

## Flexi-Cystoscopy Prophylactic Antibiotic Guidelines

### Pre procedure assessment

**Urinalysis** (nitrites) performed in patients suspected of having current UTI:

- Symptomatic for UTI
- Recurrent UTI's
- No recent urinalysis / MSU from clinic

Some patients may be cancelled if the surgeon considers patient to be at risk of sepsis or its implications, particularly if nitrites are positive.

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### Risk assessment for post flexi-cystoscopy UTI:

Risk factors

- Positive dipstick for nitrites, known bacteriuria or recurrent UTIs
- Additional procedures e.g. biopsy, diathermy
- Urinary retention or large diverticulum
- Neobladder
- Anatomical abnormality of urinary tract e.g. horseshoe kidney / PUJ obstruction
- Immunosuppressive disease or therapy of any type
- Diabetes mellitus
- Renal impairment (creatinine >120)
- Foreign bodies in urinary tract (stones, JJ stent, urethral catheter, prosthesis)
- Pregnancy – use cefuroxime 750mg IV / IM prior to procedure

**At risk patients** - All these given gentamicin 120mg IM single dose prescribed at the time of consenting and given before coming up to theatre, and before the procedure.

**Alternative:** e.g. pregnancy cefuroxime 750 mg IV / IM single dose – no antibiotics given

### **Low risk patients**

#### Post procedure antibiotics

5 days of trimethoprim 200mg BD or nitrofurantoin 50 mg QDS (avoid if CrCl <50mls/min) can be given:

- In patients in whom post flexi-cystoscopy UTI risk is considered to be substantial (i.e. those with known bacteriuria or positive nitrites)
- Where gentamicin is contraindicated
- When cystoscopic findings place patients in an at-risk category

Those with a history of resistance can be prescribed the appropriate antibiotic (which can be collected from pharmacy).

#### Special circumstances

**Cardiac Patients** – see Bacterial Endocarditis Guidelines

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