

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Gastrointestinal Surgery

Antibiotics for Gastrointestinal Surgery					
Type of Surgery	Procedure	1 st Line Antibiotic	Penicillin allergy:	Penicillin allergy:	Number & Timing of Doses
			delayed onset non-severe reaction	immediate or severe delayed reaction	
			See penicillin hypersensitivity section for further information		
Prophylaxis in Gastro-intestinal Surgery See Note Regarding Risk Factors for MRSA See Note Regarding Multi-drug Resistant Organisms (MDRO)	Upper GIT (including oesophageal, gastro-duodenal, small-intestinal, gastric bypass)	Co-amoxiclav IV 1.2g (one dose only)	CefUROXime IV 1.5g (one dose only)	Ciprofloxacin IV 400mg (one dose only)	One dose within 60 minutes before incision. See note below re ciprofloxacin infusion ²
	Lower GIT (colon, rectum, appendix ¹)		+	+	
	Gall-bladder surgery (open)		Metronidazole IV 500mg (one dose only)	Metronidazole IV 500mg (one dose only)	
	Gall-bladder surgery (laparoscopic)-prophylaxis recommended for high-risk ³ patients only				
	Pancreatic surgery				
	Percutaneous endoscopic gastrostomy (PEG)				
	Hernia repair: antibiotic prophylaxis NOT recommended unless mesh insertion				
Splenectomy: NOT generally recommended for procedure unless immunocompromised. Post-splenectomy prophylaxis is discussed elsewhere in these guidelines.					
ERCP-antibiotic prophylaxis NOT recommended unless high-risk ³ patient		Ciprofloxacin PO 750mg one dose 60 to 90 minutes prior to procedure OR Gentamicin IV one dose only, dose per GAPP App calculator, within 60 minutes before procedure.			One dose
Diagnostic laparoscopy		Prophylaxis NOT recommended			

¹ If appendix perforated or associated with peritonitis, treatment course may be required.

² Ciprofloxacin requires a longer time for infusion (60 minutes for 400mg IV). Therefore ciprofloxacin infusion should commence within 120 minutes before the surgical incision.

³ Consider antibiotic prophylaxis for **high-risk patients** : intra-operative cholangiogram, pancreatic pseudo-cyst, immunosuppression, incomplete biliary drainage, bile spillage, conversion to laparotomy, acute cholecystitis/pancreatitis, jaundice, pregnancy (discuss choices with Microbiology or Infectious Diseases), insertion of prosthetic device e.g. T-tube, primary sclerosing cholangitis, age > 70 years, diabetes, likely prolonged procedure.