

Ophthalmology surgical prophylaxis guideline update Sept 2020

OPHTHALMOLOGY			
Surgical prophylaxis protocol for Ophthalmology procedures	Recommendation	Penicillin allergy	MRSA carrier
Phacoemulsification cataract surgery <i>If posterior capsule tear</i>	Intracameral Cefuroxime ADD Ciprofloxacin**500-750mg orally twice daily for 7 days	Subconjunctival Gentamicin# ADD Ciprofloxacin** 500-750mg orally twice daily for 7 days	Consider addition of Intracameral Vancomycin^
Trabeculectomy Tube surgery for glaucoma Corneal graft	Subconjunctival Cefuroxime	Subconjunctival Gentamicin#	Consider addition of Intracameral Vancomycin^
Lacrimal surgery <i>If pre-existing infection*</i>	Topical Chloramphenicol 7 days ADD Co-amoxiclav 625mg orally 8 hourly for 5 days	Topical Chloramphenicol 7 days ADD Doxycycline 200mg orally daily for 5 days	Topical Chloramphenicol 7 days ADD Doxycycline* 200mg orally daily for 5 days
PENETRATING EYE INJURY <i>If associated with potentially infected intraocular foreign body</i>	Intracameral Cefuroxime AND Ciprofloxacin** 750mg orally twice daily for 7 days Discuss with vitreo-retinal surgery team. Requires post-operative monitoring for infection.	Subconjunctival Gentamicin# AND Ciprofloxacin** 750mg orally twice daily for 7 days Discuss with vitreo-retinal surgery team. Requires post-operative monitoring for infection.	Consider addition of Intracameral Vancomycin^ As per standard/ penicillin allergy regime

	Consider Intravitreal Vancomycin PLUS Intravitreal Ceftazidime	Consider Intravitreal Vancomycin PLUS Intravitreal Amikacin	
EVISCERATION / ENUCLEATION <i>If pre-existing infection*</i>	Topical Chloramphenicol or Maxitrol for min 2 weeks. Consider oral antibiotic as below. Co-amoxiclav 1.2g IV STAT PLUS Co- amoxiclav 625mg orally 8 hourly for 5 days	Topical Chloramphenicol or Maxitrol for min 2 weeks. Consider oral antibiotic as below. Clindamycin 600mg IV STAT PLUS Gentamicin 120mg IV STAT PLUS Doxycycline 200mg orally daily for 5 days	Topical Chloramphenico l or Maxitrol for min 2 weeks. Consider oral antibiotic as below. Teicoplanin 400mg IV STAT PLUS Gentamicin120 mg IV STAT PLUS Doxycycline* 200mg orally daily for 5 days
Intravitreal therapy (IVT)	Pre-procedure Topical Povidone Iodine No systemic antibiotics	Pre-procedure Topical Povidone Iodine No systemic antibiotics	Pre-procedure Topical Povidone Iodine No systemic antibiotics
Vitrectomy	Topical Chloramphenicol AND Subconjunctival Cefuroxime	Topical Chloramphenicol AND Subconjunctival Gentamicin [#]	Consider addition of Intracameral Vancomycin [^]
Strabismus	Topical Chloramphenicol 7 days	Topical Chloramphenicol 7 days	Topical Chloramphenicol 7 days
Scleral buckle, cryotherapy and drainage	Topical Chloramphenicol or Maxitrol 3 days AND Subconjunctival Cefuroxime	Topical Chloramphenicol or Maxitrol 3 days AND Subconjunctival Gentamicin [#]	Consider addition of Intracameral Vancomycin [^]

Footnotes:

Subconjunctival Gentamicin can have ophthalmic toxicity, consider as alternative to cefuroxime if anaphylaxis to penicillin or allergy to cephalosporins.

^ Intracameral Vancomycin may have ophthalmic toxicity, consider addition only where high risk of intraocular MRSA infection. Please note the concentration is 1mg in 0.1ml which is different to routinely used intravitreal vancomycin, please seek pharmacy advice if required.

* Please review antibiotic choice in light of any positive microbiology (e.g. MRSA antibiotic susceptibility pattern, eye swabs from pre-existing infection) and discuss with an infection specialist if required.

**Avoid fluoroquinolones if taking steroids and the elderly. Review *MHRA Quinolone Warning* ([hyperlink](#)) before prescribing.

Note: Topical chloramphenicol usually given four times daily

Agreed by NHSL Antimicrobial Management Team in consultation with Clinical Management Team for

Ophthalmology

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