Guidelines as outlined in a recent scientific review are listed for your perusal. You may wish to contact the surgeon involved to discuss specific options.

Recommendations for Prophylaxis Against Haematogenous Infection of Total Joint Prosthesis[1]

Procedures	*Anticipated Pathogens*	*Antibiotic*	
		Choice	*Alternative[2]*
Dental (with gum bleeding), head, neck and oral	Staphylococci Streptococci Oral anaerobes	Oral: Cephalosporins[3] Parenteral; Cefazolin[4]	Clindamycin[5] or erythromycin[6] Clindamycin[5] or vancomycin[7]
Chest (when airway is entered)	Same as dental	Same as dental	Same as dental
Upper gastrointestinal	Same as dental	Same as dental	Same as dental
High risk biliary tract[8]	*E. coli*, Klebsiella, gram-positive cocci, Clostridia	Same as dental (parenteral cefazolin[4] is preferred)	Aminoglycoside[9] + vancomycin[7]
Appendectomy and colorectal	Bowel flora, including *B. fragilis*	Cefoxitin[10]	Aminoglycoside[9] + clindamycin[9]
Female genital tract	Staphylococci, streptococci, *E. coli*, Clostridia, other anaerobe	Cefazolin[4]	Aminoglycoside[9] + clindamycin[5]
Urinary tract	Usually *E. coli*, but determine by prior urine culture	Treat if culture is positive, choice dependent upon isolate and susceptibility.	

1. "Clean" procedures (non-traumatic, uninfected, and microflora-containing hollow organ *not* entered) do not require prophylaxis. "Clean-contaminated", "contaminated" and "dirty" procedures need antibiotic prophylaxis and/or treatment.
2. *Alternative* choices assume allergy to β-lactam antibiotics.
3. Cephalexin (Keflex) and cephradine (Anspor, Velosef) are therapeutically equivalent. Dosage is 1 g *p.o.* one hour prior to procedure, and then 500 mg *p.o.* four hours after. Cefadroxil is a longer acting equivalent that can be used as a single oral dose of 1 g one hour prior to procedure.
4. Cefazolin 1 g IV during induction of anaesthesia. In extensive head-neck surgery duration of risk may be longer because of salivary leakage.
5. Clindamycin 300 mg orally one hour prior to procedure or 300 mg IV during anaesthesia induction.
6. Erythromycin 500 mg *p.o.* one hour prior to procedure and then repeat four hours after.
7. Vancomycin is not practical and convenient to use except in the hospital setting; dose is 500 mg IV infused slowly over one hour starting 30 minutes to one hour prior to procedure.
8. High risk indicators (presence of at least one of the following): age over 70 years, obstruction, common duct stones, and acute cholecystitis.
9. If *Psueodomonas aeruginosa* is unlikely (community-acquired, no prior antibiotics) use gentamicin 80 mg IV during anaesthesia induction; if not, tobramycin at similar dose.
10. Cefoxitin 1 g IV during anaesthesia induction.