

2011 Perioperative Antimicrobial Prophylaxis Guidelines for Adults Inpatient and Outpatient

Surgical Category	Pre-op Antimicrobial Agent	Comments
Gastrointestinal surgery		
<i>Biliary Tract, gastroduodenal, Appendectomy (not perforated), colorectal</i>	Cefotetan 2g IV x 1 or Cefazolin 2g IV x 1 plus metronidazole 500mg IV x 1	For cephalosporin- or severely penicillin-allergic patients: metronidazole 500mg IV x 1 plus gentamicin 2mg/kg x 1 (max 250mg)
Gastrointestinal - medical		
<i>PEG insertion</i>	Cefazolin 2g IV x 1	For cephalosporin- or severely penicillin-allergic patients: gentamicin 2mg/kg IV x 1 (max 250mg) plus vancomycin
Orthopedic		
<i>With prosthetic material or total joint replacement, ORIF, open fracture management, spine surgery</i>	Cefazolin 2g IV x 1	Many clean procedures, including arthroscopy, without prosthetic material do not require prophylaxis. For cephalosporin- or severely penicillin-allergic patients, or MRSA (+), use vancomycin.
Podiatry / Orthopedics		
<i>Osteotomy, arthrodesis, open fracture management</i>	Cefazolin 2g IV x 1	For cephalosporin- or severely penicillin-allergic patients, use vancomycin
Vascular/ Cardiac / Thoracic		
<i>Thoracic only with lung, bronchial or esophageal incision</i>	Cefazolin 2g IV x 1	For cephalosporin- or severely penicillin-allergic patients, or MRSA (+), use vancomycin.
Cardiac - medical		
<i>Pacemaker procedures</i>	Cefazolin 2g IV x 1	For cephalosporin- or severely penicillin-allergic patients, or MRSA (+), use vancomycin.
Head and Neck		
<i>With prosthetic material</i>	Cefazolin 2g IV x 1	Most clean procedures without prosthetic material do not require prophylaxis.
<i>Clean-contaminated (mucous membrane incision), mandibular fracture repair</i>	Cefazolin 2g IV x 1 plus metronidazole 500mg IV x 1	For cephalosporin- or severely penicillin-allergic patients: clindamycin 900mg IV x 1 plus gentamicin 2mg/kg IV x 1 (max 250mg)
Neurosurgical		
<i>Including spine</i>	Cefazolin 2g IV x 1	For cephalosporin- or severely penicillin-allergic patients, or MRSA (+), use vancomycin.
Ob/Gyn		
<i>Cesarean delivery with active labor or premature rupture of membranes; Hysterectomy; Urogyn procedures with vaginal incision / prosthesis</i>	Cefazolin 2g IV x 1 or Cefotetan 2g IV x 1	Administer prior to skin incision, including C-section. For cephalosporin- or severely penicillin-allergic patients: clindamycin 900mg IV x 1 plus gentamicin 2mg/kg IV x 1 (max 250mg)
Urology		
<i>Transrectal prostate biopsy</i>	Ciprofloxacin 400mg IV x 1 or Cefotetan 2gm IV x 1	Alternative: metronidazole 500mg IV x 1 plus gentamicin 2mg/kg IV x 1 (max 250mg) in lieu of cefotetan
<i>Penile prostheses</i>	Cefazolin 2gm IV x 1 plus gentamicin 2mg/kg IV x 1 (max 250mg) or Unasyn 1.5gm IV x 1	For cephalosporin- or severely penicillin-allergic patients, use vancomycin.
<i>Epididymal surgery</i>	Cefazolin 2g IV x 1	For cephalosporin- or severely penicillin-allergic patients, use vancomycin.

Comments:

- Pre-op antibiotics must be started within 60 minutes of incision; for vancomycin or ciprofloxacin, within 120 minutes of incision.
Vancomycin dose is 1 gram, or 1.5 gram if patient weight is over 100kg. *Vancomycin must be infused over 60-90 minutes.*
- For patients with known or likely colonization with MRSA, or previous MRSA infection, vancomycin should be used.
- For procedures where cefazolin or Unasyn is administered, a repeat dose should be given if procedure lasts >3 hrs; >4hrs for cefotetan.
- Post-operative doses are generally not needed. If given, they should be limited to a single dose, or less than 24 hours post-op.**