# Current routines for antibiotic prophylaxis prior to transrectal prostate biopsy in Sweden

Survey to all centers reporting to the Swedish National Prostate Cancer Register (NPCR)

Infections following prostate biopsy are increasing. A recently published study from Sweden reported that 6% of the patients had an antibiotic prescription and 1% were hospitalized because of infection or sepsis following prostate biopsy 2006-2011[1]. Unfortunately, no data on what type of antibiotics that had been used were published. The aim of this survey is to collect data on institutional level on the type and regiments of prophylaxis that were used 2006-2014.

[1]Lundström, Drevin, Carlsson, Garmo, Loeb, Stattin, Bill-Axelson. Nationwide population-based study of infections after transrectal ultrasound guided prostate biopsy. *J Urol*. 2014 May, doi:10.1016/j.juro.2014.04.098

Please answer the survey and e-mail your answers to: johan.styrke@umu.se

**Thank you!**

Pär Stattin
Chairman NPCR

Johan Styrke
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**Please state the name of your department / unit:_____**

**Question 1a:**
What prophylaxis is currently used as standard at your department?

a. Ciprofloxacin 750 mg x 1
b. Ciprofloxacin 500 mg x 1
c. Multiple doses of ciprofloxacin (500 or 750 mg)
d. Trimethoprim-sulfamethoxazole 160/800 mg x 1
e. Multiple doses of trimethoprim-sulfamethoxazole
f. Other, please specify

**Question 1b:**
Have you changed the drug of choice during 2006-2014?

a. Yes
b. No
c. Unable to recall

**Question 2a:**
At what point do you give the antibiotics to the patient?
a. Immediately before the biopsy
b. Immediately after the biopsy
c. More than 1 h prior to the biopsy
d. Before and after the biopsy
e. Other, please specify

**Question 2b:**
Have you changed the time of administration during 2006-2014?

a. Yes
b. No
c. Unable to recall

**Question 3a:**
Is urine dipstick currently used at your department prior to TRUS-biopsy?

a. Yes
b. No

**Question 3b:**
Have you changed the use of urine dipstick during 2006-2014?

a. Yes
b. No
c. Unable to recall

**Question 4a:**
Is urine culture currently used at your department prior to TRUS-biopsy?

a. Yes
b. No

**Question 4b:**
Have you changed the use of urine culture during 2006-2014?

a. Yes
b. No
c. Unable to recall

**Question 5a:**
Is rectal enema currently distributed prior to TRUS-biopsy at your department?

a. Yes
b. No

**Question 5b:**
Have you changed the use of rectal enema during 2006-2014?

a. Yes
b. No
c. Unable to recall

**Question 6a:**
Specify how antibiotic prophylaxis is used in patients with risk factors of infection (patients with indwelling catheter, a urine dip-stick positive for nitrite, previous urinary tract infection, diabetes or immunosuppressive treatment)

a. Same strategy as for the low-risk patients
b. Prolonged prophylaxis (>1 dose, <4 days) without a urine culture
c. Prolonged prophylaxis (>1 dose, <4 days) according to a urine culture
d. Treatment ≥4 days without a urine culture
e. Treatment ≥4days according to a urine culture
f. Alternative b or c
g. Alternative d or e
h. Other, please specify

**Question 6b:**
Have you changed the duration of treatment in patients with elevated risk of infection during 2006-2014?

a. Yes
b. No
c. Unable to recall