

Committee Chair

Anthony A. Mancuso, M.D.
Professor & Chairman

Permanent Members

Manuel M. Arreola, Ph.D.
Assistant Professor
Chief, Radiation Physics

Charles H. Bush, M.D.
Clinical Assistant Professor

Brian S. Geller, M.D.
Clinical Assistant Professor
Associate Section Chief, VIR
Associate Chief Information Officer

Patricia P. Moser, M.D.
Clinical Assistant Professor

Keith R. Peters, M.D.
Associate Professor

Christopher L. Sistrom, M.D.
Associate Professor
Associate Chairman
Chief Information Officer

Ad-Hoc Members

Jeffrey A. Bennett, M.D.
Assistant Professor

Libby Brateman, Ph.D.
Clinical Assistant Professor

Kenneth Harbour, R.P.A.
Radiology Physician Assistant

Linda Lanier, M.D.
Clinical Associate Professor

Roger Y. Shifrin, M.D.
Clinical Assistant Professor

Jeffrey D. Vogel, M.D.
Clinical Assistant Professor

Sean Wiley, R.P.A.
Radiology Physician Assistant

Staff

Andrew Baldwin
Department Administrator

MaryEllen Betham
Lead Technologist, MR

Ashley Dougherty
OPS

Nancy Quinn
Coordinator, Cardiology

Janet Hicks
Lead Technologist, CT

Antibiotic Use

Antibiotics should be administered at least 1 hour before the procedure. Based on recent literature, we have developed our own protocol. There are 4 different protocols that we use: Skin, Biliary, Urinary, Embolization.

Skin

[Potential]: Ports and tunneled lines in immunosuppressed patients; solid organ embolization

[Absolute]: none

This protocol was originally used in immunosuppressed patients when indwelling ports were placed. The rationale was that if any skin flora was not sterilized and make it into the blood stream, that these antibiotics would stop the infection. The literature does not support this. In addition, earlier surgical literature advocated using this for solid organ embolization. This too was not supported, although some will still give it.

Biliary

[Potential]: none

[Absolute]: PTHD, Biliary tube changes, TIPS, PVE

This regimen was developed as both gram (-) and anaerobe coverage are needed. Each time either a new stick or routine tube exchange is performed, these antibiotics must be given. There will be some patients that routinely go into bacteremia / septicemia after each procedure and, because of this, are given even stronger antibiotics. Because of the propensity of traversing the biliary ducts is great, these antibiotics are also given patients undergoing TIPS and PVE

Urinary

[Potential]: Nephrostomy catheter exchange

[Absolute]: PCN

The bacteria we are concerned about here are primarily gram (-) and the antibiotics are chosen accordingly. ALL new PCN placements are to receive antibiotics. Those patients that are returning for a tube change that are having no

symptoms of infection, obstruction or stone burden, antibiotics are not required. If the urine is foul smelling or the tube has stopped functioning, antibiotics must be given.

Embolization

[Potential]: none

[Absolute]: Hepatic artery embolization with incompetent/absent Sphincter of Oddi

This regimen primarily concerns itself with Hepatic Artery Embolizations. As long as there is a competent Sphincter of Oddi, antibiotics are not required. However, if the patient has had a sphincterotomy, hepaticojuenostomy or any other surgery that would allow free flow of bowel contents into the biliary tree, they have a MARKED risk for infection. Therefore we give antibiotics days before, during and after the procedure to protect them from hepatic abscess formation. [See Biliary Enteric Anastamosis Prep.](#) Even with this regimen, many patients still form abscesses.

<i>Antibiotic Regimens</i>		
	Standard	PCN Allergic
Skin	Ancef 1gm IV	Cipro 400mg IV -or - Vanco 1gm IV
Biliary	Timentin 3.1gm IV	Aztreonam 1gm IV -and - Flagyl 500mg IV -and - Vanco 1gm IV
Urinary	Rocephin 1gm IV	Cipro 400mg IV
Embolization (Bowel Prep)	Neomycin 500mg PO 1, 2, 11pm before procedure Erythromycin 500mg PO 1, 2, 11pm before procedure Flagyl 500mg PO BID start 2 days before procedure and continue 11 days after procedure Levoquin 500mg PO QD start 2 days before procedure and continue 11 days after procedure	