## PRE-OPERATIVE CONSIDERATIONS

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

**Pre-existing infections (known or suspected)** – if present, use appropriate treatment regimen instead of prophylactic regimen for procedure. Doses should be scheduled to allow for re-dosing just prior to skin incision.

## PROPHYLAXIS REGIMEN

<table>
<thead>
<tr>
<th>Procedures</th>
<th>First line prophylaxis</th>
<th>Alternative (Immediate type or severe penicillin or cephalosporin hypersensitivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthroscopic procedures and other clean procedures not involving foreign material (pins, plates, etc.) Other minor clean procedures</td>
<td>Nil recommended</td>
<td>Nil recommended</td>
</tr>
<tr>
<td>Internal fixation of hip fracture Other internal fixation</td>
<td>Cephazolin 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>
<tr>
<td>Lower limb amputation</td>
<td>Cephazolin 2g IV (single dose only), inject slowly over 5 minutes plus Metronidazole 500mg IV (single dose only) infused over 20 minutes</td>
<td>Teicoplanin 400mg IV (single dose only) (800mg IV for patients $&gt; 80$ kg), inject slowly over 5 minutes plus Metronidazole 500mg IV (single dose only), infused over 20 minutes</td>
</tr>
<tr>
<td>Spinal procedures</td>
<td>Cephazolin 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.

---

**Dr Cameron Cooke**
Director
Orthopaedic Surgery

**Prof Stephen Lynch**
Chair
Division of Surgery

**Dr David Looke**
Chair
Antimicrobial Sub-Committee

**Prof Peter Pillans**
Chair
Drug and Therapeutics Committee