

Surgical Antibiotic Prophylaxis Duration

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Preventing SSI

1. Good teamwork & communication
2. Keep the patient warm
3. Prophylactic antibiotics
4. Don't shave
5. Skin prep
6. Oxygenation
7. Control glucose
8. Surgical technique, stitch size
9. Antimicrobial sutures
10. Gloves, double glove, change gloves?
11. Instrument change?
12. Surgeon's attire?
13. Wound protectors
14. Negative pressure dressings
15. Surveillance
16. Staphylococcal decolonization

Prophylactic Antibiotics

Questions

- Which cases benefit?
- Which drug should you use?
- When should you start?
- How much should you give?
- **How long should antibiotics be continued?**

Antibiotic Prophylaxis Duration

Most studies have confirmed efficacy of ≤ 12 hrs.

Many studies have shown efficacy of a single dose.

Whenever compared, the shorter course has been as effective as the longer course.

The First Definitive Paper on Surgical Prophylaxis

Cephaloridine “on call” & 5 & 12 hrs later

| | <u>Ceph</u> | <u>Placebo</u> | <u>P</u> |
|------------|-------------|----------------|----------|
| GastroDuod | 32 | 36 | |
| SSI | 0 | 11 (31%) | 0.001 |
| Colorectal | 54 | 50 | |
| SSI | 4 (7.4%) | 15 (30%) | 0.001 |
| All cases | 101 | 98 | |
| SSI | 6 (6%) | 29 (29%) | 0.001 |

Multiple Subsequent Trials of Single Dose vs Placebo

Morran C, McNaught W, McArdle CS. Prophylactic co-trimoxazole in biliary surgery. Br Med J **1978**;2:462-4

Mitchell NJ, Evans DS, Pollock D. Pre-operation single-dose cefuroxime antimicrobial prophylaxis with and without metronidazole in elective gastrointestinal surgery. The Journal of antimicrobial chemotherapy **1980**;6:393-9

Geraghty J, Feely M. Antibiotic prophylaxis in neurosurgery. A randomized controlled trial. Journal of neurosurgery **1984**;60:724-6

Lewis RT, Allan CM, Goodall RG, et al. A single preoperative dose of cefazolin prevents postoperative sepsis in high-risk biliary surgery. Canadian journal of surgery Journal Canadien de Chirurgie **1984**;27:44-7

Morran CG, Thomson G, White A, McNaught W, Smith DC, McArdle CS. Wound sepsis after low risk elective cholecystectomy: the effect of cefuroxime. The British journal of surgery **1984**;71:540-2

Kune GA, Hunt RF, Jed A, Lusink C, McLaughlin S, Carson P. Wound infection in elective biliary surgery: controlled trial using one dose cephmandole. The Australian and New Zealand journal of surgery **1985**;55:19-22

Abramov D, Jeroukhimov I, Yinnon AM, et al. Antibiotic prophylaxis in umbilical and incisional hernia repair: a prospective randomised study. The European journal of surgery = Acta chirurgica **1996**;162:945-8

Duration of Prophylaxis Colorectal

| <u>Author</u> | <u>Drug</u> | <u>Duration Infection</u> | |
|----------------|--------------|---------------------------|-----|
| Törnqvist 1981 | doxycycline | 1 dose | 10% |
| | | 3 days | 19% |
| Juul 1987 | amp/metronid | 1 dose | 6% |
| | | 3 days | 6% |

Törnqvist. Brit J Surg 1981; 68: 565-8

Juul. Dis Colon Rectum 1987; 30: 526-8

Duration of Prophylaxis Joint Replacement

| <u>Author</u> | <u>Drug</u> | <u>Duration</u> | <u>Infection</u> |
|--------------------------------------------------|-----------------------|-----------------|------------------|
| Pollard 1979 (hips) | cephaloridine | 12 hours | 2.5% |
| | flucloxacillin | 14 days | 3.4% |
| Heydemann 1986 (hips and knees) | cefazolin | 1 dose | 0 |
| | | 24 hours | 1% |
| | | 48 hours | 0 |
| | | 7 days | 1.5% |

