

Antibiotic Prophylaxis

Prepared by: The Standards Task Force
The American Society of Colon and Rectal Surgeons

It should be recognized that these guidelines should not be deemed inclusive of all proper methods of care or exclusive of methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the physician in light of all of the circumstances presented by the individual patient.

These parameters are based in part on the recently updated recommendations made by the American Heart Association (AHA)(1) and the previously published parameters(2) developed by The American Society of Colon and Rectal Surgeons. According to the AHA, the risk for endocarditis is determined by the patient's pre-existing cardiac condition and the surgical procedure in question. The major changes in the new AHA guidelines are the following: 1) it was emphasized that invasive procedures are not the cause of most cases of endocarditis; 2) cardiac conditions are stratified by the potential outcome if endocarditis develops; 3) procedures causing bacteremia are more clearly specified; 4) an algorithm for antibiotic prophylaxis for patients with mitral valve prolapse was developed; 5) prophylactic regimens for oral or dental procedures were modified; and 6) prophylactic regimens for genitourinary and gastrointestinal procedures were simplified. The AHA considers lower gastrointestinal endoscopy to be a low-risk procedure for initiating problematic bacteremia, and The Standards Task Force concurs. The Task Force considered other direct and indirect support for the use of antibiotic prophylaxis in patients with cardiac or other prostheses. It is the consensus of The Standards Task Force that prophylaxis be considered only for the high-risk groups listed in Table 1. The complex nature of individualized patient care does not allow standards to be spelled out for every clinical category.

Table 1.
Conditions Associated with Endocarditis

High Risk
Prosthetic cardiac valves History of endocarditis Surgically constructed systemic pulmonary shunts Complex cyanotic congenital heart disease Vascular grafts (first 6 months after implantation)

References

1. Dajani AS, Taubert KA, Wilson W, *et al.* Prevention of bacterial endocarditis: recommendations by the American Heart Association. *JAMA* 1997;277:1794-801.
2. Rosen L, Abel ME, Gordon PH, *et al.* Practice parameters for antibiotic prophylaxis--supporting documentation. *Dis Colon Rectum* 1992;35:278-85.