Surgical antibiotic prophylaxis: ear, nose and throat 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
adenoidectomy	NO		
complex septorhinoplasty	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS **metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 minutes before surgical incision	This prophylactic regimen is appropriate for most patients. If the procedure is contaminated or dirty or undertaken in the setting of current or recent infection, the optimal prophylactic regimen is uncertain. The choice of prophylaxis should be guided by recent culture and susceptibility test results—seek expert advice. For stratification of surgical wounds, see *Therapeutic Guidelines*.
hearing implant procedures	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)	This advice applies for cochlear implant procedures. For risk factors for MRSA infection, see *Therapeutic Guidelines*.
laryngectomy (primary or salvage)	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS **metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 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*. Postoperative prophylactic doses can be considered, but prophylaxis should not continue beyond 24 hours—see *Therapeutic Guidelines* for discussion.

Procedures	Is surgical antibiotic prophylaxis indicated?	Surgical antibiotic prophylaxis regimens	Notes
major ear surgery	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS **metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 minutes before surgical incision	This prophylactic regimen is appropriate for most patients. If the procedure is contaminated or dirty or undertaken in the setting of current or recent infection, the optimal prophylactic regimen is uncertain. The choice of prophylaxis should be guided by recent culture and susceptibility test results—seek expert advice. For stratification of surgical wounds, see *Therapeutic Guidelines*.
otoplasty	NO		
revision sinus surgery	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS **metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 minutes before surgical incision	This prophylactic regimen is appropriate for most patients. If the procedure is contaminated or dirty or undertaken in the setting of current or recent infection, the optimal prophylactic regimen is uncertain. The choice of prophylaxis should be guided by recent culture and susceptibility test results—seek expert advice. For stratification of surgical wounds, see *Therapeutic Guidelines*.
stapedectomy	NO		
tonsillectomy	NO		
tympanomastoid surgery	YES	**cefazolin** 2 g (child: 30 mg/kg up to 2 g) intravenously, within the 60 minutes before surgical incision PLUS **metronidazole** 500 mg (child: 12.5 mg/kg up to 500 mg) intravenously, within the 120 minutes before surgical incision	
uncomplicated ear surgery	NO		
uncomplicated nose or sinus surgery	NO		This category includes endoscopic procedures.

MRSA = methicillin-resistant *Staphylococcus aureus*