

# Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: Gastrointestinal Surgery

Antibiotics in Gastrointestinal Surgery					
Type of Surgery	Procedure	1 <sup>st</sup> Line Antibiotic	Penicillin allergy: delayed onset non-severe reaction	Penicillin allergy: immediate or severe delayed reaction	Duration
			See <a href="#">penicillin hypersensitivity section</a> for further information		
Prophylaxis in Gastro-intestinal Surgery  See <a href="#">Note Regarding Risk Factors for MRSA</a>  See Note Regarding Multi-drug Resistant Organisms ( <a href="#">MDRO</a> )	Upper GIT (e.g. oesophageal, gastro-duodenal, small-intestinal, gastric bypass)	Co-amoxiclav IV 1.2g (one dose only)	CefUROXime IV 1.5g (one dose only)	Ciprofloxacin IV 400mg (one dose only)	One dose within 60 minutes before incision.  See note below re ciprofloxacin infusion <sup>2</sup>
	Lower GIT (e.g. colon, rectum, appendix <sup>1</sup> )		+ Metronidazole IV 500mg (one dose only)	+ Metronidazole IV 500mg (one dose only)	
	Gall-bladder surgery (open)				
	Gall-bladder surgery (laparoscopic)- prophylaxis recommended for high-risk <sup>3</sup> patients only				
	Percutaneous endoscopic gastrostomy (PEG)				
	Hernia repair: antibiotic prophylaxis NOT recommended unless mesh insertion				
	Splenectomy: NOT generally recommended for procedure unless immunocompromised.				
	Post-splenectomy prophylaxis is discussed elsewhere in these guidelines (See <a href="#">Appendix 3</a> ).				
	Diagnostic laparoscopy	Prophylaxis NOT recommended			

<sup>1</sup> If appendix perforated or associated with peritonitis, treatment course may be required.

<sup>2</sup> Ciprofloxacin requires a longer time for infusion (60 minutes for 400mg IV). Therefore ciprofloxacin infusion should commence within 120 minutes before the surgical incision.

<sup>3</sup> Consider antibiotic prophylaxis for **high-risk patients** : intra-operative cholangiogram, pancreatic pseudo-cyst, immunosuppression, incomplete biliary drainage, bile spillage, conversion to laparotomy, acute cholecystitis/pancreatitis, jaundice, pregnancy (discuss choices with Microbiology), insertion of prosthetic device e.g. T-tube, primary sclerosing cholangitis, age >70years, diabetes, likely prolonged procedure.