

Duration of Antibiotic Prophylaxis ²

Surgical procedure	Recommended maximal duration of antibiotic prophylaxis (National Position Statement)*
<ul style="list-style-type: none"> • Gastrointestinal (GI) surgery (including endoscopic GI surgery) • Obstetrics & gynaecology surgery (including caesarean section) 	Single dose
<ul style="list-style-type: none"> • Orthopaedic surgery • Vascular surgery • Neurosurgery • Thoracic surgery • Ear-nose and throat surgery • Urology • Plastic and reconstructive surgery • Cardiology – percutaneous procedures 	≤24 hours
<ul style="list-style-type: none"> • Maxillofacial surgery • Cardiac surgery • Head and neck surgery 	≤48 hours

***HSE Antimicrobial Resistance and Infection Control Team (AMRIC), the HSE Antimicrobial Stewardship Advisory Group & the National Clinical Programme for Surgery (NCPS) . A joint position statement on surgical antibiotic prophylaxis duration 2021**

- Antibiotic prophylaxis should not be continued beyond the time frames identified above on the basis that drains remain in-situ.
- Surgical prophylaxis should be distinguished from pre-emptive use of antibiotics to treat early infection e.g. perforated appendix. If infection is suspected or confirmed, the model of antibiotic prophylaxis is no longer applicable.
- An agent appropriate for surgical prophylaxis may not be optimal therapy for an established infection. Therefore, continuation of an agent as treatment may represent sub-optimal therapy. Treatment agent & duration should be as per antimicrobial prescribing guidelines or infection specialist advice.