

Important principles of surgical prophylaxis:

- Antibiotics used must cover the common pathogens
- All drugs are given IV STAT, as a single dose at induction (less than 60 minutes before operation) unless otherwise stated. This should achieve maximum tissue concentrations at the time of surgery.
 - A single dose is sufficient in most cases unless there is blood loss of more than 1500ml during surgery, haemodilution of up to 15ml/kg or when surgery lasts for over 4 hours*. Further doses are also needed in case of contamination of site during surgery. Consult microbiologist.
 - ***Please note: Prolonged surgery is not an appropriate indication for further doses of Teicoplanin. If unsure, please contact the Antimicrobial pharmacist or Consultant Microbiologist for advice**
- Recommendations are based on national guidelines where available and local microbial sensitivities.
- An important role of these guidelines is the reduction in the use of prolonged courses of Cephalosporins as part of the control of MRSA and C.difficile infection in hospital.
- Drug levels, e.g. Gentamicin, need not be measured when given for less than 48 hours (single dose)

The appropriate use of antibiotic prophylaxis in surgery should always consider the class of operation:

- **Clean:** operations in which no infection or inflammation is encountered and the respiratory, alimentary and genitourinary tracts are not entered. There is no break in aseptic operating theatre technique
- **Clean contaminated:** operations in which the respiratory, alimentary or genitourinary tracts are entered but without significant spillage
- **Contaminated:** operations where acute inflammation (without pus) is encountered, or where there is visible contamination of the wound. Examples include gross spillage from a hollow viscus during the operation or compound/open injuries operated on within four hours.
- **Dirty:** operations in the presence of pus, where there is a previously perforated hollow viscus, or compound/open injuries more than four hours old

	Procedure	Prophylaxis aims to reduce	Antibiotic Prophylaxis (to be given < 60mins before procedure)	
			Routine	Penicillin allergy / MRSA risk
Orthopaedics	Joint Replacement (excluding hemiarthroplasty for hip fracture)	Wound / Bone infection	Antibiotic loaded cement is recommended in addition to IV antibiotics <ul style="list-style-type: none"> • Flucloxacillin 1g IV • PLUS Gentamicin 160mg IV • <u>Post-op:</u> Flucloxacillin 1g IV at 6, 12 & 18 hours 	Antibiotic loaded cement is recommended in addition to IV antibiotics <ul style="list-style-type: none"> • Teicoplanin 400mg IV • PLUS Gentamicin 160mg IV • <u>Post-op:</u> Not required due to long terminal half life of Teicoplanin

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

Date: 26/09/2013

FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011601

With reference to your FOI request that was received on 17/09/2013 in connection with 'Antibiotic guidelines'.

Your request for information has now been considered and the information requested is enclosed

Further information about your rights is also available from the Information Commissioner at:

Information Commissioner

Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Tel: 0303 123 1113
Fax: 01625 524510
www.ico.gov.uk

Yours sincerely

Information Governance Manager
Room 34a, First Floor, Esk House, Russells Hall Hospital, Dudley, DY1 2HQ
Email: FOI@dgh.nhs.uk

I hope you can provide me with a copy of your trust's antibiotic guidelines for elective arthroplasty(hip, knee and shoulder).

I am specifically looking for the following information:

Which antibiotic(s) are given at induction and at what dose(s)

Any further doses of prophylactic antibiotics specified by the guidelines, given in theatre or in the post-operative period.

The same information as above for patients who are penicillin allergic.

The same information as above for patients who have a previous MRSA history or those who are known to be MRSA colonized.

Please find attached information requested