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Suggested Prophylactic Regimes

Procedure	Prophylaxis
Angiography/angioplasty	Not standard [immunosuppression, false aneurysms, infected implants, or vascular sheath in place for longer than 24 hours, 1 g cefazolin IV]
Stent/endograft	Not standard [immunosuppression, false aneurysms, infected implants, or vascular sheath in place for longer than 24 hours, 1 g cefazolin IV]
Central venous access	Not standard
IVC filters	Not standard
Tunneled CVCs or PermCath	Not standard [immunosuppression consider 1 g cefazolin IV]
Biliary drainage/PTC/stenting	Timentin 3.1g IV (continued until blockage is resolved). If penicillin allergy: Aztreonam 1g, Vancomycin 1g, Flagyl 500mg
TACE	1 g ceftriaxone IV [if high risk Biliary Bowel Prep is commonly used]
Uterine fibroid embolization	1 g cefazolin IV
TIPS	1 g ceftriaxone IV for 48h

Radiofrequency ablation (liver/renal)	1.5 g ampicillin/beta-lactamase inhibitor IV
Percutaneous vertebroplasty	1 g cefazolin IV
Abscess/empyema drainages	Antibiotics should be administered prior to drainage procedure. The antibiotics administered should be broad spectrum and cover the most likely causitive organisms. This will vary depending on the cause and site of infection and should be discussed with the referring physician prior to procedure.
Genitourinary access/stenting (PCN)	1 g ceftriaxone IV (continued until blockage is resolved)
Varicocele embolization	Not standard