Ear Nose Throat
Surgical Antibiotic Prophylaxis Guidelines

**PRE-OPERATIVE CONSIDERATIONS**

**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.

**Patients with a history of MRSA colonisation or infection**
In addition to the prophylaxis regimen below, and if not already included, **GIVE**:

- **Vancomycin 1g IV** infused over 100 minutes, (1.5g IV for patients > 80 kg infused over 150 minutes)

The infusion should be timed to end ≤ 30 minutes before incision, see Drug Administration and Timing, below.

**PROPHYLAXIS REGIMEN**

<table>
<thead>
<tr>
<th>Procedures</th>
<th>First line regimen</th>
<th>Alternative (Immediate type or severe penicillin/cephalosporin hypersensitivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear, Routine nose, Sinus and Endoscopic surgery</td>
<td><strong>Antibiotic prophylaxis is not recommended</strong></td>
<td></td>
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<tr>
<td>Tonsillectomy/Adenoidectomy</td>
<td><strong>Cephalozin 2g IV (single dose only)</strong> as a bolus over 5 minutes given 30 minutes before incision</td>
<td><strong>Vancomycin 1g IV (single dose only)</strong> infused over 100 minutes (1.5g IV for patients &gt; 80 kg infused over 150 minutes) with the infusion timed to end ≤ 30 minutes before incision.</td>
</tr>
<tr>
<td>Closed reduction of fractured nose</td>
<td><strong>Cephalozin 2g IV as a bolus over 5 minutes given 30 minutes before incision, then 8-hourly for 24 hours plus</strong> <strong>Metronidazole 500mg IV</strong> infused over 20 minutes, ending 30 minutes before incision, then a second dose 12 hours post-operatively</td>
<td><strong>Vancomycin 1g IV infused over 100 minutes (1.5g IV for patients &gt; 80 kg infused over 150 minutes) with the infusion timed to end ≤ 30 minutes before incision. Then a second dose 12 hours post-operatively plus</strong> <strong>Metronidazole 500mg IV</strong> infused over 20 minutes, ending 30 minutes before incision, then a second dose 12 hours post-operatively</td>
</tr>
<tr>
<td>Complex septorhinoplasty, neck dissection (not through mucosa)</td>
<td><strong>Cephalozin 2g IV</strong> as a bolus over 5 minutes given 30 minutes before incision, then 8-hourly for 24 hours plus <strong>Metronidazole 500mg IV</strong> infused over 20 minutes, ending 30 minutes before incision, then a second dose 12 hours post-operatively</td>
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<tr>
<td>Complex surgery with incision through oropharyngeal mucosa</td>
<td><strong>Vancomycin 1g IV infused over 100 minutes (1.5g IV for patients &gt; 80 kg infused over 150 minutes) with the infusion timed to end ≤ 30 minutes before incision. Then a second dose 12 hours post-operatively plus</strong> <strong>Metronidazole 500mg IV</strong> infused over 20 minutes, ending 30 minutes before incision, then a second dose 12 hours post-operatively</td>
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**DRUG ADMINISTRATION GUIDELINES**

- Slow IV bolus – should be given ≤ 60 minutes before skin incision (ideally at 30 minutes). Administration after skin incision or > 60 minutes before incision reduces effectiveness
- IV infusion – should be timed to end ≤ 30 minutes before skin incision

**DURATION OF PROPHYLAXIS**

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

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