

## **HEART TRANSPLANTATION**

Abbott Northwestern Hospital  
800 East 28<sup>th</sup> Street at Chicago Ave, Suite 230  
Mail stop 33230  
Minneapolis, MN 55407-3799  
612 863-5638

From: Clinical Transplant Coordinator

Re: Dental Protocol for Transplantation

In preparation for heart transplantation, it is necessary to have a thorough dental examination and completion of recommended dental intervention. The goal is to eliminate potential sources of infection, making transplant as safe as possible for the patient.

Please return the attached two-part form to the Abbott Northwestern Transplantation Program via mail or fax. The transplant program recommends the patient follows a schedule advised by his/her dentist or at a minimum every six months.

- I. Transplant Evaluation
  - A. Dental examination
  - B. Panorex X-rays
  - C. Any periapical X-rays needed on bitewings
  - D. Prophylaxis and home care instructions (scaling and polishing)
  
- II. Work to be Completed Before Time of Admission for Transplant
  - A. Restorations necessary
  - B. Evaluation and treatment/removal of:
    1. Teeth with periapical lesions
    2. Carious teeth with exposures
    3. Hyper-erupted teeth
  - C. Third molars:
    1. Boney or partial boney impactions may be left alone
    2. Tissue impactions should be removed
    3. Hyper-erupted 3<sup>rd</sup> molars should be removed
  - D. Periodontal disease – Evaluation and treatment/removal of teeth with:
    1. Furcation involvement
    2. Infection
    3. Over 6 mm pockets
    4. Mobility
  - E. Ill-fitting dentures should be relined with soft material if possible

Please call us with any questions at 612-863-5638.

Thank you,

Transplant Team

**Initial Examination:**

Dentist name: \_\_\_\_\_

Dental office: \_\_\_\_\_

Please return to:  
Department of Transplantation 33230  
Abbott Northwestern Hospital  
800 E. 28<sup>th</sup> Street  
Minneapolis, MN 55407  
Phone: 612-863-5638  
Fax: 612-863-3646

Patient \_\_\_\_\_ Date of exam: \_\_\_\_\_

Exam findings and recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next appointment \_\_\_\_\_

Dental Clinic \_\_\_\_\_ Dentist Signature \_\_\_\_\_

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**Follow-Up Examination:**

Please return to:  
Department of Transplantation 33230  
Abbott Northwestern Hospital  
800 E. 28<sup>th</sup> Street  
Minneapolis MN 55407  
Phone: 612-863-5638  
Fax: 612-863-3646

Patient \_\_\_\_\_ Date of exam: \_\_\_\_\_

Exam findings and recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Next appointment: \_\_\_\_\_  
Dental Clinic \_\_\_\_\_ Dentist Signature \_\_\_\_\_