Pollard. Brit Med J 1979; 1: 707-9

Heydemann. Clin Orthopaed Rel Res 1986; 184-7

Duration of Prophylaxis: Infection and Antibiotic Resistance Risk in Cardiac Surgery

| | < 48 hr <u>Short</u> | >48 hr <u>Long</u> | <u>Odds Ratio</u> |
|-------------------|-------------------------|-----------------------|-----------------------|
| Number | 1502 | 1139 | |
| SSI | 131 (8.7%) | 100(8.8%) | 1.0 (0.8-1.3) |
| Acq Ab Res | 6% | | 1.6 (1.1-2.6) |

Harbarth. Circulation 2000;101:2916

National Surgical Infection Prevention Project - CMS

3 Performance Measures:

- 1. Antibiotic Prophylaxis given within 1 hour before incision**
- 2. Prophylactic agent consistent with published guidelines**
- 3. Discontinuation within 24 hours after the end of surgery**

Prophylaxis Literature

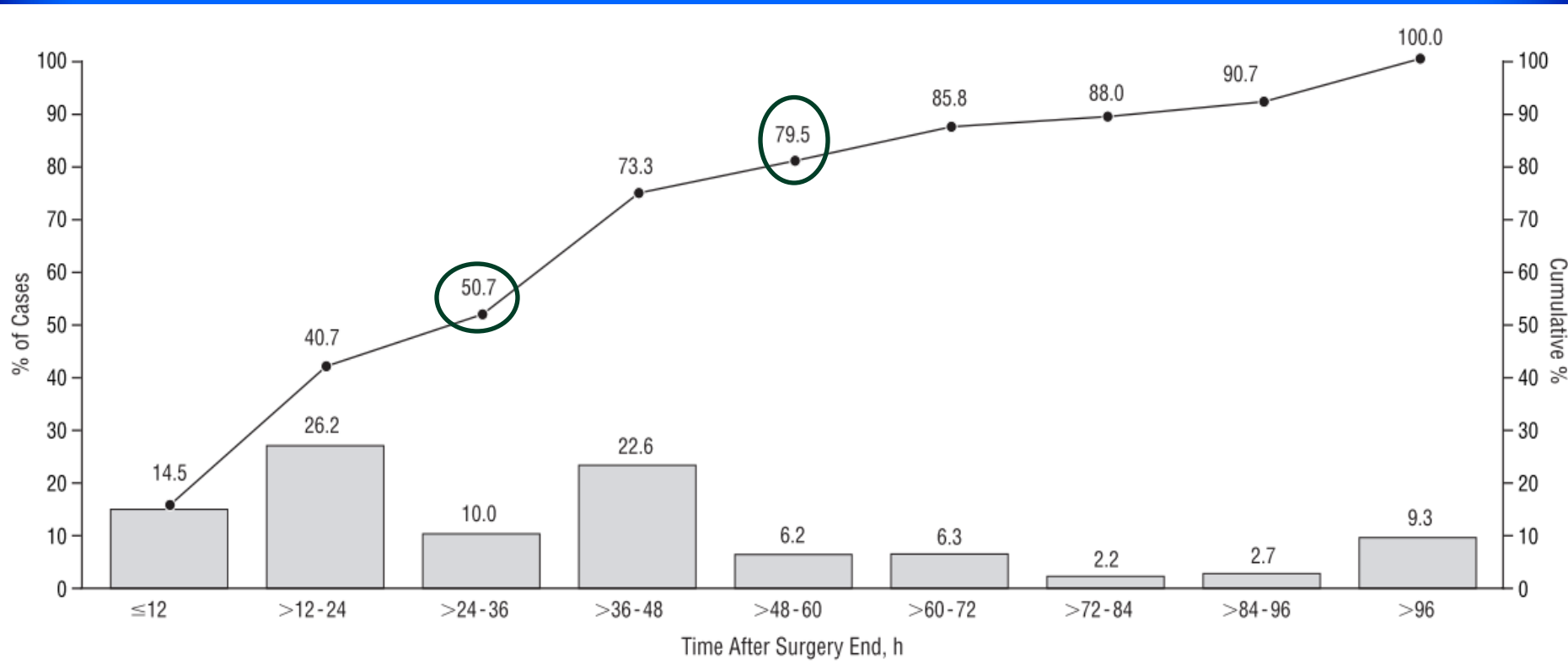
1972 - 2003

39 papers comparing varying degrees of post-op prophylaxis to pre-op & intra-op only covering:

| | | |
|-------------------------|------------------|---------------|
| Cardiac | Cholecystectomy | Hysterectomy |
| Colorectal | Cesarean section | “Gen Surg” |
| Hip fracture | Orthopedic surg | Thoracic |
| Appendectomy (non perf) | | Urologic surg |

