



Surgical antibiotic prophylaxis: assisted reproductive technology and infertility diagnostic procedures

This table summarises information in *Therapeutic Guidelines* about the indications and first-line regimens for surgical antibiotic prophylaxis. See [Therapeutic Guidelines](#) for detailed and up-to-date information, including adjustment of antibiotic choice, dosing and timing based on specific patient factors.

Infective endocarditis prophylaxis may be required for patients with specific cardiac conditions who are undergoing a procedure for which surgical antibiotic prophylaxis is not required—see [Therapeutic Guidelines](#) for indications and regimens.

If surgical antibiotic prophylaxis is indicated, a single preoperative dose of antibiotic(s) is sufficient for the significant majority of procedures. In specific circumstances, a repeat intraoperative dose may also be necessary—see [Therapeutic Guidelines](#) for discussion.

For a small minority of procedures (see Notes column), there are inadequate data to show that a single dose of surgical antibiotic prophylaxis is as effective as 24 hours of prophylaxis. For these procedures, postoperative doses can be considered but prophylaxis should not continue beyond 24 hours.

This table should be used in conjunction with **clinical judgement**. Prescribers should consider the **harm–benefit profile** of a drug in each patient (eg consider potential drug interactions).

Procedures	Is surgical antibiotic prophylaxis indicated?	Surgical antibiotic prophylaxis regimens	Notes
hysterosalpingography	ONLY IF history of PID or tubal dilation, or tubal damage is noted on visualisation, AND STIs not investigated, and treated as indicated, before the procedure	doxycycline 100 mg orally, 12-hourly for 5 days. The first dose should be given before the procedure	
hysterosalpingo-contrast sonography			
laparoscopic dye test (chromotubation)			
oocyte retrieval (donor or recipient)	NO		

PID = pelvic inflammatory disease; STI = sexually transmitted infection