

### Comparison 5c: How long should antibiotic prophylaxis be continued after orthognathic surgery?

Quality assessment							№ of patients		Effect		Quality
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Prolonged antibiotic prophylaxis	Single dose	Relative (95% CI)	Absolute (95% CI)	
Surgical site infection (Any prolonged regimen vs. single dose)											
3	RCT	serious <sup>1</sup>	not serious	not serious	serious <sup>2</sup>	none	5/133 (3.8%)	16/133 (12.0%)	<b>OR: 0.30</b> (0.10 to 0.88)	<b>81 fewer per 1000</b> (from 13 fewer to 107 fewer)	⊕⊕○○ LOW
Surgical site infection (> 24 hours vs. <24 hours)											
5	RCT	serious <sup>1</sup>	not serious	not serious	very serious <sup>3</sup>	none	13/131 (9.9%)	7/135 (5.2%)	<b>OR 0.34</b> (0.08 to 1.44)	<b>34 fewer per 1000</b> (from 21 more to 47 fewer)	⊕○○○ 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; CI: confidence interval; OR: odds ratio; RR: relative risk; RRR: relative risk reduction