

Gastrointestinal Tract

GASTROINTESTINAL TRACT (GIT)					
Type of surgery	Is surgical prophylaxis required? ⁴	Prophylactic Antibiotic of choice	Penicillin allergy (NOT severe hypersensitivity reaction/anaphylaxis)	Severe hypersensitivity reaction/anaphylaxis to penicillins	Max duration of prophylaxis ²
Diagnostic endoscopic procedures	Not recommended				
PEG Insertion Endoscopic retrograde cholangio-pancreatography (ERCP)	Should be considered in high risk ** patients	Co-amoxiclav	Cefuroxime + Metronidazole	Gentamicin + Metronidazole	Single dose
Hernia repair	Not recommended unless mesh insertion.	Co-amoxiclav	Cefuroxime + Metronidazole	Clindamycin	Single dose
Splenectomy*	Not recommended Should be considered in high risk (immunosuppressed) patients	Co-amoxiclav	Cefuroxime + Metronidazole	Clindamycin + Gentamicin	Single dose
Gall bladder surgery (laparoscopic)	Not recommended Should be considered in high risk*** patients	Co-amoxiclav	Cefuroxime + Metronidazole	Gentamicin + Metronidazole	Single dose
Gall bladder surgery (open)	Recommended	Co-amoxiclav	Cefuroxime + Metronidazole	Gentamicin + Metronidazole	Single dose
Upper GIT: Oesophageal, gastro-duodenal, gastric bypass, small bowel surgery	Recommended	Co-amoxiclav	Cefuroxime + Metronidazole	Gentamicin + Metronidazole	Single dose
Lower GIT: Appendectomy, Colorectal surgery	Recommended	Co-amoxiclav	Cefuroxime + Metronidazole	Gentamicin + Metronidazole	Single dose
<ul style="list-style-type: none"> • Consider addition of Vancomycin if MRSA high risk/known colonisation • *Please refer to Appendix 2 for post-splenectomy prophylaxis and vaccination recommendations. • **High risk: pancreatic pseudocyst, immunosuppression, incomplete biliary drainage (e.g. primary sclerosing cholangitis or cholangiocarcinoma) • ***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. • ^If appendix is perforated or associated with peritonitis, treatment course may be required. 					