

Shorter antibiotic prophylaxis doesn't raise infection rates

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(HealthDay)—Compliance with American Urological Association (AUA) guidelines for shorter antibiotic prophylaxis does not result in higher rates of infection among patients undergoing percutaneous nephrolithotomy, according to a study published in the October issue of *The Journal of Urology*.

Sameer Deshmukh, M.D., from Massachusetts General Hospital in Boston, and colleagues retrospectively reviewed the records of consecutive percutaneous nephrolithotomy procedures in patients without a history of urinary tract [infection](#). Patients were grouped based on duration of postoperative antibiotics: group 1: ≤ 24 hours (52 patients); group 2: mean of six days (30 patients).

The researchers found that fever developed within 72 hours of percutaneous nephrolithotomy in five group-1 patients (9.6 percent), but none demonstrated bacteriuria or bacteremia on cultures. Furthermore, no group-1 patients were treated for urinary tract infection on postoperative days three to 14. In group 2, four patients (13.3 percent) developed fever within 72 hours of percutaneous nephrolithotomy and one patient showed bacteriuria on culture (

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