# Antibiotic Prophylaxis in Oral and Maxillofacial Surgery for Prevention of Surgical Site Infection (3rd Edition)

## Pre-test questionnaire

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| **The followings information(s) is/are TRUE :** | **T** | **F** |
| 1**.** All oral and maxillofacial surgery is classified as clean-contaminated surgery |  | F |

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| **The followings information(s) is/are TRUE for clean surgical procedures:** | | |
| 2. Antibiotic prophylaxis is necessary for all clean surgeries regardless of patient-specific factors like immune status. |  | F |
| 3. The use of implants or grafting materials in clean surgeries mandates the use of prophylactic antibiotics. | T |  |
| 4. Clean surgical wound involve exposure to the oral, respiratory and/or alimentary tract. |  | F |
| 5. Submandibular gland surgery is considered as a clean surgery. | T |  |
| **The followings information(s) is/are TRUE for clean-contaminated surgical procedures:** | | |
| 6.Significant bone removal during surgical removal of an impacted tooth does not justify administration of antibiotic prophylaxis. |  | F |
| 7.  Non-regenerative periodontal surgery (e.g. open flap debridement) is an indication for antibiotic prophylaxis. |  | F |
| 8. Dental Implant surgery with simultaneous bone grating is not an indication for antibiotic prophylaxis. |  | F |
| 9. Smoking is considered a risk factor that may warrant the use of antibiotic prophylaxis in dental implant surgery. | T |  |
| 10.Patients undergoing sinus floor elevation surgery with simultaneous bone grafting stand to benefit from antibiotic prophylaxis in terms of preventing surgical site infection and loss of graft material. | T |  |
| 11.It is not recommended to administer antibiotic prophylaxis to patients undergoing alveolar bone grafting utilizing xenogeneic bone graft and collagen membranes due to risk of antibiotic resistance. |  | F |
| 12. Post-operative antibiotics for cleft lip and palate surgery are always mandatory for five days. |  | F |
| 13.In local practice, antibiotic prophylaxis for cleft lip and palate surgery is limited to pre-operative administration only. |  | F |
| 14. For orthognathic surgery, antibiotic prophylaxis should be administered pre-operatively and may be continued post-operatively for up to five days. | T |  |
| **The followings information(s) is/are TRUE for contaminated surgical procedures:** | | |
| 15.Bite wounds are classified as contaminated in oral and maxillofacial surgical cases. | T |  |
| 16.Amoxicillin-clavulanate the first-line antibiotic for contaminated wounds. | T |  |
| 17.The post-operative antibiotics for contaminated surgeries should exceed five days. |  | F |
| 18.Intra-operative antibiotic administration is mandatory for contaminated surgeries. | T |  |
| **The followings information(s) is/are TRUE for Oral and Maxillofacial Trauma:** | | |
| 19. The use of antibiotics in oral and maxillofacial trauma surgery is primarily aimed at preventing surgical site infections (SSIs) and reducing post-operative complications. | T |  |
| 20.  Antibiotics for oral and maxillofacial trauma surgery should be continued for more than 24 hours post-operatively. |  | F |
| 21.  Immunocompromised conditions may indicate the need for post-operative antibiotic prophylaxis >24 hours in oral and maxillofacial trauma surgery to prevent surgical site infections (SSIs). | T |  |
| 22.The presence of foreign bodies at the surgical site indicate the need for antibiotic prophylaxis to prevent SSIs. | T |  |
| 23. Post-operative antibiotics for more than 24 hours is recommended for both mandibular and non-mandibular facial fractures. |  | F |
| 24.Antibiotic prophylaxis should be given in all cases of oral and maxillofacial trauma surgery regardless of complexity or contamination. |  | F |
| 25.In a patient with symphysis of mandible fracture, a narrow-spectrum antibiotic such as Cefazolin should be administered within 1 hour of surgery and discontinued within 24 hours. | T |  |
| **The followings information(s) is/are TRUE for oncology head and neck surgeries:** | | |
| 26. Antibiotic prophylaxis is recommended for clean-contaminated oncological surgeries. | T |  |
| 27. Local resistance patterns are critical in determining antibiotic regimens for oncological surgeries. | T |  |
| 28. Antibiotic prophylaxis should be given in head and neck cancer surgeries to prevent SSIs. | T |  |
| 29. Clindamycin is one of the alternatives antibiotic prophylaxis for patients allergic to Penicillin undergoing oncological head and neck surgeries. | T |  |
| 30. The use of broad-spectrum antibiotics is recommended for all oncological head and neck surgeries, regardless of contamination level. |  | F |
| **The followings information(s) is/are TRUE for special population.** | | |
| 31.Antibiotic prophylaxis administration for routine dental extractions should be prescribed for patient with HbA1c 6.0%**.** |  | F |
| 32. Post head and neck irradiated patients can safely undergo routine tooth extractions without antibiotic prophylaxis. |  | F |
| 33. In patients receiving chemotherapy, antibiotic prophylaxis prior to invasive dental procedure is indicated when absolute neutrophils count is 1000-2000mm3 | T |  |
| 34. Antibiotic prophylaxis is indicated for all HIV patients prior to surgical removal of impacted wisdom tooth. |  | F |
| 35. Patients with previous history of infective endocarditis should be prescribed antibiotic prophylaxis prior to subgingival scaling. | T |  |
| 36. Antibiotic prophylaxis for invasive dental procedure is not indicated in patients who had undergone prosthetic joint replacement. | T |  |
| 37. Pulp extirpation is an invasive dental procedure in patients with risk of infective endocarditis. | T |  |
| 38. Prosthetic joint patients undergoing tooth extraction of 36 should be given antibiotic prophylaxis. |  | F |
| 39. Antibiotic prophylaxis should be given to immunosuppressed patients without any risk factors undergoing alveolar bone augmentation with xenograft. | T |  |
| 40. Doxycycline can be used in pregnant woman who will undergo dental surgery. |  | F |
| 41. Antibiotic prophylaxis should be administered to patients at risk of Medication-Related Osteonecrosis of the Jaw (MRONJ) before a scaling procedure. |  | F |
| 42. Patient who had history of radiation therapy for tongue cancer 5 years ago should not be given antibiotic prophylaxis prior to extraction of molar retained root. |  | F |
| **The followings information(s) is/are TRUE for selection of antibiotic, dosing and timing.** | | |
| 43. The choice of antibiotic prophylaxis agent will be determined by the most likely pathogens present at the surgical site, local antibiotic resistance pattern and patient's medical condition. | T |  |
| 44. Amoxicillin, Ampicillin and Benzylpenicillin are appropriate choices for surgery confined to the intraoral cavity. | T |  |
| 45. Cefazolin is preferred for oral and maxillofacial surgeries extending to the skin because of better coverage against*Staphylococci* species. | T |  |
| 46. A single dose of antibiotic prophylaxis is usually sufficient, and the duration of administration should exceed 24 hours to ensure adequate pathogen coverage. |  | F |
| 47. Redosing of antibiotic prophylaxis is necessary if the procedure lasts longer than the antibiotic's half-life, or it there are conditions such as burns or excessive blood loss (>1.5L). | T |  |
| 48. Antibiotic prophylaxis should be administered 30-60 minutes prior to surgical incision, or within 120 minutes for Fluoroquinolones and Vancomycin. | T |  |
| 49. Cefazolin, Azithromycin or Doxycycline are suitable alternatives for patients allergic to Penicillin/Ampicillin. | T |  |
| 50. Cephalosporins can be safely used in individuals with a history of anaphylaxis, angioedema or urticaria to Penicillin/Ampicillin. |  | F |