

Post Operative Infection (Treatment)

If a patient has a fever post-operatively, consider and examine for IV line infection, pneumonia, UTI, local sepsis (if early, usually associated with haematoma and/or virulent organism and/or deep vein thrombosis). Do not treat without a provisional diagnosis.

Therapy will be initially guided by likely pathogen, which in turn will depend on character of the wound, site, surgical procedure, and underlying condition. Topical antibiotics have no place in the treatment of post-operative wound infection. Often no antibiotic is required. If patient is ill, always give treatment IV initially; if not, do not give antibiotics. Do not give antibiotics for post-operative fever without making a diagnosis.

If *Staphylococci* or *Streptococci* are likely

1st choice Flucloxacillin 500 mg IV/PO 6 hourly
Alternatives Penicillin, Clarithromycin
OR Cefuroxime (least satisfactory)

For *Enterococcal* infection

1st choice Amoxicillin 500mg IV/PO 8 hourly
OR
Check sensitivities Trimethoprim 200mg PO 12 hourly
If serious infection Amoxicillin 500mg IV/PO 8 hourly
plus
Gentamicin 7mg/kg IV 24 hourly
(Refer to gentamicin dosing guideline for further information on monitoring)

Penicillin allergy Vancomycin / Teicoplanin may be indicated
(Discuss with Microbiology)

For Gram negative organisms

1st choice Cefuroxime 750mg IV 8 hourly
Unless *Pseudomonas* sp. is known to be a risk
Reserve Ceftazidime 2g IV 8 hourly
For specific situations where sensitivities known **OR**
Ciprofloxacin 500mg PO 12 hourly
(Discuss with Microbiology)

If anaerobic infection possible (e.g. after bowel, vaginal or mouth surgery)

1st choice Add Metronidazole 400mg PO (or 500mg IV) 8 hourly
or
Clindamycin 300mg PO (or 300mg IV) 6 hourly

Reserve Meropenem
Discuss with Microbiology