Random Sample of 34,133 CMS Patients in 2001

Proportion Discontinued after Surgery



Bratzler. Arch Surg 2005; 140: 174-82

Prophylaxis Literature 2007 - 2019

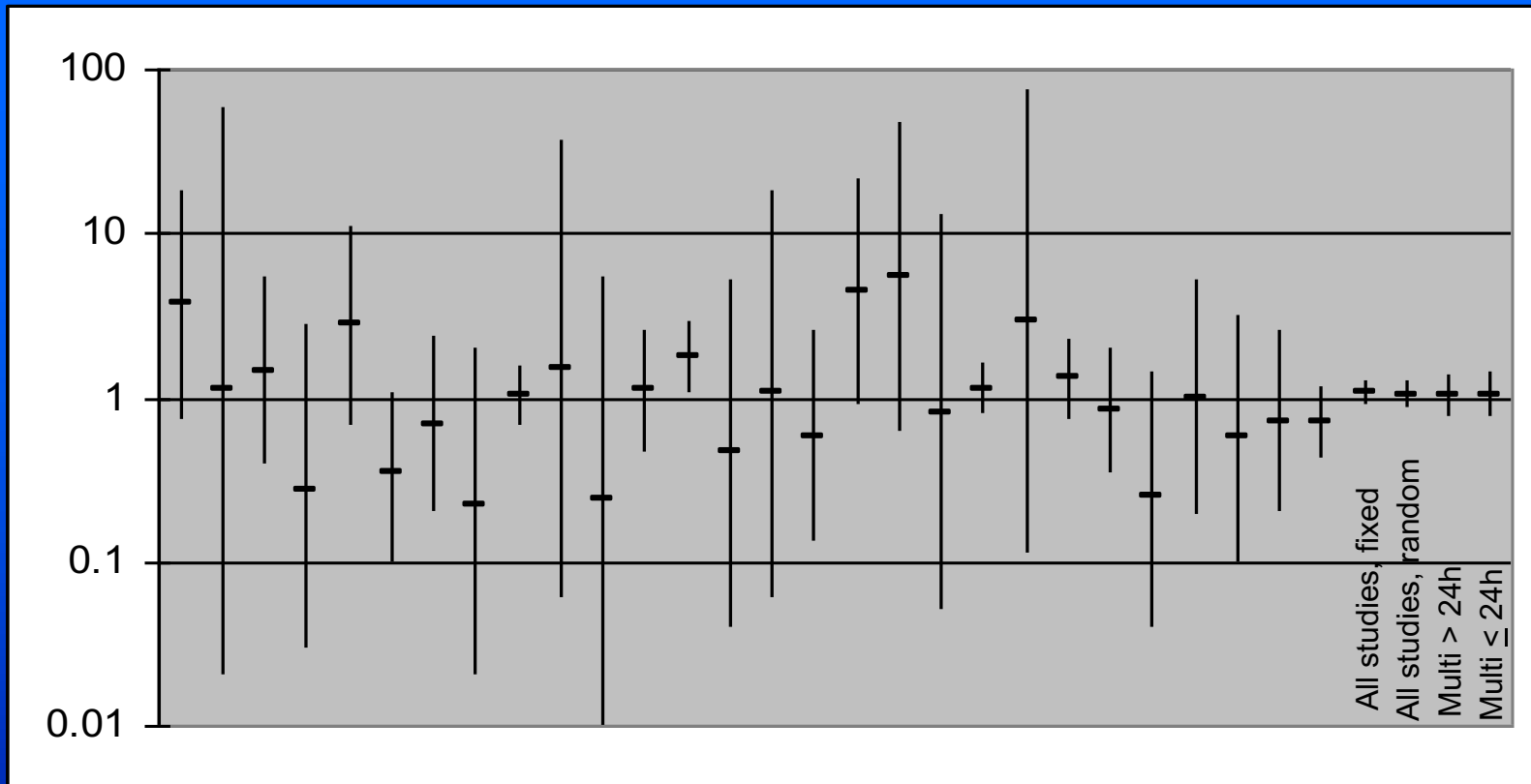
15 papers reporting durations greater than 24 hours up to 5 day post-op:

| | | |
|-------------|-------------------|------------|
| Cardiac | Hepatic resection | Gynecology |
| Colorectal | Neurosurgery | “Gen Surg” |
| Head & Neck | Orthopedic surg | |

