

# Orthopaedics

Antibiotic prophylaxis



Beter voor elkaar



Dear patient,

You have had surgery for the placement of an artificial prosthesis. In order to prevent infection in that artificial joint, it is important that, under certain circumstances, you are temporarily protected with penicillin or a comparable antibiotic.

**A these circumstances include:**

- 1 Dental procedures, such as some root canal treatments, the removal of tartar and the extraction of teeth and molars;
- 2 Surgery or internal procedures;
- 3 wounds;
- 4 Festering wounds, boils or blood poisoning;
- 5 other infections.

In the above situations, it is advisable to remind, if necessary, your consulting physician or dentist of your hip or knee prosthesis.

**B Furthermore, if you have a fever for more than a couple of days, you must consult your family doctor and give him this brochure.**

**C Upon admittance to a hospital, you must not forget to report that you have an artificial joint (prosthesis).**

**Orthopaedists Ikazia Hosptial**

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## **This text is intended for your consulting physician.**

Dear Colleague,

### **Preventions of infections with hip or knee prosthesis.**

In patients with a total hip or knee prosthesis, it is possible that an infection can develop in the prosthesis, even after years with no complications. There is a great chance that this infection originates via a bacteraemia. It is, therefore, important that these patients are given prophylaxis with certain procedures:

- I**
  - a. procedures in the oral cavity and the upper airways.**
  - b. arthrogram of joint (in the case of culturing, administer immediately after puncture).**

Augmentin 3x625 mg in one dose per os, 1 hour before procedure, or Bicillin 1.2 million units i.m. (this is 300.000 E Na-penicillin + 900.000 E procaine) to be given 30–60 minutes before the procedure.

- c. arthrogram of a prosthesis.**

Augmentin 2x 625 mg immediately after the puncture and then 3x 625 mg every 6 hours.

In the case of an allergy for penicillin or treatment with penicillin in the 7 days preceding the procedure:

Clindamycin 600 mg per os, 1 hour before the procedure.

- II**
  - a. surgical procedure on the gastrointestinal tract or the urogenital tract.**
  - b. diagnostic and instrumental procedures on the urogenital tract, when it is infected.**

(adjust prophylaxis as needed to the sensitivity of the cultured micro-organism).

### **c. diagnostic procedures with biopsy in the gastrointestinal tract.**

Amoxicillin 1 gram i.m. or i.v. plus gentamycin 3 mg/kg i.m. or i.v. 30–60 minutes before the procedure and Amoxicillin 1 g i.v. 6 hours after the procedure.

In case of allergy to penicillin:

Vancomycin 1 gram as i.v. in 1 to 2 hours, 1–2 hours before the procedure plus gentamycin 3 mg/kg i.m. or i.v., 30–60 minutes before the procedure.

### **III Procedure in infected tissue such as incision of a skin abscess and faeces from a boil.**

Flucloxacillin 2 gram per os 30–60 minutes before the procedure  
Flucloxacillin 1 gram per os 6 hours after the procedure.

This prophylaxis can also be administered via i.v. or i.m., if necessary.

In case of allergy to penicillin:

Clindamycin 600 mg per os, 1 hour before the procedure.

### **IV Infections;**

**Patients** with infection, such as for example, skin infections, otitis, or organ infections (pneumonia, pyelonephritis, cholecystitis, etc.) should be treated with antibiotics in good time and with extra care.

The choice of the antibiotic and the duration of use are determined by the nature of the suspected cause.

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