PRE-OPERATIVE CONSIDERATIONS

Pre-operative screening
• Prior to hysterectomy and other major gynaecological procedures, screening for bacterial vaginosis (BV) and treatment if detected reduces BV-associated cuff infection
• Prior to termination of pregnancy screening for *Chlamydia trachomatis* and BV with appropriate treatment reduces infective complications

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 or cephalosporin hypersensitivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caesarean delivery*</td>
<td><strong>Cephazolin 2g IV</strong> (single dose only) as a bolus over 5 minutes given 30 minutes before incision</td>
<td><strong>Vancomycin 1g IV</strong> (single dose only) infused over 100 minutes (<em>1.5g IV</em> for patients &gt; 80 kg infused over 150 minutes) with the infusion timed to end ≤ 30 minutes before incision</td>
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<tr>
<td>Hysterectomy Abdominal or vaginal</td>
<td><strong>Cephazolin 2g IV</strong> (single dose only) as a bolus over 5 minutes given 30 minutes before incision plus <strong>Metronidazole 500mg IV</strong> (single dose only) infused over 20 minutes, ending 30 minutes before incision</td>
<td><strong>Vancomycin 1g IV</strong> (single dose only) infused over 100 minutes (<em>1.5g IV</em> for patients &gt; 80 kg infused over 150 minutes) with the infusion timed to end ≤ 30 minutes before incision plus <strong>Gentamicin 2mg/kg IV</strong> (single dose only) bolus over 5 minutes given 30 minutes before incision</td>
</tr>
</tbody>
</table>

### DRUG ADMINISTRATION GUIDELINES

- For maximum effect, prophylaxis should be given before incision, not after cord clamping. This does not compromise neo-natal outcomes
- 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 cephazolin); or if there is significant blood loss associated with the case (i.e.: >1500mL). Continuing antibiotic administration is not appropriate unless infection is confirmed or suspected – modify antibiotic regimen appropriately according to treatment guidelines.

*Second stage caesarean sections (requiring assistance per vagina or multiple vaginal examinations) are the exception – an extended period of prophylactic antibiotics may be warranted and should be considered on a case-by-case basis*