Single vs Multiple Dose Surgical Prophylaxis: Systematic Review

Favors multiple dose

Favors single dose



Most Recent SSI Prevention Guidelines

World Health Organization-WHO (Allegranzi B, Zayed B, Bischoff P, et al. New WHO recommendations on intraoperative and postoperative measures for surgical site infection prevention: an evidence-based global perspective. Lancet Infect Dis 2016;16:e288-e303.)

Centers for Disease Control-CDC (Berrios-Torres SI, Umscheid CA, Bratzler DW, et al. Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017; JAMA Surg 2017;3.)

“Surgical antibiotic prophylaxis administration should not be prolonged after completion of the operation.”

Meta-Analysis for WHO

52 papers, 19,273 patients, SSI rates

No postop doses 5.76%

Postop doses 5.05%

**24 papers, 9170 patients, first dose within
60 minutes of incision & intra-op
redose for twice $T_{1/2}$ duration, SSI rates**

No postop doses 4.1%

Postop doses 4.2%

Number of Prophylaxis Doses and *C. difficile*

Cardiac, Colon, Hysterectomy,
Vascular, Craniotomy, Arthroplasty

| Number of Doses | Odds Ratio for <i>C. difficile</i> |
|--------------------|---------------------------------------|
| 1 | 1 |
| 2-5 | 1.7 |
| >5 | 2.6 |

Carignan. Clin Inf Dis 2008;46:1838-43

Number of Doses & *C. difficile*

| Duration of Prophylaxis | Odds Ratio for <i>C. difficile</i> | Odds Ratio for <i>C. difficile</i> |
|-------------------------|------------------------------------|------------------------------------|
| | Nephrectomy | Cystectomy |
| 1 day | 1 | 1 |
| > 1 day | 3.79 | 1.64 |

Calvert. J Urology. 2014;192:425-9

Discontinuation of Post Op Antibiotics for Ventricular Drains

| | Before | After | Prob |
|------------------------------------------------|-------------|---------------------------|------------------|
| C. diff/1,000 Pt Days in Neuro ICU | 1.97 | 0.51 | <0.004 |
| C. diff/1,000 Pt Days Neurosurg Svc | 1.18 | 0.55 | <0.05 |
| Cefazolin doses/1,000 Pt Days | | Reduced by 50% | |

Dellit. Infect Control Hosp Epidemiol 2014;35:589-90

Duration of Prophylaxis and *C. difficile* – CABG

Prophylaxis \geq 2 days

Odds Ratio = 1.43 (1.07 – 1.92)

Poeran. J Thoracic Cardiovasc Surg 2016; 151: 589-97

Duration of Prophylaxis and *C. difficile*

Ortho, Neurosurg, Gen Surg, Trauma

| Duration of Prophylaxis | Odds Ratio for <i>C. difficile</i> | Prob |
|-------------------------|------------------------------------|---------|
| ≤ 24 hrs | 1 | |
| > 24 hrs | 3.38 (1.16-9.90) | <0.03 |

