


Endocarditis





This leaflet gives you general information about endocarditis, an infection of the heart, and how you can reduce your risk of developing the condition. It does not replace the need for personal advice from a qualified professional. Please ask us if you have any questions.

What is endocarditis?

Endocarditis is a potentially serious condition in which the lining of the heart (endocardium) becomes infected. The infection stops the heart from working properly and can cause problems with other organs in the body. It can be life threatening if left untreated.

Who is at risk of endocarditis?

Endocarditis is quite rare. The British Heart Foundation estimates that there are only about 1,500 cases each year in the UK.

Most cases are in people who have:

- a diseased heart valve
- one or more artificial heart valves
- a congenital heart condition
- had surgery to correct a congenital heart condition.

Why are people with heart conditions at greater risk of endocarditis?

Endocarditis is caused by bacteria (germs) collecting in the heart lining. People with heart conditions usually have some damage to the lining of their heart and this makes it easier for bacteria to collect there and cause infection.

How does bacteria enter the body?

Bacteria can enter the body in many ways. One way is through the gums where bacteria is often present. That is why it is very important to take good care of your teeth and gums. Clean your mouth and teeth carefully and go to the dentist for regular check-ups.

Bacteria may also enter the body during any medical procedure where the skin is broken.

Do I need to take antibiotics before dental and medical procedures?

Traditionally, patients at high risk of endocarditis have been advised to take antibiotics before:

- dental procedures
- any medical procedure where the skin will be broken
- genitourinary and endoscopic procedures
- childbirth
- body piercing or tattooing.

This is called prophylactic (preventative) treatment, also known as antibiotic prophylaxis or antibiotic cover. This should kill bacteria that enter the body during these procedures and reduce the risk of endocarditis. In the past, you may have had an endocarditis card that you have shown to healthcare professionals before any treatment.

The latest guidelines issued by the National Institute for Health and Clinical Excellence (NICE) suggest that antibiotics before dental and medical procedures are not needed for those at particular risk of endocarditis.

It is important to remember that these are guidelines for healthcare professionals and not a law. Some doctors may feel that in some cases prophylactic cover is needed.

Your surgeon or cardiologist will discuss this with you and advise whether he / she thinks antibiotics are suitable in your case.

If we do feel that you should take antibiotics before procedures, we will write to you explaining this.

You can then show our letter to other healthcare professionals as needed. Please ask if you have any questions about antibiotic cover.

What are the symptoms of endocarditis?

Endocarditis and its symptoms usually develop slowly over several weeks or months.


Early symptoms are usually similar to flu and include fever, chills, sweating, weakness, tiredness, weight loss, coughing, headache and joint pain. There may also be a new or changed heart murmur, chest pain, shortness of breath, small areas of bleeding under fingers or toenails, blood in the urine, small, tender lumps (called nodules) on the fingers or toes, or swelling of the feet, legs or stomach.

If you experience these symptoms for more than a week, please see your GP. It is worth mentioning to him / her that you have an increased risk of endocarditis.

Advanced endocarditis usually has quite severe symptoms, so you will know that something is wrong.

How is endocarditis diagnosed?

Endocarditis is usually diagnosed with blood tests, an echocardiogram (a painless ultrasound of your heart) and / or a



CT scan (computerised tomography – a special X-ray that allows us to take detailed images of the body).

How is endocarditis treated?

Endocarditis can be treated and cured with a course of antibiotics. These are usually given to you intravenously (through a drip) in hospital and treatment lasts several weeks.

The condition becomes life threatening if left untreated.

Who can I contact for further information?

If you would like more information on endocarditis, please ask your consultant, nurse or a member of the healthcare team.

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS) on:

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

You can also email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
Tel: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
Tel: 0330 12 88121

Website: www.rbht.nhs.uk

Royal Brompton and Harefield hospitals are part of Guy's
and St Thomas' NHS Foundation Trust

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مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في
الوقت المناسب لك.

Brosurteki bilginin Türkçe tercemesi için tedavi görüyor
olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin
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