

If I am at higher risk of infective endocarditis, how can I reduce the risk?

Good dental hygiene

- Brush your teeth morning and evening and use dental floss daily
- Visit your dentist regularly, at least once a year, to prevent tooth and gum disease
- Contact your dentist if you have toothache or an abscess (gum infection)
- Be sure you tell your dentist if you have a heart condition so they can decide if you need antibiotics before a dental procedure



Good skin hygiene

- Keep your skin clean and moisturised
- In case of a skin injury, keep it clean until it heals.
- If your skin becomes red, inflamed or tender to touch, or if there is any discharge, seek medical attention because you might have developed a skin infection.
- Avoid any cosmetic procedure or activity that involves piercing the skin (tattoos, piercings, fillers, botox, acupuncture and injecting non-medical drugs)
- If you have a chronic skin condition like eczema or psoriasis, have regular medical check-ups and seek quick treatment for flare ups



Hand washing

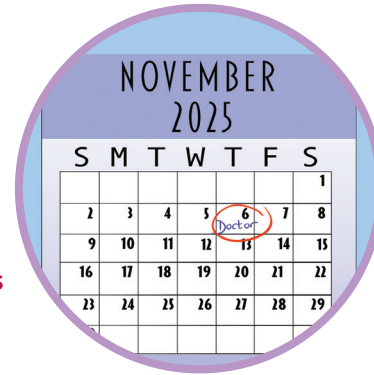
Regular and thorough handwashing can prevent the spread of bacteria and other germs.

Be alert for infections

Seek help if you have any symptoms of infection or endocarditis (see above).

Attend your follow up appointments

Do your best to keep your appointments with your cardiologist or heart surgeon.



How is endocarditis treated?

To treat endocarditis, patients typically need a course of antibiotics lasting several weeks. These are given either through a drip into a vein, or as tablets. The medication kills the bacteria, giving the heart valves a chance to heal. Once the infection is under control, you may be able to finish your treatment at home.

If the infection is severe, the heart valve is significantly damaged, or the antibiotic does not work well enough, you may need surgery to repair or replace the affected valve.

Your healthcare team will monitor your condition closely and ensure your treatment plan matches your specific needs.

Although endocarditis is serious and may be life-threatening, many patients can be cured. The most important thing is to seek medical attention quickly.

Any questions or comments?

If you have any comments about this leaflet (good or bad), then please contact office@nwhearts.org.

NW Hearts Charity always welcomes feedback about how we are doing and how we might improve.

Unfortunately, NW Hearts Charity can't answer questions about your own health situation.

V1, Oct 2025

Disclaimer: NW Hearts Charity hopes that anyone reading this information finds it helpful. However, this is general information and does not replace medical advice, diagnosis or treatment. Please speak to your healthcare professional if you have any questions about your health. So far as is permitted by law, NW Hearts Charity does not accept liability in relation to the use of any information published by us.



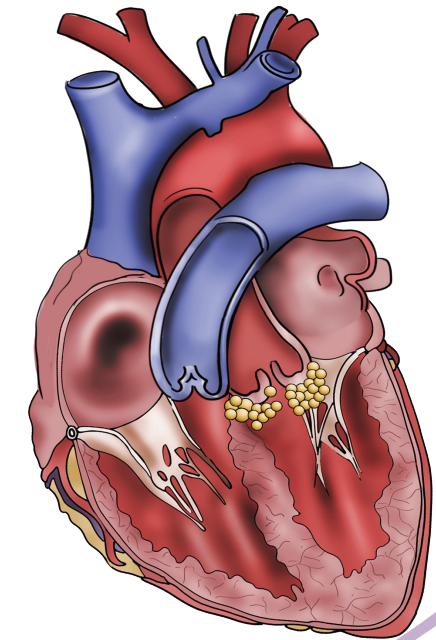
Patient information leaflet developed by NW Hearts Charity

You can support us with a donation by using this QR code:



