P0265
Poster Session I
Antibiotic choices: clinical studies

MANAGEMENT OF PROSTHETIC JOINT INFECTIONS: A SURVEY OF UK PRACTICE

C. Cordina[1], A. Marek[1], N. Khanna[2]

[1]Microbiology, Glasgow Royal Infirmary, Glasgow, United Kingdom ; [2]Microbiology, Southern General Hospital, Glasgow, United Kingdom

Objectives

The morbidity and costs associated with infection of a prosthetic joint are substantial. The number of joint replacements is increasing and although only a small percentage of cases are complicated by infection it is likely that increasing numbers will be seen. The management of these cases varies from centre to centre and there are currently no UK guidelines for the management of prosthetic joint infection (PJI).

Methods

A telephone survey of consultant and senior trainee microbiologists in hospitals throughout Scotland and England was performed in June to August 2011. Respondents were either interviewed over the telephone or asked to return a short survey by email. The questions included in the survey are displayed in Figure 1.

Results

186 centres were contacted and responses were received from 48 individuals (26%). The responses were a combination of local protocol recommendations and individual consultant preference.

There was wide variation in the choice of empiric antibiotic treatment for PJI. The commonest reply was vancomycin and gentamicin, followed by flucloxacillin and rifampicin, and vancomycin and piperacillin-tazobactam.

For the treatment of a meticillin sensitive Staphylococcus aureus (MSSA) infection the majority would give flucloxacillin with a second agent. The duration of treatment for MSSA PJI ranged from 2 to 12 weeks.

The glycopeptide of choice for the treatment of PJI was vancomycin for 50% of respondents, and teicoplanin for roughly one third of respondents. Almost half of respondents said that their treatment of choice for a meticillin resistant S.aureus (MRSA) PJI would be a combination of vancomycin and rifampicin.

Regarding the use of teicoplanin, dosing schedules also varied, with 37.5% of respondents giving a loading dose of 400mg twice daily for three doses. 35.42% of respondents would give 400mg once daily as the maintenance dose. 16.7% of respondents would not check teicoplanin levels at all and 22.9% would check the first level after a week of therapy.

When asked about their use of linezolid the majority of those asked would use it for a maximum of 4 weeks and 18.7% said that this was an individual patient decision with close blood monitoring. The range of maximum durations was from 2 weeks to 2 months.

Regarding the availability of outpatient intravenous antibiotic services, 43.75% of respondents had a formal service available to them.

Conclusion

Due to the lack of well designed randomised controlled trials to guide the management of PJI there is great variability amongst institutions within the UK and this variability is highlighted in our study.