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Correspondence

Reply to: Letter Infection prevention in breast implant surgery — A review of the surgical evidence, guidelines and a checklist

Dear Editor,

We would like to thank the authors for their response to our review article. They correctly highlight that our recommendation with regards to antibiotic use in breast reconstruction is not supported by Level 1 evidence. Furthermore, we entirely agree regarding the risks of resistance and C.diff colitis when antibiotics are inappropriately prescribed. Our recommendation is however based on the best evidence available to us.

As there is already Level 1 evidence for prophylactic antibiotics reducing surgical site infection in patients having breast cancer surgery without reconstruction,¹ we would emphasise the need for data specifically in those patients who are having reconstructive surgery. This is particularly important for implant-based reconstructions because they account for the majority of immediate breast reconstructions,² and morbidity from infection in this setting is high.

The proposed audit is laudable, however such an endeavor should be designed in the context of the ongoing national iBRA study,³ a UK based audit of implant-based immediate breast reconstruction. Here, data on antibiotic use, infection rates and implant loss are being prospectively collected, with 1800 patients enrolled to date.

Conflict of interest statement

We have read and understood EJSO policy on declaration of interests. We declare that we have no competing interests.

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² <http://nwresearch.org/breast-subgroup/>.