## Waterford: Antimicrobial Guidelines - Antimicrobial Guideline: Gastrointestinal Tract

## **Gastrointestinal Tract**

| procedures  PEG Insertion  Endoscopic retrograde iolangio-pancreatograhy (ERCP)  Hernia repair  Splenectomy*  Sh  ( Gall bladder surgery (laparoscopic)  Sh        | required? 4  Not recommended  hould be considered in high risk ** patients  Not recommended unless mesh insertion.  Not recommended thould be considered in high risk | Co-amoxiclav  Co-amoxiclav  Co-amoxiclav | severe hypersensitivity reaction/anaphylaxis)  Cefuroxime + Metronidazole  Cefuroxime + Metronidazole  Cefuroxime + Metronidazole | reaction/anaphylaxis to penicillins  Gentamicin + Metronidazole  Clindamycin  Clindamycin + Gentamicin | Single dose  Single dose  Single dose |
|--|---|--|---|--|---------------------------------------|
| procedures  PEG Insertion  Endoscopic retrograde colangio-pancreatograhy (ERCP)  Hernia repair  Splenectomy*  Sh  (aparoscopic)  Sh                                | nould be considered in high risk ** patients  Not recommended unless mesh insertion.  Not recommended thould be considered in   | Co-amoxiclav                             | Cefuroxime + Metronidazole  Cefuroxime + Metronidazole Cefuroxime +   | Gentamicin + Metronidazole  Clindamycin  Clindamycin +   | Single dose                           |
| procedures  PEG Insertion  Endoscopic retrograde colangio-pancreatograhy (ERCP)  Hernia repair  Splenectomy*  Sh  (aparoscopic)  Sh                                | nould be considered in high risk ** patients  Not recommended unless mesh insertion.  Not recommended thould be considered in   | Co-amoxiclav                             | Metronidazole  Cefuroxime +  Metronidazole  Cefuroxime +  | Metronidazole  Clindamycin  Clindamycin +  | Single dose                           |
| PEG Insertion  PEG Insertion  Endoscopic retrograde clolangio-pancreatograhy (ERCP)  Hernia repair  Ur  Splenectomy*  Sh ( Gall bladder surgery (laparoscopic)  Sh | Not recommended unless mesh insertion.  Not recommended thould be considered in   | Co-amoxiclav                             | Metronidazole  Cefuroxime +  Metronidazole  Cefuroxime +  | Metronidazole  Clindamycin  Clindamycin +  | Single dose                           |
| Endoscopic retrograde polangio-pancreatograhy (ERCP) Hernia repair  Splenectomy*  Sh  Gall bladder surgery (laparoscopic) Sh                                       | Not recommended unless mesh insertion.  Not recommended thould be considered in   | Co-amoxiclav                             | Metronidazole  Cefuroxime +  Metronidazole  Cefuroxime +  | Metronidazole  Clindamycin  Clindamycin +  | Single dose                           |
| Endoscopic retrograde iolangio-pancreatograhy (ERCP)  Hernia repair  Splenectomy*  Sh  Gall bladder surgery (laparoscopic)  Sh                                     | Not recommended inless mesh insertion. Not recommended hould be considered in   |  | Cefuroxime + Metronidazole Cefuroxime +   | Clindamycin Clindamycin +  | Ü                                     |
| Splenectomy*  Gall bladder surgery (laparoscopic)  Stockhold (laparoscopic)  | Inless mesh insertion.  Not recommended hould be considered in  |  | Metronidazole<br>Cefuroxime +   | Clindamycin +  | Ü                                     |
| (ERCP)  Hernia repair  ur  Splenectomy*  Sh  (aparoscopic)  Sh   | Inless mesh insertion.  Not recommended hould be considered in  |  | Metronidazole<br>Cefuroxime +   | Clindamycin +  | Ü                                     |
| Splenectomy* Sh  Gall bladder surgery (laparoscopic) Sh  | Inless mesh insertion.  Not recommended hould be considered in  |  | Metronidazole<br>Cefuroxime +   | Clindamycin +  | Ü                                     |
| Splenectomy*  Sh  (aparoscopic)  Sh  | Not recommended hould be considered in  | Co-amoxiclav                             | Cefuroxime +  | 1 ' 1  | Single dose                           |
| Gall bladder surgery (laparoscopic) Sh   | hould be considered in  | Co-amoxiclav                             |   | 1 ' 1  | Single dose                           |
| Gall bladder surgery (laparoscopic) Sh   |   |  | Metronidazole   | Gentamicin   |                                       |
| Gall bladder surgery (laparoscopic) Sh   |   |  |   |  |                                       |
| Gall bladder surgery (laparoscopic) Sh   | nign risk   |  |   | 1  |                                       |
| Gall bladder surgery (laparoscopic) Sh   | (immunosuppresed)   |  |   |  |                                       |
| (laparoscopic) Sh  | patients  |  |   |  |                                       |
| (laparoscopic) Sh  | Not recommended   | Co-amoxiclav                             | Cefuroxime +  | Gentamicin +   | Single dose                           |
| Sh t   | Not recommended   | OO-amoxidiav                             | Metronidazole   | Metronidazole  | Olligie dose                          |
|  | hould be considered in  |  | Metrorildazole  | ivietionidazoie  |                                       |
| ı  | high risk*** patients   |  |   |  |                                       |
| Gall bladder surgery   | Recommended   | Co-amoxiclav                             | Cefuroxime +  | Gentamicin +   | Single dose                           |
| (open)   |   |  | Metronidazole   | Metronidazole  |                                       |
| Upper GIT:   | Recommended   | Co-amoxiclav                             | Cefuroxime +  | Gentamicin +   | Single dose                           |
| Oesophageal,   |   |  | Metronidazole   | Metronidazole  |                                       |
| astro-duodenal, gastric  |   |  |   |  |                                       |
| bypass, small bowel  |   |  |   |  |                                       |
| surgery  |   |  |   |  |                                       |
| Lower GIT^:  | Recommended   | Co-amoxiclav                             | Cefuroxime +  | Gentamicin +   | Single dose                           |
| Appendectomy,  |   |  | Metronidazole   | Metronidazole  |                                       |
| Colorectal surgery   |   |  |   |  |                                       |

Consider addition of Vancomycin if MRSA high risk/known colonisation

Alf appendix is perforated or associated with peritonitis, treatment course may be required.

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<sup>\*</sup>Please refer to Appendix 2 for post-splenectomy prophylaxis and vaccination recommendations.

<sup>• \*\*</sup>High risk: pancreatic pseudocyst, immunosupression, incomplete biliary drainage (e.g. primary sclerosing cholangitis or cholangiocarcinoma)

<sup>\*\*\*</sup>High risk: intraoperative cholangiogram, bile spillage, conversion to laparotomy, acute cholecystitis/pancreatitis, jaundice, pregnancy, immunosuppression, insertion of prosthetic devices, extremes of age, diabetes, obesity, poor nutritional state, known co-existing bacterial colonization / infections at other sites.