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Cefoxitin is a second-generation cephalosporin antibiotic that is commonly used for surgical antibiotic prophylaxis, especially in procedures involving the abdominal or pelvic regions. Cefoxitin is a broad-spectrum antibiotic that is effective against a variety of bacteria.

Here are some key points about cefoxitin:

Mechanism of Action: Cefoxitin, like other cephalosporins, works by interfering with the bacterial cell wall synthesis. It inhibits the cross-linking of peptidoglycan chains in the bacterial cell wall, leading to cell wall disruption and ultimately bacterial cell death.

Spectrum of Activity: Cefoxitin has a broad spectrum of activity against both Gram-positive and Gramnegative bacteria. It is effective against many anaerobic bacteria, making it particularly useful for surgical procedures involving the abdominal or pelvic areas where anaerobic infections are a concern.

Indications: Cefoxitin is often used for prophylaxis in colorectal surgery, gynecological procedures, and other surgeries where the risk of anaerobic infections is significant.

Administration: It is usually administered intravenously (IV) shortly before the surgical incision is made. The timing of administration is crucial to ensure that effective antibiotic levels are present in the body tissues during the surgery.

Dosage: The specific dosage of cefoxitin can vary depending on the surgical procedure, the patient's weight, and other factors. The healthcare provider will determine the appropriate dosage based on the specific circumstances.

Duration: Cefoxitin is typically administered as a single dose perioperatively. In some cases, redosing may be considered for prolonged surgeries to maintain therapeutic levels.

Adverse Effects: Like any antibiotic, cefoxitin can cause side effects. Common side effects include gastrointestinal symptoms such as nausea and diarrhea. It is important to consider a patient's individual medical history and potential allergies to antibiotics before prescribing cefoxitin.

Contraindications: Cefoxitin should be used with caution in patients with known allergies to cephalosporins or penicillins. It is contraindicated in individuals with a history of severe allergic reactions to beta-lactam antibiotics.

As with any antibiotic, the use of cefoxitin should be guided by local antimicrobial resistance patterns and institutional guidelines. The decision to use cefoxitin or any other antibiotic for surgical prophylaxis should be based on a careful assessment of the specific surgical context and patient factors.

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