

Surgical prophylaxis protocol for:

## ENT

Procedure	Recommendation	Penicillin allergy	MRSA carriers
Ear surgery (clean/clean-contaminated)  Tonsillectomy  Adenoidectomy (by curettage)  Routine nose, sinus and endoscopic sinus surgery  Head and neck surgery (clean, benign)	Nil	Nil	
Complex septorhinoplasty (including grafts)	Co-amoxiclav 1.2g IV on induction	Clindamycin 600mg IV on induction	Teicoplanin 400mg IV
Grommet insertion	Locorten vioform drops after insertion	Locorten vioform drops after insertion	
Head and neck surgery (clean, malignant; neck dissection) For procedures involving free tissue transfer, antibiotic treatment may be continued until the removal of drains.  Head and neck surgery (contaminated/clean-contaminated)	Co-amoxiclav IV 1.2 G at induction, repeated at 8 and 16 hours thereafter.	Clindamycin IV 600 mg at induction, repeated 6, 12 and 18 hours thereafter, plus gentamicin 120mg IV at induction only	Teicoplanin 400mg IV plus gentamicin 120mg IV

In patients who have already received therapeutic gentamicin omit gentamicin prophylaxis to avoid double dosing.

Agreed by NHSL Antimicrobial Management Team in consultation with Clinical Management Team for

ENT

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