



CLINICAL GUIDELINE

Interventional Cancer Care Pain Services

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

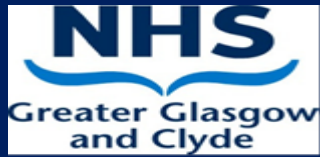
Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	4
Does this version include changes to clinical advice:	Yes
Date Approved:	24 th August 2024
Date of Next Review:	31 st August 2027
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Approval Group:	Antimicrobial Utilisation Committee

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



Antibiotic Prophylaxis for Interventional Cancer Care Pain Services

Single dose, IV prophylaxis \leq 60 minutes prior to skin incision/ intervention.
See [Principles of Surgical Prophylaxis \(1039\) | Right Decisions \(scot.nhs.uk\)](#)

MRSA: decolonise prior to procedure as per NHS GGC infection control guidelines.

CPE carriers: If identified as Carbapenamase producing Enterobacteriales (CPE) carriers contact microbiology.

Procedure	Recommended Antibiotic	Prolonged Surgery > 4 or > 8 hours
Insertion of Trial Infusion and Insertion of Permanent Infusion device Percutaneous Cervical Cordotomy	400 mg IV Teicoplanin Give 400 mg teicoplanin by slow intravenous injection over 3-5 minutes.	No repeat dosing of teicoplanin.