Comparison 5a: How long should antibiotic prophylaxis be continued after cardiac surgery?

Quality assessment							№ of patients		Effect		Quality
№ of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Prolonged antibiotic prophylaxis**	**Shorter**	**Relative (95% CI)**	**Absolute (95% CI)**	
Surgical site infection (Any prolonged regimen vs. a single dose)											
2	RCT	serious [1]	not serious	not serious	serious [2]	none	19/844 (2.3%)	42/838 (5.0%)	**OR: 0.43** (0.25 to 0.76)	**28 fewer per 1000** (from 12 fewer to 37 fewer)	⊕⊕◯◯ LOW
Surgical site infection (>24 hours vs. <24 hours)											
2	RCT	serious [1]	not serious	not serious	very serious [3]	none	10/139 (7.2%)	14/145 (9.7%)	**OR: 0.74** (0.32 to 1.73)	**23 fewer per 1000** (from 59 more to 63 fewer)	⊕◯◯◯ VERY LOW
Surgical site infection (>48 hours vs. 48 hours)											
1	RCT	serious [1]	not serious	not serious	very serious [3]	none	8/108 (7.4%)	5/119 (4.2%)	**OR: 1.82** (0.58 to 5.76)	**32 more per 1000** (from 17 fewer to 160 more)	⊕◯◯◯ VERY LOW

1. Risk of selection bias, performance bias, detection bias and reporting bias
2. Optimal information size not met
3. Optimal information size not met and CI fails to exclude both appreciable benefit and harm (RR and RRR of 25%)

RCT: randomized controlled trial; SSI: surgical site infection; CI: confidence interval; OR: odds ratio; RR: relative risk; RRR: relative risk reduction