

# South East Acute Hospitals Surgical Prophylaxis Guidelines

Document Reference Number: ASG003 (Full document available on HCI Knowledge Portal)

Revision No : 7

Document Developed/Revised By : SE Acute Hospitals Antimicrobial Stewardship Group (ASG)

Approval Date: March 2024

Next Revision Date: March 2027

## Introduction

Surgical site infections represent one of the most common hospital acquired infections. In a May 2017 prevalence survey, surgical site infections constituted 18.1% of all healthcare acquired infection with a prevalence of 1.2% of inpatients.<sup>1</sup>

Antibiotic prophylaxis in surgery refers to the planned administration of antibiotics to a patient, who does not have confirmed or suspected infection, for the purpose of reducing the risk that the patient develops infection at the surgical site post-operatively.<sup>2</sup> In order to achieve this, appropriate antibiotics must be given at the correct time and for the appropriate duration.

**Increasing the recommended duration of antimicrobial prophylaxis does not lead to an additional reduction in surgical site infection** but it is associated with higher odds of acute kidney injury and *C. difficile* infection.<sup>3</sup> Furthermore, inappropriate use of antibiotics increases both the cost and the selective pressure that favours the emergence of resistant bacteria.

This guideline is adapted from Scottish Intercollegiate Guidelines Network (SIGN) Antibiotic Prophylaxis in Surgery<sup>4</sup> and the joint position statement on surgical antibiotic prophylaxis duration 2021 by HSE Antimicrobial Resistance and Infection Control Team (AMRIC), the HSE Antimicrobial Stewardship Advisory Group & the National Clinical Programme for Surgery (NCPS).<sup>2</sup>

This guidance is based on the best available evidence but its application must be modified by professional judgment. The final risk assessment for administration of antibiotic prophylaxis must be undertaken by the patients' doctor.