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Current evidence does not support the routine antibiotic prophylaxis for cervical tissue excisions: a literature review

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Introduction

- 30-50% of antibiotic use in hospital is aimed towards surgical prophylaxis.
 - 30%-90% of this prophylaxis is inappropriate due to indication, timing and duration of antibiotic administration
 - LLETZ: infection and late postoperative bleeding
 - 35% of members of the British Society for Colposcopy and Cervical Pathology prescribe routine antibiotics after loop diathermy excision
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Objective

To review the current evidence regarding routine antibiotic prophylaxis for cervical tissue excisions.

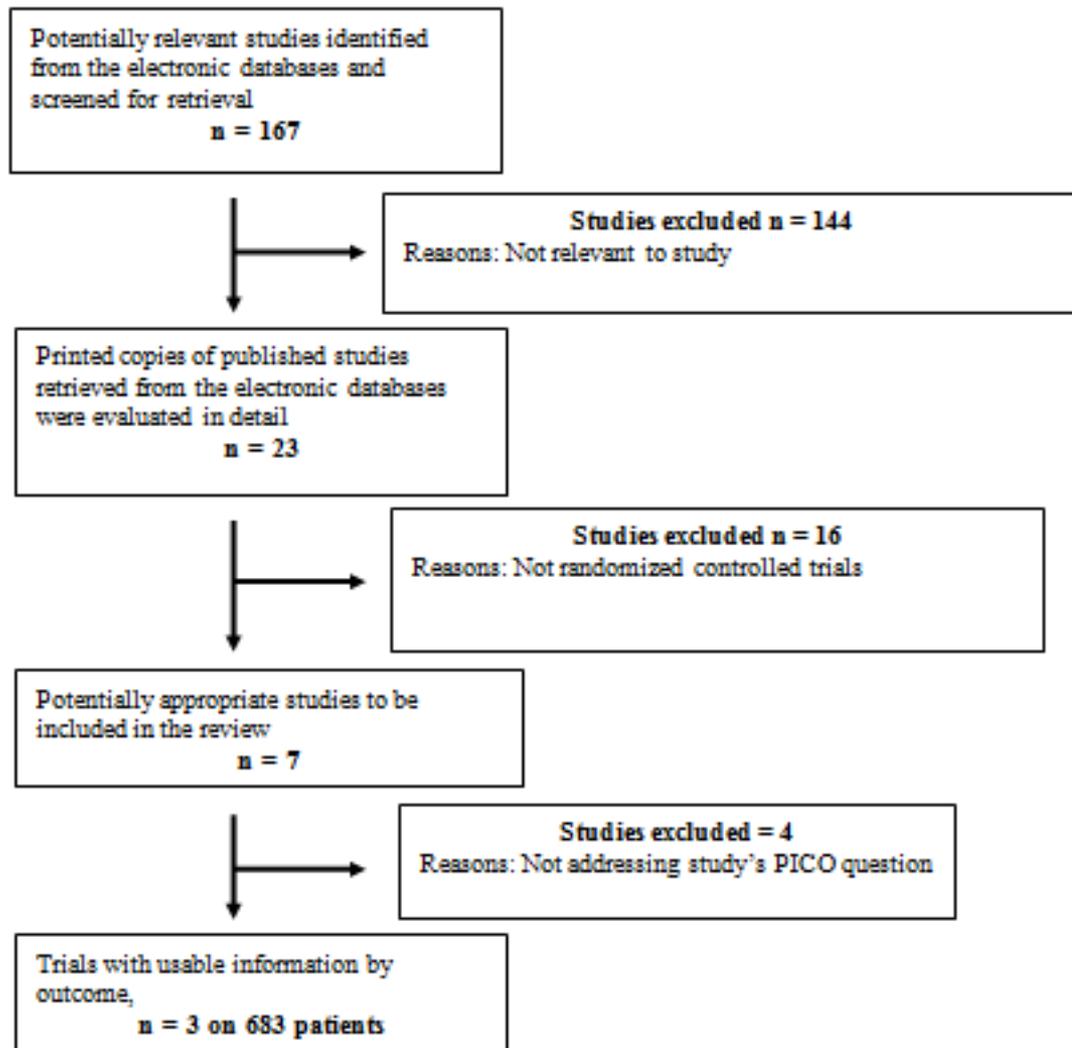




Methods

- Comprehensive literature search using the PICO Method
 - Standard medical databases up to May 2013
 - RCTs (irrespective of language, country or hospital of origin, blinding, sample size or publication status) reporting the role of ABx for cervical tissue excisions
 - Variables – Primary: bleeding, PV discharge, readmission
Secondary: pain, adverse events, ABx
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Results



Results

Trial	Antibiotic	Control	Follow up
Chan	<ul style="list-style-type: none"> Antimicrobial vaginal pessary containing 100 mg tetracycline and 50 mg amphotericin B (Talsutin, Bristol-Myers Squibb New York, NY, USA) two times a day for 14 days, starting on the day of LLETZ. 	<ul style="list-style-type: none"> No medication was given 	<ul style="list-style-type: none"> 21 days
Foden-Shroff	<ul style="list-style-type: none"> The active treatment was Ofloxacin 400 mg (2 x 200 mg) once daily for five days which was initiated immediately after collecting the prescription. 	<ul style="list-style-type: none"> The inactive treatment was an identical placebo 	<ul style="list-style-type: none"> 14 days
Gornall	<ul style="list-style-type: none"> Sultrin (sulphathiazole 3.42%, sulphacetamide 2.86%, sulphabenzamide 3.7%) pessaries: one pessary twice daily for 5 days. 	<ul style="list-style-type: none"> No treatment 	<ul style="list-style-type: none"> 28 days

Trial	Patients N=	Bleeding	Vaginal discharge	Pain	Adverse events	Requirement of antibiotics	Readmission due to bleeding
Chan ABx C	137 153	No Difference	No difference	No difference	No difference	Not available	No difference 9 7
Foden-Shroff ABx C	153 163	No difference	Not available	Not available	P < 0.021 20 12	No difference 23 18	No difference 2 3
Gornall ABx C	N 77-N	No difference	No Difference	No difference	Not available	No difference 2 7	No difference 0 2



Conclusion

- The findings of this review suggest that routine antibiotic prophylaxis might not be efficient in terms of reducing the postoperative bleeding, vaginal discharge, pain, requirement of antibiotics and incidence of readmission secondary to late postoperative bleeding for patients undergoing cervical excisions.
 - Routine antibiotic prophylaxis might be associated with higher incidence of adverse events, mainly gastrointestinal.
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Questions?

Thank you!

