Postoperative systemic antibiotic usage in elective eyelid surgery: is it really necessary?

Varsha Kadaba and Harpreet Ahluwalia

NHS University Hospitals Coventry and Warwickshire NHS Trust

Purpose

The use of prophylactic antibiotics for oculoplastic procedures varies amongst surgeons[1] because of a lack of guidelines or literature. Comparable studies in clean orbital surgery have shown no proven benefit[2,3] and its indiscriminate use has been linked to individual harm and rising levels of resistance. We studied whether avoidance of systemic prophylactic antibiotics in elective lid surgeries increased surgical site infections (SSI).

Methods

We conducted a case-note review of consecutive anterior ptosis repair and lateral tarsal strip (LTS) surgeries performed with post-operative oral antibiotics (oral co-amoxiclav 625mg TDS or oral clarithromycin 500mg BD for 5 days) and topical chloramphenicol ointment (QDS 4 weeks), compared to only topical antibiotics. Data on ASA status, age and incidence of surgical site infection at 2 weeks follow-up were collected.

Results

Of a cohort of 232 patients, 99 patients had combined systemic and topical antibiotics (ptosis n=49, LTS n= 50) and 133 had topical antibiotics (ptosis n=83, LTS n=50). The groups were not significantly different for age (p= 0.6, t test) or ASA status (p= 0.7, chi^2 test).

RATE OF SSI AT 2 WEEKS POST-OP

	Ptosis (n=132)		LTS (n=100)		Ptosis +LTS (n=232)	
	With Abx (n=49)	No Abx (n=83)	With Abx (n=50)	No Abx (n=50)	With Abx (n=99)	No Abx (n=133)
SSI	0	0	3	2	3	2
P value					0.7 (Fisher's exact test)	

Conclusions

Avoidance of systemic antibiotic prophylaxis for LTS and anterior ptosis repair procedures was not associated with increased SSI rates. Given that prescriptions of antibiotics carry the risk of side effects and growing antimicrobial resistance, we feel that our study shows that its routine use in this setting is of no benefit.

References

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