

Prophylactic antibiotic choice impacts post-hysterectomy SSI

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surgical site infection was 2.06 percent. For any surgical site infection, the unadjusted rates were 1.8, 3.1, and 3.7 percent, respectively, for those receiving β -lactam, β -lactam alternatives, and nonstandard antibiotics. Compared with the β -lactam antibiotics (reference group), the risk of any surgical site infection was increased for those receiving β -lactam alternatives or the nonstandard antibiotics (odds ratios, 1.7 and 2.0, respectively), after adjustment for patient and operative factors within clusters of hospitals.

"Efforts to decrease [surgical site](#) infections could focus on adherence to recommended preoperative antibiotic guidelines and thorough evaluation of patient-reported penicillin allergies to increase the number of patients receiving β -lactam antibiotics," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For women undergoing hysterectomy, prophylactic antibiotic choice impacts the risk of surgical site infection rates, according to a study published in the February issue of *Obstetrics & Gynecology*.

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Shitanshu Uppal, M.B.B.S., from the University of Michigan in Ann Arbor, and colleagues conducted a retrospective cohort study of patients in the Michigan Surgical Quality Collaborative undergoing [hysterectomy](#) to examine the correlation between prophylactic antibiotic choice and surgical site infection rates. Patients receiving a recommended antibiotic regimen were classified into those receiving β -lactam antibiotics and alternatives to β -lactam antibiotics. Patients receiving nonrecommended antibiotics were classified as those receiving overtreatment (excluded from further analysis) versus those receiving nonstandard antibiotics.

Data were included from 21,358 hysterectomies. The researchers found that the overall rate of any

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