

POST OPERATIVE INFECTIONS - 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, Erythromycin 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 <i>Pseudomonas</i> sp. is known to be a risk	
Reserve	Ceftazidime 2g IV 8 hourly OR
For specific situations where sensitivities known	Ciprofloxacin 500mg PO 12 hourly (Discuss with Microbiology)

If anaerobic infection is 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	Imipenem / Meropenem Discuss with Microbiology