According to guidelines issued by the American Heart Association (AHA), antibiotic prophylaxis solely to prevent infective endocarditis in patients with valvular heart disease is no longer recommended for patients who undergo a gastrointestinal (GI) or genitourinary (GU) procedure, including patients with the highest risk of adverse outcomes due to infective endocarditis (1,2). Consequently, antibiotic prophylaxis is no longer recommended for women having major or minor gynecologic procedures, including women with valvular heart disease (e.g., mitral valve prolapse). The change in guidelines was based on the following observations:

- The cases of infective endocarditis temporally associated with a GI or GU procedure are anecdotal.
- No published data demonstrate a conclusive link between GI and GU procedures and the development of infective endocarditis.
- No studies exist that demonstrate that the administration of prophylactic antibiotics prevents infective endocarditis in association with GI or GU procedures.
- There has been a dramatic increase in the frequency of antimicrobial resistant strains of enterococci (the only bacteria among the varied flora found in the GI and GU tracts likely to cause infective endocarditis) to penicillins, vancomycin, and aminoglycosides (the antibiotics recommended in previous AHA guidelines), casting further doubts about the efficacy of antibiotic prophylaxis for GI and GU procedures.