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Preoperative Antibiotic Prophylaxis

Scenario

- 36 year-old man
- progressive MS
- referred by orthopaedics service for preoperative antibiotics (O.R. scheduled tomorrow)

History

- diagnosed with MS 5 years ago
- has had several acute flairs, including 2 episodes of optic neuritis treated with pulse corticosteroids
- long-standing urinary retention, left arm tremor
- intermittent self-catheterization
- has had recurrent urinary tract infections
- no other medical problems
- NKDA
- has been taking cephalexin x 21 days for an infected heel ulcer and mild leg cellulitis
- scheduled to undergo elective lumbar surgery (discectomy)

Physical

- looks generally well and medically stable
- H&N, resp, cardiac and abdominal exams normal
- left CN VI palsy
- lower limb spasticity; power 3/5 on left and 4/5 on right
- diminished vibration and joint position sensation on left
- cerebellar left arm tremor
- mild coccygeal skin erythema from decubitus pressure, but no overt skin breakdown
- no evidence of active cellulitis (i.e. clinically healed)

Laboratory

- CBC, electrolytes, renal function normal
- Urinalysis: 2+ WBCs and 1+ RBCs

What are your recommendations?



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Preventing Surgical Infections

- ❖ antibiotics should be used in all clean-contaminated surgeries
- ❖ preoperative antibiotics should be bactericidal and should be given ~60 min preoperatively
- ❖ following the “pre-op protocol” may not always be best for the patient--think about local flora
- ❖ there is no rationale or evidence for continuing “prophylactic” antibiotics post-operatively
- ❖ there is no need to give antimicrobial prophylaxis to protect remote joint prostheses