BC Provincial Antimicrobial Clinical Expert Committee (PACE)

Surgical Antibiotic Prophylaxis – Adults (Obstetrics & Gynecology)

The PACE Committee has undertaken a series of reviews of surgical antibiotic prophylaxis (for adults) in all clinical settings. This series, which begins with the General Principles section, will also be accompanied by an FAQ document, to assist and provide rationale for practitioners on the latest evidence-based guidance.

OBSTETRICS AND GYNECOLOGY	
PROCEDURE	**RECOMMENDED PROPHYLAXIS**
GYNECOLOGY	
Hysterectomy / Myomectomy • abdominal • laparoscopic • vaginal *Note: For all procedures above, treat bacterial vaginosis pre-operatively if present. If found incidentally at time of surgery, treat immediately pre-op and for 7 days post-operatively*	**cefazolin 2 g IV x 1 dose** **±** **metronidazole 500 mg IV x 1 dose**
Surgical procedure for pelvic organ prolapse and/or stress urinary incontinence	**cefazolin 2 g IV x 1 dose**
Laparoscopic procedures • no entry into uterus and/or vagina	**prophylaxis not routinely indicated**
Hysteroscopy procedures • endometrial ablation procedures • endometrial biopsy	**prophylaxis not routinely indicated**
Hysterosalpingogram **Chromotubation** **High Risk:** • hydrosalpinx • peritubal adhesions • previous sexually transmitted infection	**prophylaxis not routinely recommended, unless high risk** *If high risk:* **doxycycline 100 mg BID PO x 5 days**

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PROCEDURE	**RECOMMENDED PROPHYLAXIS**
Dilatation and curettage procedures including: • diagnostic • retained products of conception	**prophylaxis not routinely indicated**
Dilatation and curettage for early pregnancy loss	Manual uterine evacuation, consider: **doxycycline 200 mg PO x 1 dose 1 hour pre-procedure** **Note:** the utility of this regimen has not been shown in the Canadian context
Surgical termination of pregnancy	**doxycycline 100 mg PO 1 h pre-op +** **200 mg PO 30 min post-op** *Alternative:* **metronidazole 500 mg PO 1 h pre-op** If high risk for acute *Chlamydia trachomatis* infection, add: **azithromycin 1 g PO 1 h pre-op**
Insertion of intra-uterine device (IUD)	**prophylaxis not routinely indicated**
Brachytherapy	**prophylaxis not routinely indicated**
OBSTETRICS	
Caesarean section **- pre-pregnancy BMI <30 kg/m^2** • elective • non-elective	**cefazolin 2 g IV x 1 dose**

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PROCEDURE	**RECOMMENDED PROPHYLAXIS**
Caesarean section **- pre-pregnancy BMI ≥ 30 kg/m^2** • elective • non-elective	**cefazolin 2 g IV x 1 dose,** then **[cephalexin 500 mg PO + metronidazole 500 mg PO Q8H] x 6 doses post-operatively** **OR** If penicillin, cephalexin or metronidazole allergic: **[cefazolin 2 g IV x 1 dose** **+** **azithromycin 500 mg IV x 1 dose] pre-op** **Note:** the utility of this regimen has not been shown in the Canadian context
3rd & 4th degree perineal tear	**[cefazolin 2 g IV x 1 dose** **+** **metronidazole 500mg PO x 1 dose]** **OR** **cefoxitin 2 g IV x 1 dose**
Operative vaginal delivery	**amoxicillin-clavulanate IV 1.2 g x 1 dose (within 1 hour of delivery)** **Alternate:** **cefazolin 2 g IV x 1 dose** **+** **metronidazole 500 mg PO x 1 dose**
Cerclage	**prophylaxis not routinely indicated** ***Note:*** *Available evidence does not support use of prophylactic antibiotics for elective or emergency cerclage*

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OBSTETRICS AND GYNECOLOGY	
PROCEDURE	**RECOMMENDED PROPHYLAXIS**
Manual removal of the placenta	**prophylaxis not routinely indicated** *Note: There is insufficient evidence for or against use of prophylactic antibiotics for manual removal of the placenta* If clinician judges: - optional: **cefazolin 2 g IV x 1 dose** OR **[cephalexin 1 g PO x 1 dose** **+** **metronidazole 500mg PO x 1 dose]**

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