OB/GYN ANTIMICROBIAL PROPHYLAXIS GUIDELINES

The goals of surgical prophylaxis are:

1) To prevent postoperative surgical site infections
2) To prevent postoperative morbidity and mortality
3) To produce no adverse effects
4) To have no adverse outcomes on the microbial flora of the patient or the hospital

A variety of sources have been reviewed. Our recommendations represent a summary of these sources, as well as previous practice at this institution for patients with sterile urine at the time of procedure:

Timing for all procedures: The preop dose of antibiotic should be administered within 30 minutes prior to incision for cefazolin. If the elapsed time from the end of administration until the incision is >90 min, the drug should be redosed.

Hysterectomy, abdominal, vaginal and laparoscopically assisted

Organisms:

Vaginal hysterectomy: wide variety of gram positive and gram negative aerobes and anaerobes which colonize the vagina including staphylococci, streptococci, enterococci, lactobacilli, diptheroids, E. coli, anaerobic streptococci, Bacteroides species, and Fusobacterium species.
Abdominal hysterectomy: More commonly skin flora: staphylococci and streptococci.

Recommendation:

Cefazolin 2 gm IV x 1 dose within 30 minutes before skin incision.

Alternative if:
Life-threatening allergy to cephalosporins or penicillin – Clindamycin 600 mg IV x 1 dose.

Cesarean section:

Organisms:

Post –op endometritis: Vaginal microflora including aerobic and anaerobic streptococci, enterococci, staphylococci, enteric gram negative bacilli and anaerobic gram-negatives such as Bacteroides species and Fusobacterium species.
Post-op wound infection: Staph aureus, streptococci, Enterobacteriaciae

Recommendation:

Cefazolin 2 gm IV x 1 dose **immediately after clamping umbilical cord**

Alternative if:
life-threatening allergy to cephalosporins or penicillin – Clindamycin 600 mg IV x 1 dose.

Gynecologic oncology procedures:

Procedures covered: tumor resection that is more extensive than usual hysterectomy, any procedure involving GI tract.

Recommendation:

Cefazolin 2 gm IV x 1 dose within 30 minutes before skin incision
Metronidazole 500 mg IV X 1 dose within 30 minutes before skin incision

Alternative if:
life-threatening allergy to cephalosporins or penicillin
Clindamycin 600 mg IV x 1 dose.

Hysterosalpingography and sonohysterography:

Recommendation:

Doxycycline 100 mg BID for 5 days (first dose at least 2h prior to procedure, when possible)
Only if:

- Prior history of PID
- Diagnosis of hydrosalpinx on study

Dilatation and Evacuation for termination

Recommendation:

Doxycycline 100 mg > 2hrs prior to the procedure (may be given night before)
and
Doxycycline 200 mg postoperatively in the PACU

Redosing for ALL procedures listed above:

Antibiotic	Intraop dose
Cefazolin	2 gm IV q4h
Clindamycin	600 mg IV q8h
Metronidazole	500 mg IV q6h

- **Maximum duration of antibiotics (including pre and intraop doses) is 24 hours.** Postop doses are not recommended without evidence of infection (i.e. purulence) noted in the OR.
- If major blood loss, patient will require redosing.

Procedures for which NO antibiotic prophylaxis is indicated:

- Dilatation and curettage, other than D&E for termination
- Endometrial biopsy
- Hysteroscopy
- IUD insertion
- Laparoscopy
- Laparotomy, other than for hysterectomy
- Urodynamics

References

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