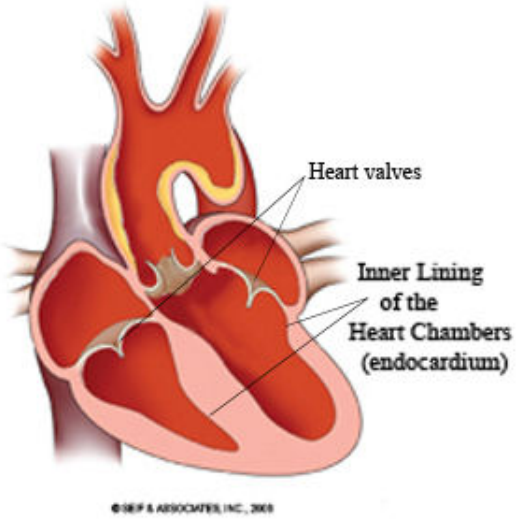
Infective Endocarditis

Infective endocarditis is an infection of the inner layer of heart (*endocardium*) or the heart valves. An endocarditis infection is caused by many things, including viruses, bacteria or fungi that enter your bloodstream. If left untreated, endocarditis can cause other problems, which may include:

- Heart valve damage.
- Blood clots (*embolism*).
- Irregular heartbeat (*arrhythmia*).
- Heart failure.



CAUSES

Surgery, dental work and IV drug abuse can allow bacteria or fungi to enter the bloodstream. Once in the bloodstream, bacteria can attach to the inner lining of the heart or heart valves, causing infection.

SYMPTOMS

- Fever and chills.
- Skin rashes.
- Heart murmurs.
- Spleen enlargement.
- Unexplained weight loss.
- Shortness of breath.
- Blood in urine.
- Lethargy and fatigue.
- Sudden weakness in face, arms, legs (possible stroke).
- Night sweats.

DIAGNOSIS

- Endocarditis may be suspected if your caregiver hears a heart murmur, observes certain skin rashes, or there are changes in your eye exam.
- Tests include:
  - Blood work.
  - TTE (transthoracic echocardiogram): A TTE uses sound waves to produce images of the heart. A hand-held device is placed on the chest and transmits sound waves. These sound waves bounce off the heart to produce images that help your caregiver detect heart damage.
  - TEE (transesophageal echocardiogram): For a TEE, a flexible tube is passed down your throat and into the *esophagus* (the swallowing tube that connects the mouth to the stomach). Because the esophagus is close to the heart, a TEE allows different images of the heart to be obtained. This type of procedure requires sedation.

WHO IS AT RISK FOR INFECTIVE ENDOCARDITIS?

- Those with a history of endocarditis.
- People with artificial (*prosthetic)* heart valves.
- Cardiac transplant patients with valve disease.
- People with congenital heart disease, including:
  - Those with unrepaired congenital heart defects.
  - Those with a congenital heart defect repaired with prosthetic materials. Within the first 6 months of the procedure, you are still at risk for infection. After 6 months, talk to your caregiver about your special needs.
  - Those who have had surgery to correct the defect but with some remaining problems at the site of repair.

PREVENTION

For people at risk, *antibiotics* (medicines that kill germs) should be given before a procedure to prevent infection. Some conditions pre-treated with antibiotics are:

- Dental procedures, like teeth cleaning or surgery.
- Surgery involving the lungs, abdomen, or urinary system.

TREATMENT

- Intravenous (IV) antibiotic treatment may be needed for several weeks to treat endocarditis.
- Surgery may be needed to remove the infected tissue in the heart.
- Surgery to repair valve damage.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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