapse
- Most heart murmurs
- A bicuspid aortic valve
- Stents or bypass surgery
- A pacemaker or defibrillator
- Rheumatic heart disease
- A normal, healthy heart

Do you need an antibiotic before the dentist? The short YES list (left) is only the highest-risk hearts. The common NO list (right) includes most heart conditions.

The big myth, in one line: 'Any heart problem means antibiotics before the dentist' is no longer true. Since 2007 the antibiotic is saved for only the few highest-risk hearts. If you have had a valve infection, see our [infective endocarditis guide](#).



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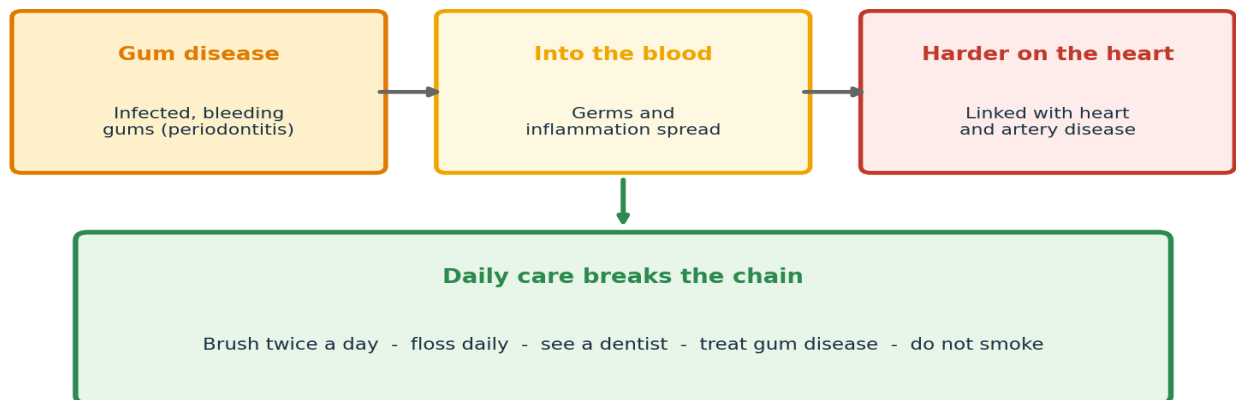


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Why It Matters

- Antibiotics are not harmless. Taking extra ones can cause allergic reactions, stomach and bowel upset (including a serious gut infection called C. diff), and helps breed germs that resist drugs. A pill you do not need can do more harm than good.
- Even if a pre-dental antibiotic worked perfectly, it would stop only a very small number of valve infections. That is why it is saved for the few hearts at highest risk.
- Knowing if you truly need one prevents two mistakes: taking an antibiotic you do not need, and skipping one you do. A quick check avoids both.
- Gum disease is common and often has no symptoms. Treating it helps your whole body and may lower the swelling that gum disease and heart disease share.
- Your dentist needs to know your heart history and your medicines. Blood thinners change bleeding, some blood-pressure pills affect the gums, and a recent stent can change timing. Sharing this keeps dental care safe.

How Gum Health Connects to Heart Health



Gum disease leaks germs and inflammation into the blood, which is linked with heart and artery disease. Daily mouth care breaks the chain.



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At a Glance — The Two Questions This Guide Answers

1. Antibiotic before the dentist?

- Only the highest-risk hearts
- Prosthetic valve, prior infection,
- certain congenital defects, transplant
- Most hearts: no antibiotic

2. Healthy gums for the heart

- Gum disease is linked with heart disease
- Brush twice, floss daily
- See a dentist, treat gum disease
- Do not smoke



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
A man-made (prosthetic) heart valve	Man-made material is easier for germs to grab onto than natural tissue. This includes valves placed by open surgery and by catheter (TAVR). It is the top high-risk group.
Prosthetic material used to repair a valve	Rings (annuloplasty rings) or other man-made parts used in a valve repair count the same as a prosthetic valve for this purpose.
A prior episode of endocarditis	Having had a valve infection once raises the chance of getting it again. These patients stay in the high-risk group for life.
Certain congenital heart defects	Unrepaired cyanotic (blue-baby) defects; a defect repaired with man-made material in the first 6 months; or a repaired defect with a leftover problem next to the man-made patch or device.
A heart transplant that develops a valve problem	A transplanted heart that grows a structurally abnormal valve with leakage is the fourth high-risk group.
Poor gum and tooth health	Infected gums leak germs into the blood every day. This is a far bigger and more constant source than any single dental visit, which is why daily care matters most.



