



FP18

Antibiotic prophylaxis in stone treatment

M. Grabe

University of Lund, Lund, Sweden

The worldwide severe bacterial resistance development is a threat for medical practice. The prudent use of antimicrobial agents is a main tool for restricting this menace. In urological practice, more than 50% of the antibiotics are prescribed for prophylaxis in conjunction with surgery. It is therefore essential to have a prudent and rational use of these necessary, vital drugs even for prophylaxis. The European Association of Urology (EAU) recommends a model of antibiotic prophylaxis based on a categorisation of procedures in levels of contamination (clean, clean-contaminated, contaminated and infected procedures), prevailing evidence-based data and best practice. Clean is surgery not entering the urinary tract, while clean-contaminated is endoscopic or open surgery entering the urinary tract. A contaminated environment implies the asymptomatic presence of bacteria in the urinary tract while the infected environment is when a clinical infection prevails. The basic principles are based on a multidisciplinary approach to the use of antibiotics recommending no antibiotics in clean surgery, single dose in clean-contaminated, pre-operative control of bacteriuria in contaminated environment and treatment of infection in the fourth group. How does this practically apply for urological stone management? Recent updates in endoscopic surgery and ESWL and the EAU guidelines 2014 recommendations are presented.