

CLINICAL GUIDELINE

Ear Nose and Throat (ENT) Surgery: Antibiotic Prophylaxis in Adults

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:	7	
Does this version include changes to clinical advice:	Yes	
Date Approved:	27 th August 2024	
Date of Next Review:	28th February 2027	
Lead Author:	Ysobel Gourlay	
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.



NHS Greater Glasgow and Clyde Recommendations for ENT surgical antibiotic prophylaxis

Single dose, IV prophylaxis \leq 60 minutes prior to skin incision/ intervention.

For advice or re-dosing antibiotic in operations > 4 hours and operations where there is > 1500 ml blood loss see Principles of Surgical Prophylaxis (1039) | Right Decisions (scot.nhs.uk)

Teicoplanin

• Give **teicoplanin** by slow intravenous injection over 3-5 minutes.

MRSA: decolonise prior to procedure as per NHS GGC infection control guidelines and discuss with microbiology re antibiotic choice.

CPE carriers: For those patients who have been identified as CPE (carbapenemase producing enterobacteriaceae) carriers, contact microbiology

Weight > 100 kg

Increase the dose of co-amoxiclav as below:

	> 100 Kg
Co-amoxiclav	add 1g IV amoxicillin to 1.2g
	IV co-amoxiclav

Procedure	Recommended	Severe Penicillin allergy
	antibiotic	
Head and neck (contaminated /	Co-amoxiclav 1.2g	Teicoplanin 400mg IV
clean-contaminated)	IV	+ Metronidazole 500mg IV
Head and neck surgery (clean, benign)	Not recommended	N/A
Open reduction and internal fixation of compound mandibular fractures Intraoral bone grafting	Co-amoxiclav 1.2g	Teicoplanin 400 mg IV+ Metronidazole 500mg IV
Facial plastic surgery with implant (Temporary stents/ splints, facial and nasal implants, septal reconstruction)	Co-amoxiclav 1.2g	Teicoplanin 800mg IV + Metronidazole 500mg IV
Facial surgery (clean)	Not recommended	N/A
(Insertion of Cochlear Baha ® Connect)		
Complex septorhinoplasty (including	Co-amoxiclav 1.2g	Teicoplanin 400 mg IV +
grafts)	IV	Metronidazole 500mg IV
Cleft lip and palate (major) Grommet insertion	Not recommended	N/A
Stapedectomy	Not recommended	IN/A
Ear surgery (clean/clean-	Not recommended	N/A
contaminated)		
Routine nose, sinus and endoscopic		
sinus surgery		
Tonsillectomy		
Adenoidectomy (by curettage)		
Nasal / Ear CSF Leak repair	Ceftriaxone 2g single dose	Teicoplanin 400 mg IV + Metronidazole 500mg IV
Endoscopic sinus surgery with significant bone work (Draf III procedure)	Co-amoxiclav 1.2g	Teicoplanin 400 mg IV+ Metronidazole 500mg IV
	1	