

THE DISPENSE AND ADMINISTRATION OF AN ALTERNATE DRUG PRODUCT MUST BE DEEMED ACCEPTABLE BY THE PHARMACY & THERAPEUTICS COMMITTEE.

- This document is used to support best practices for administration of surgical antibiotic prophylaxis.
- If history of severe or life-threatening allergic reaction to the preferred antibiotic, then give alternative antibiotic.
- Initial antibiotic dose for all drugs must be started within one hour prior to incision except Vancomycin AND Fluoroquinolones, which must be started within 2 hours prior to incision because of the prolonged infusion time required for these drugs (TCHHN policy 2.43.127)
- The National Surgical Infection Prevention (SIP) project mandates that prophylactic antibiotics not be extended beyond 24 hours of the end of the operation.
- CMS requirements are indicated with an asterisk (*).
- Gentamicin dosing is based on ideal body weight unless the patient is 20% above their IBW; then, an adjusted dosing weight is used: Dosing weight (kg) = IBW + [0.4 x (ABW – IBW)].
- All antibiotics indicated are given intravenously, unless otherwise noted.
- Shaded procedures are screened for MRSA colonization. If positive, use Vancomycin 15 mg/kg dosing based on actual body weight; maximum dose of 2g.

Type of Procedure	Preferred First Line Use		Alternative if allergy to Preferred Antibiotic	
	Pre-Op	Interop Redosing	Pre-Op	Interop Redosing
Genitourinary:				
 Bladder sling* Brachytherapy Laparoscopic Procedures Nephroureterectomy Robotic Prostatectomy Nephrectomy (open) Penile procedures Scrotal procedures Grotal procedures Epididymal cystectomy Spermatocele Variocele 	Cefazolin 2 g	Cefazolin 2 g every 4 hrs	Levofloxacin 750 mg	Not Recommended
 Cystectomy Perineal Prostatectomy Procedures involving bowel Penile Prosthesis * Interstim 	Cefuroxime 1.5 g Gentamicin 5 mg/kg PLUS	Cefuroxime 1.5 g Cefazolin 2 g every 4 hrs	Metronidazole 500 mg PLUS Levofloxacin 750 mg Clindamycin 900 mg PLUS	Not Recommended Clindamycin 900 mg every 6 hrs
Percutaneous Renal Surgery	Cefazolin 2g Cefazolin 2 g	Cefazolin 2 g every 4 hours	Gentamicin 5 mg/kg Clindamycin 900 mg PLUS Gentamicin 5 mg/kg	Clindamycin 900 mg every 6 hrs
 Bladder Biopsy Cystoscopy with manipulation Hydrodistension Lithotripsy Prostate Vaporization Retrograde pyelogram Transrectal Prostate Biopsy* TURP, TURBT Ureteroscopy 	Levofloxacin 750 mg (IV or po)	Not Recommended	Cefuroxime 1.5 g	Cefuroxime 1.5 g
CystoscopyVasectomy	No antibiotics recommended			

References

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Wolf Jr, JS, Bennett, CJ, Dmochowski, RR et.al. Best Practice Policy Statement on Urologic Surgery Antimicrobial Prophylaxis 2008. (Revised 2011)

The Christ Hospital Health Network Policy 2.43.127 – Perioperative Antibiotic Dosing.

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