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Treatment Options

- If you are NOT in a high-risk group: no antibiotic is needed before dental work. This is true for mitral valve prolapse, most murmurs, a bicuspid valve, stents or bypass, a pacemaker or defibrillator, and rheumatic heart disease.
- If you ARE in a high-risk group: an antibiotic is recommended only before dental procedures that involve the gums or the area around the tooth root, or that break through the lining of the mouth — the kinds of work where the gums are likely to bleed.
- Routine dental work usually does NOT need an antibiotic even in high-risk patients: simple fillings above the gum line, X-rays, taking impressions, fitting a denture or retainer, and adjusting braces.
- The usual medicine is a single dose of amoxicillin (2 grams for most adults) taken by mouth 30 to 60 minutes before the procedure. There are other options if you are allergic to penicillin.
- Coordinate the antibiotic with your dentist and your cardiologist before the visit. Do not start or stop one on your own. Carry a wallet card if you are high-risk so every dental office knows.
- If you have a recent stent and take a blood thinner, your team may help time non-urgent dental work. Do not stop a blood thinner before the dentist unless your cardiologist tells you to.



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Common Heart Conditions — Antibiotic Before the Dentist?

Heart condition	Antibiotic needed?	Why
Prosthetic (man-made) valve, incl. TAVR	YES	Man-made valve material is highest-risk for a valve infection.
Valve repair with man-made material (ring)	YES	Counts the same as a prosthetic valve.
Prior episode of endocarditis	YES	Having had it once raises the future risk.
Certain congenital heart defects	YES	Unrepaired cyanotic, recently repaired with man-made material, or a residual defect by the material.
Heart transplant with a valve problem	YES	A transplanted heart with a leaky, abnormal valve.
Mitral valve prolapse	No	Removed from the list in 2007. Daily mouth care protects you.
Most heart murmurs / bicuspid valve	No	Not high-risk for this purpose.
Stents, bypass, pacemaker, defibrillator	No	Not on the high-risk list.
Rheumatic heart disease	No	Not one of the four high-risk groups for premedication.



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Do I Need an Antibiotic Before the Dentist?

- **You may need one only if** you have a man-made (prosthetic) valve, a valve repair with man-made material (including a TAVR or an annuloplasty ring), a prior episode of endocarditis, certain congenital heart defects, or a heart transplant that developed a valve problem.
- **You do NOT need one** for mitral valve prolapse, most murmurs, a bicuspid valve, stents or bypass, a pacemaker or defibrillator, or rheumatic heart disease. See our [mitral valve prolapse guide](#) and [rheumatic heart disease guide](#).
- **Why the list is so short:** everyday chewing, brushing, and flossing expose your blood to germs far more than one cleaning does. For low-risk hearts, the harms of overusing antibiotics outweigh the tiny benefit.
- **When in doubt, ask us.** Do not start or stop an antibiotic on your own. A quick call settles it before your visit.



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Which Dental Work, and How to Coordinate

- **Procedures that may call for an antibiotic (high-risk hearts only):** cleanings that make the gums bleed, deep cleaning, gum surgery, tooth removal, root-canal work that reaches the tip of the root, and placing dental implants.
- **Procedures that usually do NOT need one:** X-rays, simple fillings above the gum line, taking impressions, fitting a denture or retainer, adjusting braces, and most numbing shots.
- **The medicine:** usually a single 2-gram dose of amoxicillin by mouth, 30 to 60 minutes before the work. There are other options for a penicillin allergy.
- **Coordinate ahead of time** with your dentist and your cardiologist — not at the last minute. Carry a wallet card if you are high-risk. See our [surgical valve replacement guide](#) if you have had valve surgery.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Brush twice a day with a fluoride toothpaste, for two minutes each time. This is the single most powerful thing you can do for your gums and your heart.
- Floss or clean between your teeth once a day to remove the plaque a brush cannot reach. Healthy gums bleed less and leak fewer germs into the blood.
- See your dentist regularly for cleanings and checkups. Catching and treating gum disease early protects both your mouth and your heart.
- Do not smoke or vape. Smoking is a leading cause of gum disease and a major cause of heart disease — quitting helps both at once.
- Tell your dentist your full heart history and bring a list of your medicines, including blood thinners, to every visit.
- If you are high-risk, carry a wallet card or wear a medical alert noting your valve or prior infection so the dental office knows you may need premedication.