Bernatz. Infect Control Hosp Epidemiol. 2017;38:1254-7

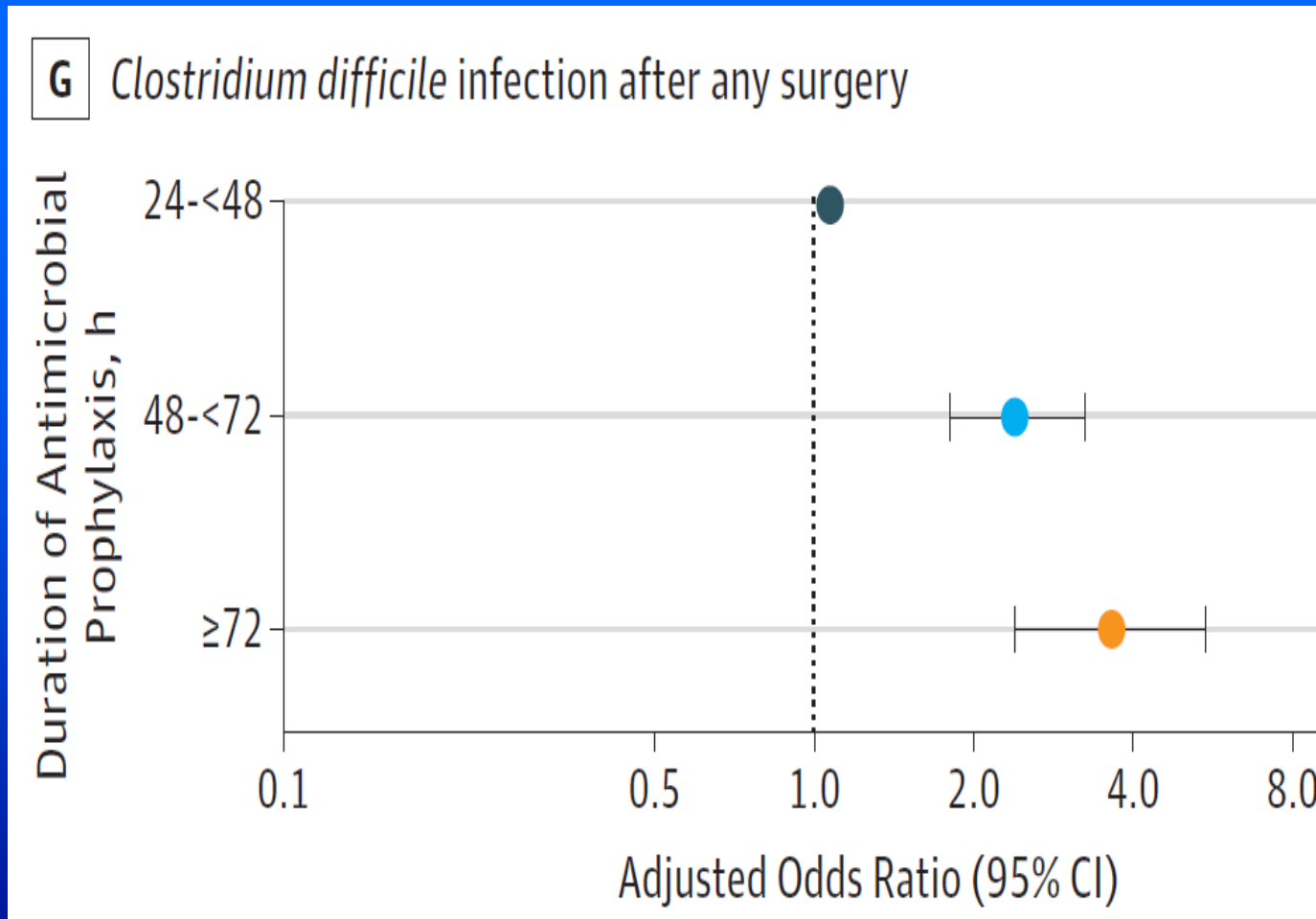
Duration of Prophylaxis and *C. difficile* – Cardiac Surgery

| Duration Prophylaxis | Odds Ratio for <i>C. difficile</i> | Prob |
|----------------------|------------------------------------|--------|
| 0 – 24 hrs | 0.692 | |
| 24 – 48 hrs | 1.0 (ref) | 0.0001 |
| > 48 hrs | 10.03 | |

Kirkwood. J Thoracic Cardiovasc Surg 2018; 155: 670-8

Prophylaxis Duration & *C. difficile*

Cardiac, Ortho, Vascular, Colorectal, Hysterectomy



Branch-Elliman. JAMA Surg 2019; 154:590-8

Prophylactic Antibiotics

1. Risk is reduced for all procedures. Benefit depends on baseline risk and morbidity of SSI
2. Choose a drug that is effective against bugs that show up in SSI for that procedure
3. If you're going to give some, give a lot
4. Give it very shortly before the procedure
5. Repeat for long cases (2 half-lives)
6. Stop when the operation is over

Happy to Take Questions

Happy to share references

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