**Surgical Antibiotic Prophylaxis Guidelines**

**Orthopaedic Surgery (Joint Replacement)**

### PRE-OPERATIVE CONSIDERATIONS

**Drug administration**
- Preoperative IV antibiotics – should be given ≤ 60 minutes (ideally 15 to 30 minutes) before skin incision. Administration after skin incision or > 60 minutes before incision reduces effectiveness.

**Indwelling urinary catheter** – Prophylactic antibiotics are NOT required for insertion or removal of a urinary catheter unless a UTI is proven. All patients should be screened for a UTI prior to surgery and treated if appropriate.

### PROPHYLAXIS REGIMEN

<table>
<thead>
<tr>
<th>Procedures</th>
<th>First line regimen</th>
<th>Alternative (Immediate type or severe penicillin or cephalosporin hypersensitivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Total Hip Replacement (THR) or Total Knee Replacement (TKR)</td>
<td>Cephalozolin 2g IV (single dose only), inject slowly over 5 minutes</td>
<td>Teicoplanin 400mg IV (single dose only) (800mg IV for patients &gt; 80 kg), inject slowly over 5 minutes</td>
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<tr>
<td>Revision Total Hip Replacement (THR) or Total Knee Replacement (TKR)</td>
<td>If infection is suspected antibiotics should be withheld until adequate specimens are taken (at least five biopsies by Oxford Method)</td>
<td>Cephalozolin 2g IV (single dose only), inject slowly over 5 minutes</td>
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<tr>
<td>Shoulder Replacement</td>
<td>Cephalozolin 2g IV (single dose only), inject slowly over 5 minutes</td>
<td>Teicoplanin 400mg IV (single dose only) (800mg IV for patients &gt; 80 kg), inject slowly over 5 minutes</td>
</tr>
</tbody>
</table>

### MRSA COLONISATION

Patients with a history of MRSA colonisation or infection

**ADD to cephazolin:**

**Teicoplanin 400mg IV (single dose only) (800mg IV for patients > 80 kg), inject slowly over 5 minutes**

### DURATION OF PROPHYLAXIS

Prophylaxis should be no greater than 24 hours, with a single dose sufficing in most cases, even in the presence of a drain or urinary catheter. A second dose should be given intra-operatively if the procedure is longer than two half lives of the agent used (e.g. re- dose cephazolin after 4 hours). Continuing antibiotic administration is not appropriate unless infection is confirmed or suspected – modify antibiotic regimen appropriately according to treatment guidelines.

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