

ANTIBIOTIC PRESCRIPTION SURVEY

Q1 - Non-surgical extraction by odontotomy of an infraoccluded primary molar in an 11-year-old patient. Negative history for systemic diseases.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q2 - Non-surgical extraction of 2.4 with destructive caries in a 56-year-old patient. Absence of acute and/or chronic periapical inflammatory lesions. Arterial hypertension under treatment.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q3 - Non-surgical extraction of 2.6 with mobility of grade 3 in 88-year-old patient. ASA II, antiplatelet therapy, arterial hypertension under treatment.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q4 - Non-surgical extraction of 3.4 and 3.5 in a 75-year-old patient. Absence of acute and/or chronic periapical inflammatory lesions. Arterial hypertension under treatment and well-controlled type 2 diabetes.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q5 - Non-surgical extraction of three root remnants of monoradicular teeth in a 57-year-old patient. At x-ray, two root remnants present periapical granuloma. History of myocardial infarction, dyslipidemia, BMI > 35, antiplatelet therapy, arterial hypertension under treatment.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q6 - Non-surgical extraction of five root remnants (1.5, 1.3, 2.2, 2.4, 2.6) in a 68-year-old patient. Absence of acute and/or chronic periapical inflammatory lesions. Negative history for systemic diseases.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q7 - Surgical extraction of 4.8 in complete bone impaction in a 25-year-old patient. Negative history for systemic diseases.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q8 - Insertion of one endosseous implant in the mandibular molar region with conventional technique (open flap) in a 54-year-old patient. Negative history for systemic diseases.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q9 - Non-surgical extraction of 1.4 and 1.5 in 55-year-old patient with metabolic syndrome. Absence of acute and/or chronic periapical inflammatory lesions. Pre-operative blood glucose: 160 mg/dL.

- a) No antibiotic therapy
- b) Broad-spectrum antibiotic in a single dose 1 hour before surgery
- c) Broad-spectrum antibiotic 1 hour before surgery + post-operative for 5 days
- d) Broad-spectrum antibiotic from 24/48 hours before surgery + post-operative for 3/4 days
- e) Broad-spectrum antibiotic for 5/7 days after surgery

Q10 - 17-year-old patient reports continuous mild pain for 2 days at the level of 3.8 in partial osteo-mucosal impaction. No fever. Upon physical examination, the pericoronal tissues are erythematous and edematous, without purulent exudate.

- a) Broad-spectrum antibiotic for 5 days and anti-inflammatory/analgesic drugs as needed
- b) Local antiseptics (chlorhexidine), anti-inflammatory/analgesic drugs and oral hygiene instructions; if after 3 days there is no remission of the symptoms, then I prescribe a broad-spectrum antibiotic for 5 days
- c) I wait for spontaneous remission of symptoms; if after 3 days there is no remission of the symptoms, then I prescribe a broad-spectrum antibiotic for 5 days
- d) Immediate surgical extraction of the tooth and post-operative broad-spectrum antibiotic for 5 days

Q11 - 54-year-old male patient presenting with a fluctuating swelling, of about 7 mm diameter, on the buccal gingiva of 2.6. No dental mobility. Presence of sulcular suppuration upon palpation; vestibular probing depth at three sites: 9-8-9 mm; no fever, no lymphadenopathy.

- a) Abscess drainage from the pocket through manual and ultrasonic scaling
- b) Abscess drainage from the pocket through manual and ultrasonic scaling followed by broad-spectrum antibiotic for 5 days
- c) Broad-spectrum antibiotic prescription for 5 days followed by manual and ultrasonic scaling
- d) Other (short answer)

Q12 - Non-surgical extraction of 3.5 with coronal-root fracture in a 62-year-old patient. Osteoporosis treated for 11 years with bisphosphonate (sodium alendronate by mouth, 70 mg once a week) suspended for 30 days. Negative history for other systemic diseases.

- a) Local antiseptics (0.2% chlorhexidine) and broad-spectrum antibiotic therapy in a single dose 1 hour before surgery

- b) Local antiseptics (0.2% chlorhexidine) and polypharmacological antibiotic therapy (amoxicillin + metronidazole) pre-operative 2/3 days before surgery + post-operative for 5/7 days
- c) Local antiseptics (0.2% chlorhexidine) and post-operative polypharmacological antibiotic therapy (amoxicillin + metronidazole) for 5/7 days
- d) Local antiseptics (0.2% chlorhexidine) and polypharmacological antibiotic therapy (amoxicillin + metronidazole) pre-operative from 1 day before surgery + post-operative for 5/7 days
- e) I refer the patient to a specialized hospital

C1 - Do you perform a professional oral hygiene session before non-surgical extractions?

- a) Always, even with no visible plaque and calculus deposits.
- b) Only in case of abundant plaque and calculus deposits
- c) Not always, even in case of abundant plaque and calculus deposits
- d) Never

C2 - "Poor oral hygiene and low patient compliance may indicate postoperative antibiotic coverage". Do you agree with this statement?

- a) Yes
- b) No

C3 - "The insertion of haemostatic materials (fibrin sponges, collagen, etc.) in the post-extraction socket and the application of sutures always require postoperative antibiotic coverage". Do you agree with this statement?

- a) Yes
- b) No

C4 - Do you think post-operative antibiotic coverage is useful in case of ridge preservation procedures by grafting bone substitutes in the post-extraction socket?

- a) Yes
- b) No

C5 - Do you consider useful post-operative antibiotic coverage in case of non-surgical extractions of teeth with periapical granuloma?

- a) Yes
- b) No

C6 - Have you ever prescribed an antibiotic prophylaxis that you did not consider strictly necessary?

- a) Yes
- b) No

C7 - If you answered "Yes" to the previous question, what reasons led you to prescribe the antibiotic anyway (select one or more answers)

- a) Request/insistence by the patient
- b) Persistent post-operative pain
- c) To avoid possible disputes or complaints by the patient
- d) Impossibility to visit the patient
- e) To perform an exclusion diagnosis
- f) Apprehensive patient
- g) Other

C8 - Have you attended refresher courses and/or read scientific papers specifically on the correct use of antibiotics in dentistry in the last 2 years?

- a) Yes

b) No

C9 - Are you informed about the antibiotic resistance phenomenon and the antibiotic prescribing appropriateness?

- a) Yes, I feel very informed
- b) I am quite informed, but I feel the need to further master this issue
- c) I think I am not adequately informed

C10 - How widespread do you think is the problem of inappropriate antibiotic prescription in the dental field?

- a) Not so widespread
- b) Medium widespread
- c) Very widespread
- d) Extremely widespread
