

Documentation of the Evidence leading to the final SSI Guideline and declaration of author's conflict of interest

1. Selection process for Swiss or International Guidelines

1.1. What guidelines were considered for the selection

Year of publication	Name of Organization	Link to pdf or PMID	Swiss / Intl
2015	European Society of Cardiology	https://academic.oup.com/eurheartj/article/36/44/3075/2293384 PMID: 26320109	
2015	American Heart Association	https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000296 PMID: 26373316	

1.2. Final selection of the reference Guideline

The following guideline was considered as the reference* guideline for the SSI:

Name of Organization / Guideline / PMID:

2015 ESC Guidelines for the management of infective endocarditis: The Task Force for the Management of Infective Endocarditis of the European Society of Cardiology (ESC)
Endorsed by: European Association for Cardio-Thoracic Surgery (EACTS), the European Association of Nuclear Medicine (EANM). PMID: 26320109

Date of decision: January 15, 2019

2. Description of specific issues for Swiss guidelines

Please indicate which part of the guideline needs to be amended for the use in Switzerland. Enlarge table as needed. Try to *limit description of amendments to one page*.

Topic (with page-nr)	Describe the change for the Swiss Guideline	Rationale for the change
Table 3: Cardiac conditions at highest risk of infective endocarditis for which prophylaxis should be considered when a high-risk procedure is performed (page 3080)	Change wording and ranking of indications. (1) Patients with a previous episode of IE. (2) Patients with any prosthetic valve, including a transcatheter valve, or those in whom any prosthetic material was used for cardiac valve repair. (3) Patients with CHD (a) Any type of cyanotic CHD. (i.e.; unrepaired CHD) (b) Any type of CHD repaired with a prosthetic material, whether placed surgically or by percutaneous techniques, up to 6 months after the procedure or lifelong if residual shunt or valvular regurgitation remains.	European Heart Journal (2018) 39, 586–595. Previous episode of IE has a higher risk than prosthetic valves.
Table 5: Recommendations for prophylaxis of infective endocarditis in the highest-risk patients according	Change wording Antibiotic prophylaxis should <u>only</u> be administered for dental procedures requiring manipulation of the gingival or periapical region of the teeth or perforation of the oral mucosa.	European Heart Journal (2018) 39, 586–595. Indication only in so called high-risk patients. In the Swiss Digest, we do not make a differentiation

to the type of at-risk procedure (page 3081)		between high risk and moderate risk, because we only focus on the high risk group
Page 3080, right column	<p>Change wording</p> <p>There is no evidence to recommend antimicrobial prophylaxis for cardiac transplant recipients who develop cardiac valvulopathy. The indication should be discussed on a case-by-case basis. The patient should contact their transplant specialist to evaluate the indication prior to an elective intervention.</p>	We do not think it is meaningful to publish generalizable recommendations for a minority of patients with a complex disease in Switzerland.

Date of final agreement within the expert group for these changes: 30/08/2019

3. Declaration of author's conflict of interest

The following authors declare the following conflicts of interest:

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Date	Author	Name of Guideline doc
18.10.2019	Sendi, Parham (IFIK)	Prevention of Infective Endocarditis.doc