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FROM THE DESKS OF  
DAVID L MELLMAN MD &  
JEANNETTE GUERRASIO MD

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January 15, 2021

To Our Patients,

We have had a few busy and frustrating weeks. We are as upset about the vaccine role out as you are. I can promise you that ALL of the staff have been fully invested in communicating with our government officials, regional hospital leadership, have requested vaccines, are continuing to research sites to get vaccinated and communicating what we know to our patient community. Thank you to Kris, Nancy, Karen, Sarah, Anna, JJ and Kelly. They have worked tirelessly 24/7 without batting an eye to chase the latest opportunity to increase your chances of getting vaccinated. We are still trying to get vaccines at our office.

Colorado Public Radio has recently put together a great website about getting vaccinated that consolidates all of the possible resources:  
<https://www.cpr.org/2021/01/06/coronavirus-colorado-vaccine-guide-appointments/>

Colorado.gov also has more helpful information that in the past:  
<https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans>

#### Next Zoom Session

Topic: COVID 19 and Vaccine Updates

Date: November 4, 2021 at 7pm

Zoom link:

<https://us02web.zoom.us/j/7203202061?pwd=eUpVd1pEaDFZSGJaZEs4S1RoV1NtUT09>

Meeting ID: 720 320 2061

Passcode: 123456

#### Office Updates

As you would imagine, we have been receiving more calls and emails than usual and are fully prepared to answer them all. Unfortunately, they have been coming in on numerous different phone lines, at least 6 different email accounts, through texts, and the portal and it is making it more difficult for us to keep track of them all. This has increased the chances of a call being missed. **If you do not receive a call back from us the day you reach out to us, then we didn't get the message.** The staff responds within an hour to the main line. If you called the main office number and don't hear back with in 1 hour, call back. Dave and I take longer to respond because we are seeing patients all day and try to call between patients, at lunch or at

the end of the day. We will respond to all messages before we go to bed. The best ways to reach us are:

- The main office number: 720 320 2061 ext #2, please do not call on our back lines we don't check those as often.
- The portal: this goes directly to our electronic medical record and pops up on Dave's and my computer screen immediately.
- E-mail: [Mellmanstaff@coloradocme.com](mailto:Mellmanstaff@coloradocme.com); [David@coloradocme.com](mailto:David@coloradocme.com); [Jeannette@coloradocme.com](mailto:Jeannette@coloradocme.com); we answer email once every 24 hours.

Dave and I don't mind direct phone calls or texts on our personal lines, but they are more likely to get buried or lost given the number of calls we get in a day and they are not secure or private. Also, if we are not on call, we may be in the mountains temporarily without cellphone access... yes, taking the dogs on a hike or snowshoe.



#### Patient Contributions:

This is good cartoon! Charles Schultz also said, "Don't worry about the world coming to an end today. It's already tomorrow in Australia."



#### Antibiotic Prophylaxis before Procedures

One of our patients asked, "Should joint surgery patients take antibiotics before dental visits indefinitely?" Here's the long answer:



Prophylactic or preventative antibiotics are required for some patients prior to procedures. Patient who already have joint replacements DO NOT need antibiotic prophylaxis, but all active infections should be treated promptly. There is no evidence to suggest that patients with orthopedic hardware undergoing procedures should receive antibiotics. Specifically, researchers have looked at the risks of dental, urologic, and gastrointestinal procedures. While orthopedic physicians occasionally make this recommendation, it is not supported by the American Academy of Orthopedic Surgeons.

When are prophylactic or preventative antibiotics required prior to procedures?

Everybody

- At the start of major surgery to prevent bacteria that normally live on the skin from infecting the wound or deeper tissues

Patients with:

- Prosthetic heart valves
- Prosthetic material in their heart from valve repair
- Prior history of infective endocarditis
- Unrepaired cyanotic congenital heart disease
- Repaired congenital heart disease with residual shunts or valvular regurgitation
- Repaired congenital heart defects with catheter-based intervention involving an occlusion device or stent during the first six months after the procedure
- Valve regurgitation due to a structurally abnormal valve in a transplanted heart

Going to for:

- Dental procedures that involve manipulation of either gingival tissue or the periapical region of teeth or perforation of the oral mucosa; this includes routine dental cleaning.
- Procedures of the respiratory tract that involve incision or biopsy of the respiratory mucosa
- Gastrointestinal (GI) or genitourinary (GU) procedures in patients with ongoing GI or GU tract infection
- Procedures on infected skin, skin structure, or musculoskeletal tissue
- Surgery to place prosthetic heart valves or prosthetic intravascular or intracardiac materials

If you are having surgery, the surgeon will choose the antibiotics you require prior to surgery. Dave and I will make recommendation in your pre-operative evaluation, if you require something other the standard antibiotic (cefazolin).

Once Dave and I determine that you need antibiotics, the choice of antibiotics is determined by your allergy history and the type of procedure that you will be having. For dental or respiratory tract procedures, the preferred regimen is oral amoxicillin 2 grams, unless you have a penicillin allergy. For those with a penicillin allergy, cephalexin, clindamycin or azithromycin will work. For respiratory tract procedures involving incision or biopsy, the regimen should include an anti-staphylococcal penicillin, like dicloxacillin, or cephalosporin, like cefazolin or ceftriaxone. No antimicrobial prophylaxis is needed for gastrointestinal or genitourinary procedures. However, in patients with active gastrointestinal or genitourinary tract infection, antimicrobial therapy to prevent associated wound infection or sepsis should include an agent active against enterococci such as amoxicillin or ampicillin. Patients with skin or musculoskeletal infections undergoing procedures should receive antimicrobial therapy with activity against staphylococci and beta-hemolytic streptococci, like dicloxacillin.

#### Questions for Dave and I

##### **1. Does Fosamax cause hair loss?**

Hair thinning is a very, very rare side effect of Fosamax. Fosamax is a bisphosphonate used to strengthen bone in people with osteopenia and osteoporosis. I still feel strongly that the benefits of Fosamax outweigh the risks for most patients.

##### **2. Why did I have such a reaction to my 2<sup>nd</sup> shingle vaccine?**

About 50% of patients experience a 24 hour flu-like illness after receiving their second Shingrix to prevent shingles. This occurs as the body is mounting an immune response to the vaccine and is actually a good sign. Expect the same after the second COVID vaccine. You may experience a strong reaction to the first COVID vaccine if have the COVID 19 illness, as it will be the second exposure to which your body will have to build an immune response.

Remember you can no longer reply to this email. Instead, email me at [Jeannette@coloradocme.com](mailto:Jeannette@coloradocme.com). We look forward to getting everyone vaccinated as quickly as possible!

Here's to 2021!

*Jeannette and Dave*

David L Mellman MD & Jeannette Guerrasio MD

David L Mellman MD, PLLC

P.S.

To all my friends,  
thanks for staying  
through thick and thin..  
and all my dog pictures..

[adogslove.com](http://adogslove.com)

