



CLINICAL GUIDELINE

Antibiotic Prophylaxis Maxillofacial Surgery In Adults

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Lead Author:	Ysobel Gourlay
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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



NHS Greater Glasgow and Clyde Recommendations for Antibiotic Prophylaxis in Maxillofacial Surgery in Adults

Single dose, IV prophylaxis ≤ 60mins prior to skin incision/ intervention.

If >1.5L blood loss, replace fluid and repeat antibiotic dose: co-amoxiclav, metronidazole. Give half the original teicoplanin dose if ≥ 1.5L blood loss within the first hour.

If surgery >4hrs repeat co-amoxiclav; >8hrs repeat metronidazole. In prolonged surgery repeat co-amoxiclav 1.2g 4 hourly to a maximum of 4 intra-op doses. No repeat dosing of teicoplanin if surgery prolonged.

MRSA: decolonise prior to procedure as per NHS GGC infection control guidelines and use penicillin allergy antibiotic prophylaxis option.

CPE carriers: if identified as Carbapenamase producing Enterobacteriaceae carriers contact microbiology

Give Teicoplanin by slow intravenous injection over 3-5 minutes.

Weight Based Dosing

Consider increasing the dose of the following antibiotics as below:

	Weight >80 Kg	Weight >160 Kg
Metronidazole	1000 mg	1500 mg
	Weight > 100 Kg	
Co-amoxiclav	Add 1 g IV amoxicillin to 1.2 g Co-amoxiclav	

Procedure	Recommended antibiotic	Comments
<p><i>Procedure expected to last for < 4 hours (Major 1)</i></p> <p>Head & neck Contaminated/clean-contaminated Or Clean, malignant; neck dissection</p>	<p>IV Co-amoxiclav 1.2g <i>or in true penicillin allergy</i></p> <p>IV Teicoplanin 800mg* + IV Metronidazole 500mg</p>	<p>* Give IV Teicoplanin 400 mg if Weight ≤ 40 Kg</p>
<p><i>Prolonged procedure expected to last for > 4 hours (Major 2)</i></p> <p>Head & neck contaminated/clean-contaminated Or clean, malignant; neck dissection</p>	<p>IV Co-amoxiclav 1.2g repeated 4hrly to maximum 4 intra-op doses <i>or in true penicillin allergy</i></p> <p>IV Teicoplanin 800mg* + IV Metronidazole 500mg</p>	
<p>Open reduction & internal fixation of compound mandibular fractures Intraoral bone grafting Orthognathic surgery Facial plastic surgery with implant</p>	<p>IV Co-amoxiclav 1.2g <i>or in true penicillin allergy</i></p> <p>IV Teicoplanin 800mg* + IV Metronidazole 500mg</p>	
<p>Facial surgery (clean)</p>	<p>Antibiotic prophylaxis not recommended</p>	
<p>Head & neck (clean, benign)</p>	<p>Not recommended</p>	