GYNAECOLOGICAL AND UROGYNAECOLOGICAL SURGERY:

ANTIBIOTIC PROPHYLAXIS FOR

Antibiotics should be given prior to gynaecological and uro-gynaecological surgery or procedures to prevent surgical site infection when the reproductive tract is entered or there is likely to be contamination of the peritoneal cavity from the vagina.

INDICATIONS
Antibiotic prophylaxis is recommended for the following gynaecological surgical procedures
- Abdominal / vaginal hysterectomy
- Laparoscopic assisted vaginal hysterectomy
- Uro-gynaecological procedures

PRE OPERATIVE CONSIDERATIONS
- Before hysterectomy, screening for bacterial vaginosis (BV) and treatment, if detected, reduces BV- associated cuff infection.

ANTIBIOTIC REGIMEN

1. Cephazolin 2g IV (as a single dose) at the time of induction (consider a repeat intraoperative dose for procedure > 4 hours).
   PLUS
   Metronidazole 500mg IV (as a single dose), ending the infusion as the time of induction.

2. For patients with immediate penicillin hypersensitivity use
   - Clindamycin 600mg IV (as a single dose), before skin incision (must be given as infusion over a minimum of 20 minutes).
   PLUS
   Gentamicin 5mg / kg IV (as a single dose) before skin incision.

For patients at risk of MRSA infection (see eTG complete, antibiotic, surgical prophylaxis: general principles, when should vancomycin prophylaxis be considered?)
- Vancomycin 25mg / kg up to 1.5 g IV, ending the infusion at the time of induction.
REFERENCES (STANDARDS)


National Standards – 3 Preventing and Controlling Healthcare Associated Infections
4. Medication Safety

Legislation - Nil
Related Policies – WNHS Policy W093 ANTIMICROBIAL STEWARDSHIP AT KING EDWARD MEMORIAL HOSPITAL (KEMH)
Other related documents – Nil

RESPONSIBILITY

Policy Sponsor: AMS
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