Surgical antibiotic prophylaxis: gastrointestinal endoscopic 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
ROUTINE GASTROINTESTINAL ENDOSCOPY			
routine gastrointestinal endoscopy (upper or lower)	NO		
ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)			
ERCP involving transpapillary or transmural drainage of pseudocysts	YES	The choice of prophylaxis should be guided by local microbiological data. If data are not available: **gentamicin** (adult and child) 2 mg/kg intravenously over 3 to 5 minutes, within the 120 minutes before the procedure	If the patient is obese, use adjusted body weight to calculate the gentamicin dose.
ERCP with evidence of biliary tract obstruction	ONLY IF complete biliary drainage may not be achieved	The choice of prophylaxis should be guided by local microbiological data. If data are not available: **gentamicin** (adult and child) 2 mg/kg intravenously over 3 to 5 minutes, within the 120 minutes before the procedure	If the patient is obese, use adjusted body weight to calculate the gentamicin dose.
ERCP procedures not listed above	ONLY IF the patient has communicating pancreatic cysts or pseudocysts	The choice of prophylaxis should be guided by local microbiological data. If data are not available: **gentamicin** (adult and child) 2 mg/kg intravenously over 3 to 5 minutes, within the 120 minutes before the procedure	If the patient is obese, use adjusted body weight to calculate the gentamicin dose.
ENDOSCOPIC ULTRASOUND (EUS)			
diagnostic EUS	NO		
EUS-FNA of cystic lesions	YES	**metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 minutes before the procedure PLUS **cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before the procedure	
EUS-FNA of solid lesions	NO		

Procedures	Is surgical antibiotic prophylaxis indicated?	Surgical antibiotic prophylaxis regimens	Notes
GASTROSTOMY OR JEJUNOSTOMY TUBE INSERTION			
PEG or PEJ tube insertion	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS if patient known to be or at increased risk of being colonised or infected with MRSA **vancomycin** (adult and child) 15 mg/kg intravenously, started within the 120 minutes before surgical incision (recommended infusion rate 10 mg/minute)	For risk factors for MRSA infection, see *Therapeutic Guidelines*.
PRG or PRJ tube insertion	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS if patient known to be or at increased risk of being colonised or infected with MRSA **vancomycin** (adult and child) 15 mg/kg intravenously, started within the 120 minutes before surgical incision (recommended infusion rate 10 mg/minute)	For risk factors for MRSA infection, see *Therapeutic Guidelines*.

ERCP = endoscopic retrograde cholangiopancreatography; EUS = endoscopic ultrasound; EUS-FNA = endoscopic ultrasound-guided fine-needle aspiration; PEG = percutaneous endoscopic gastrostomy; PEJ = percutaneous endoscopic jejunostomy; PRG = percutaneous radiologic gastrostomy; PRJ = percutaneous radiologic jejunostomy; MRSA = methicillin-resistant *Staphylococcus aureus*