

Surgical antibiotic prophylaxis: gynaecological 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
autologous mid-urethral sling procedures	NO		
cervical tissue excision procedures	NO		Cervical tissue excision procedures include LLETZ, biopsy, and endocervical curettage.
dilation and curettage, except surgical termination of pregnancy	NO		
endometrial biopsy or ablation	NO		
gynaecological laparotomy procedures	YES	cefazolin 2 g intravenously, within the 60 minutes before surgical incision PLUS metronidazole 500 mg intravenously, within the 120 minutes before surgical incision	
gynaecological-oncological procedures	YES	cefazolin 2 g intravenously, within the 60 minutes before surgical incision PLUS metronidazole 500 mg intravenously, within the 120 minutes before surgical incision	
hysterectomy	YES	cefazolin 2 g intravenously, within the 60 minutes before surgical incision PLUS metronidazole 500 mg intravenously, within the 120 minutes before surgical incision	
hysteroscopy (operative or diagnostic)	NO		
insertion of an intrauterine device	NO		

Procedures	Is surgical antibiotic prophylaxis indicated?	Surgical antibiotic prophylaxis regimens	Notes
laparoscopic procedures that do not enter the bowel or vagina	NO		
pelvic organ prolapse procedures	YES	cefazolin 2 g intravenously, within the 60 minutes before surgical incision PLUS metronidazole 500 mg intravenously, within the 120 minutes before surgical incision	
surgical termination of pregnancy	YES if not investigated for STIs and bacterial vaginosis, and treated as indicated, before the procedure	doxycycline 100 mg orally, 60 minutes before the procedure, then 200 mg orally, 90 minutes after the procedure OR doxycycline 400 mg orally, with food, 10 to 12 hours before the procedure	Nausea has been reported when doxycycline is administered in the perioperative period; consider concurrent use of an antiemetic drug—see Therapeutic Guidelines .
synthetic mid-urethral sling procedures	YES	cefazolin 2 g intravenously, within the 60 minutes before surgical incision PLUS metronidazole 500 mg intravenously, within the 120 minutes before surgical incision	

LLETZ = large loop excision of the transformation zone, STI = sexually transmitted infection