



CLINICAL GUIDELINE

Antibiotic Prophylaxis for General (GI) Surgery

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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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 General (GI) Surgery

See GGC Recommendations for Antibiotic Prophylaxis in Surgery /Procedures, for information in antibiotic timing, re-dosing for long operations and **gentamicin** dosing. [Principles of Surgical Prophylaxis \(1039\) | Right Decisions](#)

Procedure	Comments	Antibiotic
General/GI Surgery Oesophageal surgery, Stomach and Duodenal surgery, Gastric bypass surgery Small intestine surgery Bile duct surgery Gall bladder surgery (open). Appendicectomy Colorectal surgery	Prophylaxis routinely recommended	IV Gentamicin. + IV Metronidazole 500mg + IV Amoxicillin 1g
Left-sided colonic or rectal resection with planned anastomosis	On the day before the operation Oral Metronidazole 400mg At 3pm, 4pm and 10 pm AND (if available) Oral Neomycin 1g At 3pm, 4pm and 10 pm Contact microbiology if concerns re infection rates.	If true penicillin / beta-lactam allergy or high MRSA risk, replace IV Amoxicillin 1g with IV Teicoplanin 400mg
Gall bladder surgery (laparoscopic)	Not routinely recommended (Consider if: Intraoperative Cholangiogram, bile spillage, conversion to laparotomy, acute cholecystitis / pancreatitis, jaundice, pregnancy, immunosuppression, insertion of prosthetic devices.)	
Splenectomy	Not routinely recommended, unless immunosuppressed patient. Remember post splenectomy prophylaxis.	
Hernia repair +/- mesh, open or laparoscopic	Not routinely recommended. (Meta-analysis does not support routine prophylaxis. Consider in patients with mesh insertion if: obesity, diabetes, or other risk factors for SSI)	IV Gentamicin. + IV Metronidazole 500mg + IV Teicoplanin 400mg