

# URINARY TRACT INFECTION (UTI)

## General

Administer prophylactic antifungal and antibacterial therapy if clinically indicated [1]

Perioperative antibiotic prophylaxis for routine renal transplantation surgery has been recommended; a single dose of a second-generation or third-generation cephalosporin before induction of anesthesia seems to provide wound and urinary tract protection as effectively as a prolonged course of antibiotics [2]

Prolonged prophylaxis using TMP-SMZ has proved to reduce the incidence of UTI and bacteremia, although it has no major impact on overall patient or graft survival [2]

basiliximab is preferred to thymoglobulin because full dose thymoglobulin (7~10 mg/kg) was associated with higher rates of infectious disease or hematologic complication [3]

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[1]- [THYMOGLOBULIN \(anti-thymocyte globulin \[rabbit\]\) for intravenous use. \(2021\). Retrieved 21 November 2021, from https://www.fda.gov/media/74641/download](https://www.fda.gov/media/74641/download)

[2]-Yacoub, R., & Akl, N. (2011). Urinary tract infections and asymptomatic bacteriuria in renal transplant recipients. *Journal Of Global Infectious Diseases*, 3(4), 383. doi: 10.4103/0974-777x.91064

[3]-Kim, Y., Kang, S., Park, W., Jin, K., Park, S., & Park, U. et al. (2016). Optimal Dose of Thymoglobulin for Induction Therapy in High Risk Kidney Transplant Recipients. *The Journal Of The Korean Society For Transplantation*, 30(2), 82. <https://doi.org/10.4285/jkstn.2016.30.2.82>

