



CLINICAL GUIDELINE

Antibiotic Prophylaxis in Breast Surgery

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

NHS Greater Glasgow and Clyde recommendations for antibiotic prophylaxis in Breast Surgery

See GGC Recommendations for Antibiotic Prophylaxis in Surgery /Procedures, for information in antibiotic timing, re-dosing for long operations and **gentamicin*** dosing. [Principles of Surgical Prophylaxis \(1039\) | Right Decisions](#)

If patient has had previous infection with multi drug resistant bacteria – contact microbiology.

Procedure	Comments	Antibiotic
<ul style="list-style-type: none"> • Excision of benign lump • Simple Wide local excision • Wire / magseed localised wide local excision • Simple mastectomy • Stand-alone sentinel lymph node biopsy • 	<p>Not routinely recommended.</p> <p>Meta-analysis does not support routine prophylaxis. Consider in patients with obesity, diabetes, smoker or post chemotherapy or other risk factors for SSI ^(1,2)</p>	<p>If Antibiotic Considered IV Flucloxacillin 1g <i>If true penicillin / beta-lactam allergy</i> IV Teicoplanin 400mg</p>
<ul style="list-style-type: none"> • Re excision of margins • Nipple / duct surgery • Targeted axillary dissection • Axillary node clearance • Re-do axillary operation 		<p>IV Flucloxacillin 1g <i>If true penicillin / beta-lactam allergy</i> IV Teicoplanin 400mg</p>
<ul style="list-style-type: none"> • Partial breast reconstruction • Implant based reconstruction • Autologous whole breast reconstruction. • Therapeutic mammoplasty / • Breast reduction • Previous Abscess 	<p>Note: There is no evidence to support continued prophylaxis after wound closure and whilst surgical drains are in place. Post op antibiotics should only be given to treat active/ongoing infection.</p>	<p>For reconstructive breast surgery refer to the Plastic Surgery Antibiotic prophylaxis Guidelines</p> <p>IV Co-amoxiclav 1.2 g <i>If true penicillin / beta-lactam allergy</i> IV Teicoplanin 400 mg And IV Gentamicin* And IV Metronidazole 500 mg</p>

1 Association of Breast Surgery Summary Statement, Antibiotic Prophylaxis in Breast Surgery 2015 <https://associationofbreastsurgery.org.uk/media/64256/final-antibiotic-prophylaxis.pdf>

2 The American Association of Breast Surgeons, Consensus Guidelines on peri-operative and Surgical Site infection, antibiotic extension: <https://www.breastsurgeons.org/docs/statements/Consensus-Guideline-on-Preoperative-Antibiotics-and-Surgical-Site-Infection-in-Breast-Surgery.pdf>