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Healthy Gums, Healthy Heart

- **Daily care beats a one-time antibiotic.** Brushing twice a day and flossing once a day keep germs and inflammation low every single day — far more protection than a pill taken once before a visit.
- **Treat gum disease early.** Red, puffy, bleeding gums are a warning. Catching and treating gum disease lowers the germs leaking into your blood and the inflammation shared with heart disease.
- **Do not smoke.** Smoking is a top cause of both gum disease and heart disease. Quitting helps your mouth and your heart at the same time.
- **Blood thinners and the dentist:** tell your dentist you take one so bleeding can be planned for. Do not stop it on your own — that can be more dangerous than the bleeding. Ask us before any change.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Pre-dental antibiotic for a high-risk heart	A single dose can rarely cause an allergic reaction or stomach upset. Overuse breeds resistant germs.	Lowers the small risk of a valve infection from bleeding dental work in the highest-risk patients.	No antibiotic plus excellent daily mouth care (the right choice for most people, who are not high-risk).
No antibiotic (most patients)	Almost none. The risk of a valve infection from routine dental work in a low-risk heart is very small.	Avoids needless antibiotic side effects and resistance. Keeps the focus on daily mouth care, which protects more.	A pre-dental antibiotic — but only if you are truly in a high-risk group.
Treating gum disease (cleanings, deep cleaning)	Temporary soreness or bleeding. Brief germs-in-the-blood, which a healthy body clears.	Healthier gums, fewer germs leaking into the blood daily, and lower whole-body inflammation.	Leaving gum disease untreated, which keeps germs and inflammation high — not a safe choice.
Timing dental work after a recent stent	Delaying needed dental care has its own downsides. Stopping a blood thinner can be dangerous.	Lets the stent settle and keeps you on your blood thinner safely. Lowers bleeding worry.	Proceeding right away with your cardiologist's input, especially for urgent dental problems.



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Common Misconceptions

Myth	Reality
Any heart problem means I need an antibiotic before the dentist.	Not true. Since 2007, only four high-risk groups need one: a man-made valve or repair material, a prior valve infection, certain birth defects, or a heart transplant with a valve problem. Most hearts need no antibiotic.
My heart murmur or mitral valve prolapse means I should take one.	No. A simple murmur, mitral valve prolapse, and a bicuspid valve were all taken off the antibiotic list. Good daily mouth care is your protection, not a pill.
I have a stent (or had bypass), so I need an antibiotic at the dentist.	No. Stents, bypass grafts, pacemakers, and defibrillators are not on the high-risk list. They do not call for a pre-dental antibiotic.
Rheumatic heart disease always means antibiotics before the dentist.	Not for this. Rheumatic heart disease is not one of the four high-risk groups, unless you also have a man-made valve or a prior infection. This is a separate thing from the daily penicillin some patients take to prevent rheumatic fever.
One dental cleaning is the main way germs reach my heart valve.	Day-to-day chewing, brushing, and flossing put far more germs into the blood over a year than one dental visit. That is exactly why daily mouth care matters more than a one-time pill.
Taking an antibiotic 'just in case' is harmless.	It is not. Needless antibiotics cause allergic reactions, stomach and bowel upset including serious C. diff infection, and help create resistant germs. A pill you do not need can do real harm.
Gum health has nothing to do with my heart.	Gum disease is linked with heart and artery disease through shared inflammation and risk factors. Caring for your gums is part of caring for your heart.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Overusing antibiotics	Taking a pre-dental antibiotic you do not need can cause an allergic reaction, stomach and bowel upset (including serious C. diff infection), and helps breed resistant germs.
Missing a needed antibiotic	If you are truly high-risk and skip the antibiotic before bleeding dental work, you raise your small but real risk of a heart-valve infection.
Untreated gum disease	Ongoing gum infection leaks germs into the blood every day and keeps whole-body inflammation high, which is linked with heart and artery disease.
Bleeding with blood thinners	Dental work can bleed more if you take a blood thinner. This is usually managed in the dental chair, but your dentist needs to know in advance.
Gum overgrowth from some medicines	A few medicines, including the blood-pressure drug nifedipine and some others, can make the gums swell and grow over the teeth. Good cleaning and a dentist's help keep this in check.
Delaying urgent dental care	Putting off a real dental infection out of antibiotic worry can let that infection grow. An active tooth or gum infection is its own source of germs in the blood.

Tell your dentist about your medicines. Blood thinners can mean more bleeding (but do not stop them on your own). Some blood-pressure pills, such as nifedipine, can make the gums swell. A recent stent may affect the timing of non-urgent work. A quick heads-up keeps your dental care safe.



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Points to Know

If you remember nothing else, remember these key points.

