Guidelines for Teeth Cleanings and Other Dental Work

We recommend avoiding routine dental procedures for 3 months following spinal and other neurological surgeries. This includes teeth cleaning at your dentist office. You should brush your teeth as you normally do.

If you must have a dental procedure within 3 months, then it would be advisable to use an antibiotic prophylaxis. We generally do not make recommendations about the choice of antibiotic when using it for prophylaxis, but we would be happy to discuss this with your primary care physician.

After 3 months, prophylactic antibiotics are not recommended prior to dental procedures to prevent infections except for specific individuals with extenuating circumstances, where the determination and prescription are made by the patient’s primary care physician or dentist.

The following patient groups that are at risk for infective endocarditis should use preventative antibiotics before dental procedures after consulting with their cardiologist or primary care physician:

- Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- The prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- A history of infective endocarditis;
- A cardiac transplant with valve regurgitation due to a structurally abnormal valve;
- Unrepaired cyanotic congenital (present from birth) heart disease, including palliative shunts and conduits;
- Any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device.

Functional Surgery or Surgery for Pain

For functional surgery or surgery for pain (deep brain stimulators or spinal cord stimulators), we recommend avoiding routine dental prophylaxis and simple procedures for 3 months following surgery. If you must have a dental procedure within 3 months then it would be advisable to use antibiotic prophylaxis. We generally do not make recommendations about the choice of antibiotic when using it for prophylaxis, but we would be happy to discuss this with your primary doctor. Most of the time patients can make this decision without our guidance, but please have them contact us if there are any concerns.
Ventriculoatrial Shunt

For ventriculoatrial shunt (shunts that go from the brain to the heart), patients will need to be pretreated with an antibiotic if you have dental work done within 24 months of the surgery. We recommend avoiding routine dental prophylaxis and simple procedures for 3 months following a shunt placement, but between 4 and 24 months we suggest antibiotic prophylaxis. After 24 months, you will not need antibiotic prophylaxis unless you have a compromised immune system, Type 1 diabetes mellitus, previous infection of a prosthetic joint or a spinal fusion, hemophilia, or malnourishment. The choice of antibiotic is a decision for you and your primary care doctor. Please contact their office for antibiotics or further advice. We are happy to discuss this with them should they need to contact us. If you have a significant immune compromise, Type 1 diabetes mellitus, history of previous infected spinal fusions or joint replacements, hemophilia or malnourishment then we suggest antibiotic prophylaxis for ALL future dental procedures regardless of timing, but this again is something that needs to be resolved through your primary care physician and not your neurosurgeon. If your primary care doctor needs additional information, please have them contact our office at 303-938-5700.