Our Cardiologists
Adelaide Cardiology provides an extensive range of cardiac services and subspecialties ensuring that patients have access to the complete range of cardiac care within our Practice.

John Sangster
Echocardiography

Robert Waltham
Echocardiography

Peter Steele
Interventional

Joseph Montarello
Interventional

Michael Brown
Interventional, Non-invasive Cardiac Imaging (CT, MRI)

Glenn Young
Electrophysiology

Daniel Cehic
Electrophysiology

Enzo DeAngelis
Interventional, Cardiac Transplant

Peter Sage
Interventional

Stephen Worthley
Interventional, Non-invasive Cardiac Imaging (CT, MRI)

Patrick Disney
Echocardiography, Grown up Congenital Heart Disease

Karen Teo
Non-invasive Cardiac Imaging (CT, MRI)

Dimitrios Lypourlis
Electrophysiology

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Locations
City & Suburbs
270 Wakefield Street
Adelaide SA 5000
St Andrew's Clinic
349 South Terrace
Adelaide SA 5000
Modbury Clinic
71 Smart Road
Modbury SA 5092
Calvary Clinic
1st Floor, Calvary Hospital
89 Strangways Terrace
North Adelaide SA 5006

Regional
Angaston Hospital
29 North Street
Angaston 5353
Bridge Clinic
8 Standen Street
Murray Bridge 5253
Broken Hill Base Hospital
Thomas Street
Broken Hill 2880
Clare Medical Centre
Old North Road
Clare 5453
Victoria Road
Medical Centre
16 Victoria Road
Clare 5453
Gawler Health Services
21 Hutchinson Road
Gawler 5118
Manumur Medical Centre
Parker Street
Manumur 5238
Wallaroo Hospital
Ernest Terrace
Wallaroo 5556
The changes are based upon the following set of data:

- Efficacy of antibiotic prophylaxis for infective endocarditis has never been shown in a randomized trial.
- Few cases of infective endocarditis are now secondary to oral Streptococcus and Staphylococcus (often acquired from nosocomial infection or IV drug use) is now the most common pathogen.
- Daily oral activities (tooth brushing, chewing) cause transient streptococcal bacteremia, resulting in annual cumulative exposure thousands to millions of times greater than that caused by tooth extraction.
- A direct link between routine dental procedures and infective endocarditis has never been proven, and the associated bacteremia is up to four orders of magnitude below that needed to cause infective endocarditis.
- Amoxicillin is not 100% effective in preventing bacteremia in dental extraction.
- For many (47% in one French series), infective endocarditis arises in the absence of previously documented cardiac disease.

Antibiotic prophylaxis is now recommended only for patients who have:

- Prosthetic (mechanical or bioprosthetic) cardiac valves in situ.
- A history of previous infective endocarditis.
- Unrepaired cyanotic congenital heart disease (CHD).
- Repaired CHD with residual shunts.
- Repaired CHD within the previous six months.
- Valvular regurgitation following cardiac transplantation.

In such high risk patients, it is appropriate for all dental procedures involving manipulation of gingival tissue or the periapical region of teeth, or perforation of oral mucosa.

Genito-urinary and gastrointestinal procedures (transoesophageal echo, esophagogastro-duodenoscopy, colonoscopy etc) do not warrant prophylaxis even in high risk patients unless active infection is present.

Respiratory tract procedures needing incision or biopsy of the mucosa probably do warrant antibiotic prophylaxis in high risk patients.

When administered, antibiotic prophylaxis should be in the form of Amoxicil 2gm orally, one hour before dental procedures, or 1gm IV just before the procedure, or Clindamycin 600mg orally in penicillin sensitive patients.

Antibiotic prophylaxis is no longer indicated in adolescents and young adults with congenital or acquired native heart valve disease, nor in patients who develop valve diseases such as aortic stenosis, mitral stenosis or mitral valve prolapse.

These guidelines represent a huge departure from prior recommendations and emphasize the need for an evidence based approach to infective endocarditis prophylaxis.

It is to be expected that doctors changing their practice will encounter established expectations in patients with most forms of valvular heart disease.

Detailed antibiotic prophylaxis guidelines separately targeting dentists and doctors are available upon request from Adelaide Cardiology.