



CLINICAL PRACTICE GUIDELINE

Infections: Antibiotic prophylaxis for gynaecology and urogynaecology surgery

This document should be read in conjunction with this [Disclaimer](#)

Antibiotics should be given prior to gynaecological and uro-gynaecological surgery or procedures to prevent surgical site infection when the reproductive tract is entered or there is likely to be contamination of the peritoneal cavity from the vagina.

Indications

Antibiotic prophylaxis is recommended for the following gynaecological surgical procedures

- Abdominal / vaginal hysterectomy
- Laparoscopic assisted vaginal hysterectomy
- Uro-gynaecological procedures

Pre-operative considerations

- Before hysterectomy, screen for bacterial vaginosis (BV) and treat, if detected. This reduces BV- associated cuff infection.

Antibiotic regimen

1. Cefazolin 2g IV within 60 min (ideally 15-30 min) prior to skin incision (consider a repeat intra operative dose for procedure > 4 hours).

PLUS

Metronidazole 500mg IV (as a single dose within 60 min (ideally 15-30 min) prior to skin incision

2. For patients with immediate penicillin hypersensitivity use:
 - Clindamycin 600mg IV (as a single dose), within 60 min (ideally 15-30 min) before skin incision (must be given as infusion over a minimum of 20 minutes).

Colonisation or infection with methicillin resistant *Staphylococcus aureus* (MRSA) - micro alert B or C

- For known colonised patients prior to elective surgery: Offer decolonisation therapy as per the WNHS Micro Alerts and Multi-Resistant Organisms Policy.

- For patients known to have active MRSA infection or colonisation at the time of surgery ADD vancomycin to a max dose of 1.5g. Administration of both cefazolin and vancomycin is recommended unless cefazolin is contraindicated. If cefazolin is contraindicated in a patient with known MRSA infection or colonisation, use vancomycin + metronidazole.
- Prescribe Vancomycin at the recommended rate of no greater than 10 mg/min, ideally timed to complete the infusion before surgical incision but may be commenced up to 30 minutes before the procedure, as per eTG. Recommended prophylaxis doses of vancomycin are:
 - ≤50 kg vancomycin dose = 15 mg/kg IV
 - 50-75 kg vancomycin dose= 1g IV
 - ≥ 75kg vancomycin dose= of 1.5 g, IV
- Refer to the WNHS Vancomycin Adult Medication Monograph for further information.

References



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4. ACOG practice guidelines: Prevention of infection after gynaecologic procedures. Obstet Gynaecol. 2018.131 (6)p1178-1179
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Related WNHS policies, procedures and guidelines

WNHS Policy: [Antimicrobial Stewardship](#)

Pharmacy: [Vancomycin Adult Medication Monograph](#)

Useful resources (including related forms)

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