**OBSTETRICS AND GYNAECOLOGY**
**CLINICAL PRACTICE GUIDELINE**

# Infections: Antibiotic prophylaxis for gynaecology and urogynaecology surgery

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| **Scope (Staff):** | Medical and nursing staff |
| **Scope (Area):** | Gynaecology services |

**This document should be read in conjunction with the Disclaimer.**

Antibiotics should be given prior to gynaecological and uro-gynaecological surgery or procedures to prevent surgical site infection when the reproductive tract is entered or there is likely to be contamination of the peritoneal cavity from the vagina.

## Indications

Antibiotic prophylaxis is recommended for the following gynaecological surgical procedures:

- Abdominal / vaginal hysterectomy
- Laparoscopic assisted vaginal hysterectomy
- Uro-gynaecological procedures

## Pre-operative Considerations

- Before hysterectomy, screen for bacterial vaginosis (BV) and treat, if detected. This reduces BV- associated cuff infection.

## Antibiotic Regimen

1. Cefazolin 2g IV within 60 min (ideally 15-30 min) prior to skin incision (consider a repeat intra operative dose for procedure > 4 hours)

   **PLUS**

   Metronidazole 500mg IV (as a single dose within 60 min (ideally 15-30 min) prior to skin incision
2. For patients with immediate penicillin hypersensitivity use:

- Clindamycin 600mg IV (as a single dose), within 60 min (ideally 15-30 min) before skin incision (must be given as infusion over a minimum of 20 minutes).

## Colonisation or infection with methicillin resistant Staphylococcus aureus (MRSA) - micro alert B or C

- For known colonised patients prior to elective surgery: Offer decolonisation therapy as per the WNHS Micro Alerts and Multi-Resistant Organisms Policy.
- For patients known to have active MRSA infection or colonisation at the time of surgery ADD vancomycin to a max dose of 1.5g. Administration of both cefazolin and vancomycin is recommended unless cefazolin is contraindicated. If cefazolin is contraindicated in a patient with known MRSA infection or colonisation, use vancomycin + metronidazole.
- Prescribe Vancomycin at the recommended rate of no greater than 10 mg/min, ideally timed to complete the infusion before surgical incision but may be commenced up to 30 minutes before the procedure, as per eTG. Recommended prophylaxis doses of vancomycin are:
  - ≤50 kg vancomycin dose = 15 mg/kg IV
  - 50-75 kg vancomycin dose= 1g IV
  - ≥ 75kg vancomycin dose= of 1.5 g, IV
- Refer to the WNHS Vancomycin Adult Medication Monograph for further information

## References and resources

1. Therapeutic Guidelines Limited. Prophylaxis: obstetric and gynaecological surgery. 2014 [cited 8/8/2018]; Version 15. Available from http://online.tg.org.au.pklibresources.health.wa.gov.au/ip/desktop/index.htm

2. WA Therapeutic Advisory Group http://www.watag.org.au/watag/docs/Surgical_Antibiotic_Prophylaxis_Guideline.pdf. Accessed 8/8/2018

3. Clifford V,Daley A. Antibiotic prophylaxis in obstetric and gynaecological procedures: a review. Aust N Z J Obstet Gynaecol. 2012 Oct;52(5):412-9

4. ACOG practice guidelines: Prevention of infection after gynaecologic proceedures. Obstet Gynaecol. 2018.131 ( 6)p1178-1179

5. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG et al. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Sys Pharm. 2013 Feb 1; 70(3):195-283.

## Related WNHS procedures and guidelines

WNHS Policy: Antimicrobial Stewardship

Pharmacy Medication Guidelines

## Related WNHS procedures and guidelines

WNHS Infection Prevention and Management Policy: Micro Alerts and Multi-Resistant Organisms

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| Keywords | Infection, antibiotic prophylaxis for gynaecological and urogynaecological surgery, antibiotic regime, antibiotic prophylaxis gynae surgery, AB prophylaxis | | | | |
| Document Owner: | Co-Directors, Obstetrics and Gynaecology Directorate | | | | |
| Author/ Reviewer | HoD Microbiology / HoD Gynaecology | | | | |
| Date First Issued: | October 2001 | Last Reviewed: | August 2024 | Review Date: | 31/08/2025 |
| Endorsed by: | Antimicrobial Stewardship Committee | | | Date: | 07/08/2024 |
| NSQHS Standards Applicable: | Std 3: Preventing and Controlling Healthcare Associated Infection | | Std 4: Medication Safety | | |
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Version History

| Version Number | Date | Summary |
|---|---|---|
| 1.0 | October 2001 | First version |
| | December 2014 | Revised version |
| | August 2018 | Cefazolin and metronidazole within 60 minutes (ideally 15-30 minutes) prior to skin incision; if penicillin allergy gentamicin removed from regimen |
| | October 2018 | Added antibiotic prophylaxis for women colonised with MRSA |
| | August 2024 | Clinical decision by Antimicrobial Stewardship Committee to extend review date by 12 months |

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

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