

Clinical Guideline

Antibiotic prophylaxis for gynecologic procedures

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GUIDELINE TITLE

Antibiotic prophylaxis for gynecologic procedures.

BIBLIOGRAPHIC SOURCE(S)

- American College of Obstetricians and Gynecologists (ACOG). Antibiotic prophylaxis for gynecologic procedures. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2001 Jan. 9 p.(ACOG practice bulletin; no. 23). [38 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: American College of Obstetricians and Gynecologists (ACOG). Antibiotic prophylaxis for gynecologic procedures. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 1997 Jun. (Educational Bulletin Number 237).

MAJOR RECOMMENDATIONS

The grades of evidence (I-III) and levels of recommendations (A-C) are defined at the end of "Major Recommendations" field.

The following recommendations are based on good and consistent scientific evidence (Level A):

- Patients undergoing hysterectomy should receive antimicrobial prophylaxis.
- Pelvic inflammatory disease (PID) complicating intrauterine device (IUD) insertion is uncommon. The cost-effectiveness of screening for gonorrhea and chlamydia before insertion is unclear; in women screened and found to be negative, prophylactic antibiotics appear to provide no benefit.
- Women undergoing surgically induced abortion are candidates for antibiotic prophylaxis.
- Appropriate prophylaxis for women undergoing surgery that may involve the bowel includes a mechanical bowel preparation with or without oral antibiotics and the use of a broad-spectrum parenteral antibiotic, given preoperatively.

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- In patients with no history of pelvic infection, hysterosalpingography (HSG) can be performed without prophylactic antibiotics. If HSG demonstrates dilated tubes, antibiotic prophylaxis should be given to reduce the incidence of post-HSG PID.
- Routine antibiotic prophylaxis is not recommended in patients undergoing hysteroscopic surgery.
- Cephalosporin antibiotics may be used for antimicrobial prophylaxis in women with a history of penicillin allergy not manifested by an immediate hypersensitivity reaction.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- Antibiotic prophylaxis is not recommended in patients undergoing exploratory laparotomy or diagnostic laparoscopy.
- Use of antibiotic prophylaxis with saline infusion sonography should be based on clinical considerations, including individual risk factors.
- Patients with high- and moderate-risk structural cardiac defects undergoing certain surgical procedures may benefit from antimicrobial prophylaxis.
- Patients with a history of anaphylactic reactions to penicillin should not receive cephalosporins.
- Pretest screening for bacteriuria or urinary tract infection by urine culture or urinalysis, or both, is recommended in women undergoing urodynamic testing. Those with positive results should be given antibiotic treatment.

Definitions:

Grades of Evidence

I Evidence obtained from at least one properly designed randomized controlled trial

II-1 Evidence obtained from well-designed controlled trials without randomization

II-2 Evidence obtained from well-designed cohort or case – control analytic studies, preferably from more than one center or research group

II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.

III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

Levels of Recommendation

Level A — Recommendations are based on good and consistent scientific evidence.

Level B — Recommendations are based on limited or inconsistent scientific evidence.

Level C — Recommendations are based primarily on consensus and expert opinion.