- Most heart patients do NOT need an antibiotic before the dentist. The list of who does was cut way down in 2007.
- Only four high-risk groups need one: a man-made valve or repair material (including TAVR), a prior valve infection, certain birth defects, or a heart transplant with a valve problem.
- Mitral valve prolapse, most murmurs, a bicuspid valve, stents or bypass, pacemakers, and rheumatic heart disease are NOT on the antibiotic list.
- Even for high-risk hearts, an antibiotic is only for dental work that involves the gums or tooth root, or breaks the oral lining. Simple fillings and X-rays usually do not count.
- Daily brushing and flossing protect your heart far more than any one-time antibiotic. Healthy gums leak fewer germs into the blood.
- Tell your dentist your heart history and your medicines, especially blood thinners. Carry a wallet card if you are high-risk.
- If you are unsure whether you need premedication, ask us. Do not start or stop an antibiotic on your own.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- You are not sure if you are high-risk and need a pre-dental antibiotic — call us before your dental visit so we can check.
- You have a man-made valve, a valve repair with man-made material, or a prior valve infection and need dental work — call us to plan the antibiotic.
- Your dentist says you need premedication but you are not sure it applies to you — call us before taking anything.
- You take a blood thinner and have dental work coming up — call us; do not stop your blood thinner on your own.
- You had a stent or heart procedure in the last several months and need non-urgent dental work — call us about timing.
- A fever over 100.4 F that lasts more than a few days after dental work, especially with a valve risk — call us this week. This can be an early sign of a valve infection.
- Sudden weakness, face droop, trouble speaking, severe shortness of breath, or chest pain — call 911.
- Gums that bleed a lot, are painful, or have pus, or a tooth that hurts badly — call your dentist; an active mouth infection should be treated.

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If you are high-risk, carry a wallet card. A man-made valve, a valve repair with man-made material, or a prior endocarditis episode means you may need an antibiotic before certain dental work. A card in your wallet tells every dental office at a glance. See our [living with a prosthetic valve guide](#).



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association — Infective Endocarditis](#) - AHA patient hub explaining who needs antibiotic prophylaxis before dental work and who no longer does.
- [American Dental Association — Antibiotic Prophylaxis](#) - The dental-side guidance: which heart conditions and which dental procedures call for a pre-dental antibiotic, with the standard dose.
- [Cleveland Clinic — Oral Health and Overall Health](#) - Plain-language overview of how gum health connects to the heart and the rest of the body.
- [Mayo Clinic — Oral Health: A Window to Your Overall Health](#) - Patient guide to the mouth-body link, including endocarditis and cardiovascular connections, and protective habits.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AHA Scientific Statement — Prevention of Infective Endocarditis \(Wilson et al., Circulation 2007\) \[Guideline\]](#)
The foundational guideline that sharply narrowed antibiotic prophylaxis to only the highest-risk cardiac conditions before dental work, and removed mitral valve prolapse, bicuspid valve, and most murmurs from the list.
- [AHA/ADA 2021 Update — Prevention of Viridans Group Streptococcal IE \(Wilson et al., Circulation 2021\) \[Guideline\]](#)
The current AHA scientific statement reaffirming prophylaxis only for the four highest-risk categories, naming transcatheter (TAVR) prostheses and annuloplasty rings, and stressing daily oral health over a one-time antibiotic.
- [American Dental Association — Antibiotic Prophylaxis Prior to Dental Procedures \[Guideline\]](#)
The dental-side companion to the AHA guidance: exactly which cardiac conditions need premedication, which dental procedures (manipulating the gums or tooth-root area, or perforating the oral lining) do and do not require it, and the amoxicillin 2 g regimen.
- [2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease \(Otto et al., Circulation\) \[Guideline\]](#)
The U.S. valve-disease guideline reaffirming endocarditis prophylaxis only for the highest-risk valve patients (prosthetic valve or material, prior IE, certain congenital disease, transplant valvulopathy) and good oral hygiene for everyone else.
- [AHA Scientific Statement — Periodontal Disease and Atherosclerotic Vascular Disease \(Lockhart et al., Circulation 2012\) \[Guideline\]](#)
The AHA review of the gum-disease and heart-disease association — an independent link through shared inflammation and risk factors — while noting that treating gum disease has not yet been proven to prevent heart attacks.
- [AHA News — Bad Tooth-Brushing Habits Tied to Higher Heart Risk \[Patient Page\]](#)
AHA patient-facing summary of the oral-health and cardiovascular link and why daily brushing and flossing matter for the heart.
- [Cleveland Clinic — Oral Health and Overall Health \[Patient Page\]](#)
Plain-language explanation of how gum infection seeds germs into the blood and how this connects to the heart and valves.
- [Mayo Clinic — Oral Health: A Window to Your Overall Health \[Patient Page\]](#)
Patient-facing review of the endocarditis and cardiovascular links to oral bacteria and the protective dental habits patients can adopt.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed: AHA, ADA, Cleveland Clinic, and Mayo Clinic patient pages. This guide adds a clear YES/NO antibiotic graphic from the 2007 and 2021 AHA rules, a heart-condition table, an oral-health-to-heart diagram, and the coordination steps most handouts leave out.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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