

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-062025-0001689

Date: 29.10.25

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000, please see response below.

I am writing to ask for information under the Freedom of Information Act 2000. I want to request the current antibiotic guidelines used within your Trust for orthopaedic patients undergoing treatment for:

Open fractures

Closed trauma

Elective orthopaedic surgery (e.g., joint replacement, planned internal fixation)

For each category, please provide the following:

Open Fractures

First-line antibiotic(s)

Second-line antibiotic(s) (e.g., for penicillin allergy or other contraindications)

Number of doses and dosing schedule (e.g., once, 8-hourly for 24 hours, etc.)

- Clindamycin 600mg IV and Gentamicin 160mg IV

Closed Trauma Surgery

First-line antibiotic(s)

Second-line antibiotic(s)

Number of doses and dosing schedule

- Flucloxacillin 1g IV and Gentamicin 160mg IV

- Penicillin allergy/MRSA risk: Teicoplanin 400mg IV and Gentamicin 160mg IV

Elective Orthopaedic Surgery

First-line prophylactic antibiotic(s)

Second-line options (for allergy/MRSA risk)

Number of doses and timing (e.g., single dose at induction, repeat dose if surgery >2 hours, etc.)

- Flucloxacillin 1g IV and Gentamicin 160mg IV, followed by 3x flucloxacillin doses post-operatively at 6, 12 and 18 hours.

- Penicillin allergy/MRSA risk/day case procedures: Teicoplanin 400mg IV and Gentamicin 160mg

- Teicoplanin is used for day case procedures with a view to facilitate early discharge as due to its long half life, post-operative doses are not indicated

The information below is also on the Trust guidelines for surgical prophylaxis for orthopaedic procedures, which details dose timing and the need for further doses

Key principles of surgical prophylaxis

- Antibiotics used must cover the common pathogens
- All drugs are given IV STAT, as a single dose at induction (30 minutes before operation) unless otherwise stated. This should achieve maximum tissue concentrations at the time of surgery.
- A single dose is sufficient in most cases unless there is blood loss of more than 1500ml during surgery, haemodilution of up to 15ml/kg or when surgery lasts for over 4 hours*. Further doses are also needed in case of contamination of site during surgery. Consult microbiologist.

***Please note: Prolonged surgery is not an appropriate indication for further doses of Teicoplanin. If unsure, please contact the Antimicrobial pharmacist or Consultant Microbiologist for advice**

- Recommendations are based on national guidelines where available and local microbial sensitivities.
- An important role of these guidelines is the reduction in the use of prolonged courses of Cephalosporins as part of the control of MRSA and *C. difficile* infection in hospital.
- Drug levels, e.g. Gentamicin, need not be measured when given for less than 48 hours (single dose)
- Please check if any doses were given on the ward for Gentamicin, Teicoplanin and Vancomycin, if Gentamicin and Teicoplanin administered within 24 hours prior to surgery and vancomycin within 12 hours prior to surgery there is no need to administer this part of the pre-op antibiotic prophylaxis, the doses of other agents described in the surgical prophylaxis guidance can be given in addition to those already received on the ward eg amoxicillin, metronidazole etc.

The appropriate use of antibiotic prophylaxis in surgery should always consider the class of operation:

- **Clean:** operations in which no infection or inflammation is encountered and the respiratory, alimentary and genitourinary tracts are not entered. There is no break in aseptic operating theatre technique
- **Clean contaminated:** operations in which the respiratory, alimentary or genitourinary tracts are entered but without significant spillage
- **Contaminated:** operations where acute inflammation (without pus) is encountered, or where there is visible contamination of the wound. Examples include gross spillage from a hollow viscus during the operation or compound/open injuries operated on within four hours.
- **Dirty:** operations in the presence of pus, where there is a previously perforated hollow viscus, or compound/open injuries more than four hours old

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
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Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team
The Dudley Group NHS Foundation Trust