

Surgical antibiotic prophylaxis: oral maxillofacial surgery

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
cleft lip and palate repairs	YES	benzylpenicillin 1.2 g (child: 30 mg/kg up to 1.2 g) intravenously, within the 60 minutes before surgical incision	
intraoral bone grafting procedures	YES	For surgical incision through the oral mucosa only , use: benzylpenicillin 1.2 g (child: 30 mg/kg up to 1.2 g) intravenously, within the 60 minutes before surgical incision	Postoperative doses can be considered following orthognathic surgery, but prophylaxis should not continue beyond 24 hours—see Therapeutic Guidelines for discussion.
open reduction and internal fixation of mandibular fractures or midfacial fractures		For surgical incision through the oral mucosa AND skin , use: cefazolin 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision	
orthognathic surgery (major jaw realignment surgery)		PLUS metronidazole 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 minutes before surgical incision	
procedures involving insertion of prosthetic material other than dental implants			
procedures involving insertion of dental implants	NO		
clean or clean-contaminated procedures not listed above	NO		For stratification of surgical wounds, see Therapeutic Guidelines .