Find out more about us at: <https://www.nwhearts.org>

Reg. Charity no. 1194189



Infective Endocarditis

Patient information leaflet



NW Hearts Charity

Your heart · Your charity

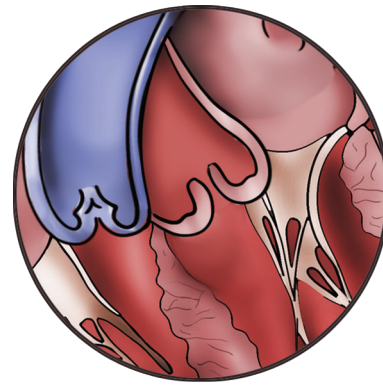
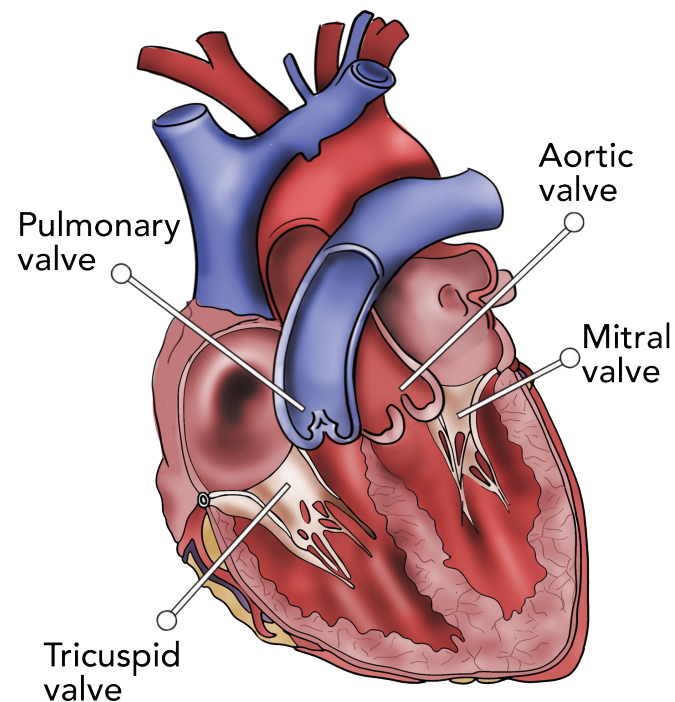
This leaflet explains the causes and symptoms of infective endocarditis and what actions to take if you experience them. It also explains how to reduce the risk of endocarditis developing in the future.

What do the heart valves do?

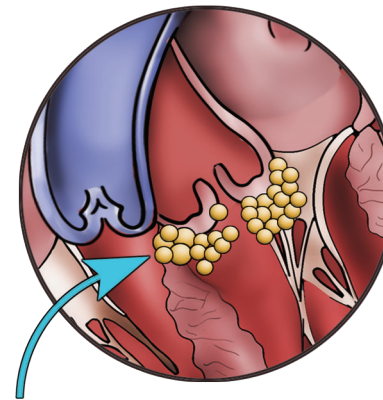
Imagine your heart is like a building with four important doorways. These doorways are the heart valves and their job is to make sure that blood enters and exits at the right time and in the right direction.

Each valve acts like a swing door that only opens one way. When they work normally, the valves help blood to flow smoothly through the heart's chambers without leaking back in the wrong direction.

There are 4 valves in the heart; the mitral, tricuspid, aortic and pulmonary valves.



Normal aortic valve



Infection on the valve caused by endocarditis

What is infective endocarditis?

Infective endocarditis is an infection of the heart valves. When the heart valves get infected, they can be damaged, and become leaky or narrowed.

Endocarditis is a rare but potentially life-threatening infection. It affects 1 person in 10,000 each year.

Most patients recover, but quick diagnosis and treatment are crucially important.

How does infective endocarditis happen?

If germs get into the bloodstream, it is possible, although rare, for them to attach to the heart valves.

Sometimes, only a small number of germs are sufficient for the condition to develop. Doctors may not be able to tell where the germs came from and how they entered the bloodstream.

There are many possible ways:

- Through your mouth, especially if your teeth are not in good condition. Some dental procedures can increase the risk of infection
- Through a break in your skin, even this is small or unnoticeable. This can happen through the process of tattooing, piercing, acupuncture and needle drug use. It can also occur in people who have areas of skin damage due to conditions like eczema
- Through medical devices inside the body such as a urinary catheter
- Through your gut. If this is suspected, your doctor may arrange tests to look for undiagnosed gut problems.

What are the symptoms and signs of endocarditis?

Infective endocarditis symptoms can be vague which may make it hard for doctors to know what is wrong at first.

The symptoms include:

- unexplained fever or chills
- viral or flu-like symptoms
- night sweats
- a new stroke
- feeling very tired
- joint or muscle aches
- weight loss without trying to lose weight, or loss of appetite
- breathlessness
- swelling in your legs or abdomen
- a new or changing heart murmur

How is endocarditis diagnosed?

Your healthcare professional may arrange the following tests:

- Blood tests: these can help confirm the presence of infection and look for the type of bacteria involved
- ECG (a recording of the heart's electrical activity)
- Echocardiogram (a scan of the heart's structure and function using ultrasound)
- A transoesophageal echocardiogram (TOE). Please see the NW Hearts Charity leaflet on TOE for further details.
- A chest x-ray
- A PET-CT scan: a whole body scan which is able to spot the presence of infection elsewhere in the body.

When should I ask for help?

If you have a fever for no obvious reason or any of the other symptoms described above which last longer than a week, contact your GP urgently, especially if you have been previously told you are at a higher risk of endocarditis.

Describe your symptoms to the doctor and also tell them if you have had any dental, medical or cosmetic procedures recently. If you have previously been told you are at a higher risk of endocarditis, you should also tell them this.

Am I at a higher risk of endocarditis?

You may be at a higher risk of endocarditis if you have:

- a previous heart valve replacement or repair
- a problem with your heart valve and have not had surgery
- previous endocarditis
- certain heart conditions that you were born with (called congenital heart disease).
- a mechanical heart pump (called a ventricular assist device)

If you are at higher risk, your healthcare team may give you antibiotics before you have certain dental procedures (like a tooth extraction) to reduce the risk of endocarditis.