

The Penicillin Allergy Clinic

Dear Plastic Surgeon,

As of September 2020, our clinic will begin testing patients in Winnipeg for true Penicillin/Amoxicillin allergy in an attempt to de-label all false allergies. Approximately 10% of patients report a Penicillin allergy of which 95% are false. This leads to unnecessary avoidance of Penicillin/Amoxicillin and sometimes Ancef/Cefazolin in place of more expensive broad-spectrum antibiotics such as Vancomycin leading to increased surgical site infections, increased intra-operative time, and increased length of stay in hospital. *Choosing Wisely recommends ALL patients with a Penicillin allergy be referred for allergy testing [1].*

Our de-labelling process is incredibly safe and requires only a few hours of the patient's time. Our process allows us to de-label low risk patients which is the majority of patients who carry a Penicillin or Amoxicillin allergy label. Any patients we deem higher risk who are unable to be de-labelled at our clinic will be referred to an allergist for further management. We do not offer skin testing as the most recent studies and guidelines state that skin-prick and intra-dermal testing are not required for a majority of patients who are at low-risk for a Penicillin/Amoxicillin allergy. There are numerous benefits to you and your patients by removing their Penicillin/Amoxicillin allergy such as...

Benefits to Patients by Removing Penicillin/Amoxicillin Allergy

- 50% reduced odds of surgical site infection [2]
- Reduced Vancomycin use, minimizing delays to initiation of incision time in the OR [3]
- Reduced intraoperative time [3]
- Reduced length of hospital stay [4]
- Reduced risk of *Clostridium difficile* (35%) and MRSA (55%) [5]

Benefits to Healthcare System by Removing Penicillin/Amoxicillin Allergy

- Inpatient <u>costs savings were \$1145-\$4254 per patient</u> when Penicillin allergy was removed [6]
- Average antibiotic costs per patient decreased from \$1,265.81 to \$592.08 USD, <u>a 53% savings</u> [7]

To provide your patients the best possible care and reduce healthcare costs, <u>please fax a consult to</u> **1-888-736-1743 addressed to the 'The Penicillin Allergy Clinic'**.

Sincerely,

Dr. Norm Silver, FRCPC Pediatrician/Emergency Physician Dr. Taft Micks, CCFP(EM) Family/Emergency Physician

References

^{1.} Choosing Wisely. American Academy of Allergy, Asthma & Immunology. <u>https://www.choosingwisely.org/clinician-lists/american-academy-allergy-asthma-immunlogy-non-beta-lactam-antibiotics-penicillin-allergy/</u>

^{2.} Blumental KG, Ryan EE, Yu L, Lee H, Kuhlen Jr. JL, Shenoy ES. The impact of a Reported Penicillin Allergy on Surgical Site Infection Risk. Clin Infect Dis. 2018 Jan 18:66(3):329-336.

^{3.} Moussa Y, Shuster J, Matte G, Sullivan A, Goldstein RH, Cunningham D, et al. De-labeling of β -lactam allergy reduces intraoperative time and optimizes choice in antibiotic prophylaxis. Surgery.164 (2018); 117-123

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^{7.} Chen JR, Tarver SA, Alvarez KS, Wei W, Khan DA. Improving aztreonam stewardship and cost through a pencillin allergy testing clinical guideline. Open Forum Infect Dis. 2018 May 5;5(6)