

Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: Obstetric and Gynaecological Surgery

Antibiotics for Obstetric and Gynaecological Surgery					
Type of Surgery	Procedure	1 st Line Antibiotic	Penicillin allergy: Delayed onset non-severe reaction See Penicillin Hypersensitivity section for further information	Penicillin allergy: Immediate or severe delayed reaction	Number & Timing of Doses
Prophylaxis in Obstetric & Gynaecological Surgery See Note Regarding Risk Factors for MRSA See Note Regarding Multi-drug Resistant Organisms (MDRO)	Hysterectomy: Vaginal hysterectomy, total abdominal hysterectomy, total laparoscopic hysterectomy, transvaginal hysterectomy (vNOTE) and oophorectomy.	Co-amoxiclav IV 1.2g (one dose only)	CefUROXime IV 1.5g (one dose only) + Metronidazole IV 500mg (one dose only)	Liprofloxacin IV 400mg (one dose only) + Metronidazole IV 500mg (one dose only)	One dose within 60 minutes before incision. See note below reiprofloxacin infusion ¹ .
	Cesarean section (elective and emergency)	Co-amoxiclav IV 1.2g (one dose only)	CefUROXime IV 1.5g (one dose only) + Metronidazole IV 500mg (one dose only)	Clindamycin IV 900mg (one dose only) + Sentamicin IV one dose only, dose per LAPP App calculator (Use booking weight to calculate). If evidence of current/previous Clindamycin resistant SBS or if patient is unwell : ADD Teicoplanin IV 10mg/kg Use booking weight. Max 800mg ² (one dose only)	One dose within 60 minutes before incision.
	Operative vaginal delivery: vacuum, forceps Prophylaxis should be offered to all women as soon as possible after delivery. For detailed guideline see QPulse WAC Directorate guidelines Management of Assisted Vaginal Birth (access via Linkopolis- Applications-HCI QPulse and search CLN-LW-0067-update in progress)	Co-amoxiclav IV 1.2g (one dose only)	CefUROXime IV 1.5g (one dose only) + Metronidazole IV 500mg (one dose only)	Clindamycin IV 900mg (one dose only) + Sentamicin IV one dose only, dose per LAPP App calculator (Use booking weight to calculate). If evidence of current/previous Clindamycin resistant SBS or if patient is unwell : ADD Teicoplanin IV 10mg/kg Use booking weight. Max 800mg ² (one dose only)	One dose as soon as possible after delivery.
	Manual evacuation of placenta or ERPC (Postpartum in setting of Endometritis) For full detailed guidelines see QPulse WAC Directorate guidelines for the Manual Removal of the placenta (access via Linkopolis- Applications-HCI QPulse and search CLN-LW-0029)	Co-amoxiclav IV 1.2g (one dose only)	CefUROXime IV 1.5g (one dose only) + Metronidazole IV 500mg (one dose only)	Clindamycin IV 900mg (one dose only) + Sentamicin IV one dose only, dose per LAPP App calculator (Use booking weight to calculate). If evidence of current/previous Clindamycin resistant SBS or if patient is unwell : ADD Teicoplanin IV 10mg/kg Use booking weight. Max 800mg ² (one dose only)	One dose within 60 minutes before incision.
			If concerns patient is developing sepsis/septic shock – please see treatment of infection Sepsis section (and/or discuss with Microbiology).		
	Repair of 3 rd and 4 th degree perineal tears involving the anal sphincter/rectal mucosa. For detailed guideline see WAC directorate guidelines for the Management of 3 rd and 4 th Degree Tears (access via Linkopolis- Applications-HCI QPulse and search CLN-LW-0022)	Co-amoxiclav IV 1.2g every 8 hours for a total of 3 doses (24 hour cover)	CefUROXime IV 1.5g every 8 hours for a total of 3 doses (24 hour cover) + Metronidazole IV 500mg every 8 hours for a total of 3 doses (24 hour cover)	Clindamycin IV 900mg every 8 hours for a total of 3 doses (24 hour cover) + Sentamicin IV one dose only, dose per LAPP App calculator (Use booking weight to calculate). If evidence of current/previous Clindamycin resistant SBS or if patient is unwell : ADD Teicoplanin IV 10mg/kg Use booking weight. Max 800mg ² every 12 hours (up to maximum 2 doses)	One dose within 60 minutes before incision and continued for a total of 24 hours.
	Laparoscopy (without breach of bowel, uterine, vaginal mucosa), Dilation and curettage (D&C), Intrauterine device insertion, Cervical cerclage, Hysteroscopy, Endometrial ablation ³	Surgical prophylaxis is NOT generally recommended			
	¹ Ciprofloxacin requires a longer time for infusion (60 minutes for 400mg IV). Therefore ciprofloxacin infusion should commence within 120 minutes before the surgical incision.				
	² Discuss dosing in obese patients with Microbiology or Pharmacy.				
	³ List of procedures NOT requiring prophylaxis is not exhaustive.				
	Please see section on "Additional intra-operative doses" if Prolonged surgical procedure or major blood loss i.e. >1.5Litres.				