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Summary

LONG-TERM IMPLICATIONS OF USING PREOPERATIVE ORAL ANTIBIOTICS TO PREVENT SURGICAL SITE INFECTIONS IN COLON SURGERY: A FOLLOW-UP STUDY FROM ORALEV

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Colorectal | Endoscopy | Surgery

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Three-year follow-up of the ORALEV trial found that preoperative oral antibiotics for colon surgery did not increase long-term infectious complications or antibiotic resistance compared to intravenous antibiotics alone.

KEY POINTS

- Hospital admission due to infection occurred in 2.65% of oral antibiotic patients versus 2.64% of controls (p=1.000), with no difference in need for antibiotic treatment (1.14% vs 1.89%, p=0.715).
- Two patients in each group required treatment with carbapenems, and no differences were observed in readmissions for any complication (12.5% oral antibiotic group vs 10.9% control, p=0.674).
- COPD was associated with need for long-term antibiotic treatment (HR 5.13, 95% CI 1.28-20.54) irrespective of oral antibiotic administration.
- Long-term unplanned surgery was significantly lower in the oral antibiotic group (0.38% vs 3.77%, p=0.015), driven primarily by lower rates of hernia repair.
- Three-year mortality was similar between groups (9.09% oral antibiotics vs 8.68% control, p=0.989) with overall survival of 90.4% versus 90.9% (p=0.819).

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