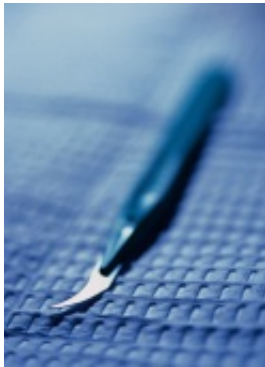


Prophylactic antimicrobials overused in urologic surgery

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(HealthDay)—Utilization patterns indicate that antimicrobial prophylaxis is overused for urological surgeries in the community practice setting, according to research published in the February issue of *The Journal of Urology*.

In an effort to assess patterns of use for antimicrobial prophylaxis in a large, community-based population, Matthew Mossanen, M.D., of the University of Washington in Seattle, and colleagues analyzed data for patients undergoing certain urological surgeries. Index urological surgeries included radical prostatectomy, partial or radical nephrectomy, radical cystectomy, ureteroscopy, shock wave lithotripsy, transurethral resection of the prostate, percutaneous nephrostolithotomy, transvaginal surgery, inflatable penile prosthesis, brachytherapy, transurethral resection of bladder tumor, and cystoscopy.

The researchers found that overall compliance with antimicrobial prophylaxis recommended in the 2008 American Urological Association (AUA) Best Practice Policy Statement was 53 percent, with rates ranging from 0.6 percent for radical cystectomy to 97 percent for [shock wave lithotripsy](#). Utilization patterns showed use of [antimicrobial agents](#) in the appropriate class in 67 percent of

cases (range, 34 to 80 percent) and for the recommended duration of therapy in 78 percent (range, 1.2 to 98 percent). The average duration of therapy for procedures in which antimicrobial prophylaxis is recommended ranged from 1.1 days after brachytherapy to 10.3 days after radical cystectomy. The overall rate of compliance with the AUA Best Practice Policy Statement increased from 46 percent in 2007 to 59 percent in 2012.

"In most cases, noncompliance was due to an inappropriately long duration of antimicrobial administration," the authors write.

One author disclosed financial interest in and/or other relationship with *The Journal of Urology*.

More information: [Abstract](#)
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