

Do antibiotics cause AUS infections?

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The authors of this manuscript are applauded in their attempt to answer a very challenging question in urologic prosthetic surgery: do prolonged antibiotics lead to improved outcomes? They performed a retrospective review of 155 men who underwent insertion of an artificial urinary sphincter (AUS) for stress urinary incontinence at a single institution. Patients were then stratified based on whether or not they received antibiotics for longer than 24 hours as well as whether they had risk factors for postoperative complications, such as diabetes, history of radiation and prior AUS placement. In their series, the use of prolonged postoperative antibiotics did not reduce the incidence of postoperative infections or other complications. In fact, there was a non-significantly higher number of patients in the antibiotic use group with device infections (6%) or erosions (8%).¹

This retrospective data set is limited in that there was a higher proportion of men with radiation and redo procedures in the prolonged antibiotics with risk factors group (Group 3). Although these risk factors are not consistently noted in large series to be independent predictors for AUS complications, it is generally felt that these patients are at increased risk for postoperative problems.²⁻⁵ So it is not entirely surprising that Group 3 in this series trends towards

higher rates of infection or explantation and it is unlikely that the use of antibiotics was the cause of this trend. However, as these authors discuss, it is more likely that the antibiotics are simply not able to alter natural history of these complications in at risk patients and therefore every effort should be made not to extend coverage past 24 hours, consistent with society recommendations. While this article adds to the body of work suggesting we limit our use of postoperative antibiotics in prosthetic surgery, it also continues to highlight the need for a prospective randomized controlled trial to answer the question for us definitively. □

References

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