

## UROLOGY PROCEDURES - PROPHYLAXIS

Mid stream urine culture must be checked before surgery and a peri-procedure sample requested. It is preferable that prophylaxis should not be administered beyond the day of the procedure.

<b>TRANSRECTAL PROSTATIC BIOPSY</b>	
<b>1<sup>st</sup> choice</b>	Gentamicin 120 mg IV single dose <b>plus</b> Metronidazole 1 g suppository 1 hour before procedure
<b>2<sup>nd</sup> choice</b>	Ciprofloxacin 500mg PO 1-2 hours before the procedure
If appendix acutely inflamed or pus found, continue with Cefuroxime 750 mg IV 8 hourly <b>plus</b> Metronidazole 500 mg IV 8 hourly for <b>5 days</b> .	

<b>PROSTHETIC IMPLANTS, RECONSTRUCTIVE SURGERY INVOLVING PENILE TISSUE, URETHROPLASTY, BLADDER RECONSTRUCTION</b>	
<b>1<sup>st</sup> choice</b>	Cefuroxime 1.5g IV at induction, then 750mg IV 8 hourly for 2 doses <b>OR</b> Co-amoxiclav 1.2g at induction, then 1.2g IV 8 hourly for 2 doses
<b>If intestinal material is to be used</b>	Cefuroxime 1.5g IV as a single dose at induction, then 750mg IV 8 hourly for 2 doses <b>plus</b> Metronidazole 500mg IV (or 1g suppository 1 hour before the procedure), then 500mg IV (or 400mg PO) 8 hourly for 2 doses. (Try to complete infusion before starting procedure)
<b>Penicillin allergy</b>	Ciprofloxacin 500mg PO (1-2 hours before the procedure) at induction, then 500mg PO 12 hourly for 2 doses <b>plus</b> Metronidazole 500mg IV (or 1g suppository 1 hour before the procedure), then Metronidazole 500mg IV (or 400mg PO) 8 hourly for 2 doses (Try to complete infusion before starting procedure)

<b>INGUINO-SCROTAL SURGERY</b>	
<b>1<sup>st</sup> choice</b>	Cefuroxime 1.5 g IV single dose at induction <b>OR</b> Flucloxacillin 1g IV single dose at induction
<b>Penicillin allergic</b>	Clarithromycin 500 mg IV single dose at induction (Complete Clarithromycin infusion before starting procedure)

<b>MINOR INTERVENTIONS UNDER LOCAL ANAESTHETIC</b> (e.g. Urodynamics, catheterisation, when presence of infection known or high risk)	
<b>1<sup>st</sup> choice</b>	Gentamicin 120 mg IV as a single dose at induction
Nephrolithotomy may require longer courses of prophylaxis if significant bacteraemia is likely following the procedure.	

<b>ENDOSCOPIC UROLOGY</b> (e.g. Transurethral resection of prostate-TURP, Percutaneous nephro-lithotripsy – PCNL)	
<b>1<sup>st</sup> choice</b>  (Refer to Gentamicin dosing guideline for advice on levels).	Gentamicin 120 mg IV as a single dose before procedure. If infective stones removed, continue gentamicin 80mg every 8 hours until culture results available.

<b>FLEXIBLE CYTOSCOPY</b>
Refer to flexible cystoscopy guidelines.