



ADVANCED SINUS AND ALLERGY CENTER

1030 W. Higgins #325
Park Ridge, IL 60068

Antibiotics

Antibiotics treat bacterial infections. They are ineffective against viruses and molds. Since chronic rhinosinusitis is a condition where the sinuses may be infected by bacteria, antibiotics can be an important component of your therapy. Sometimes more than one antibiotic will be prescribed to increase the likelihood of more effectively eliminating an infection. Because the penetration of the antibiotic inside the sinuses can be limited, an extended treatment is often necessary. Three to six weeks of continuous therapy for chronic rhinosinusitis is common initially.

Dosing: You should always take your antibiotic exactly as prescribed unless you are experiencing an adverse reaction to the medication. Otherwise always complete the entire course of antibiotic, even if you start feeling better before you are due to finish. By failing to complete the entire course of your treatment, you may be increasing the number of resistant bacteria. This could make further antibiotic therapy ineffective.

Adverse effects: As with any medication, antibiotics can cause side-effects. Any antibiotic can cause an allergic reaction, ranging from a rash on the skin, with or without itching, to a swollen mouth or tongue, wheezing, and/or trouble breathing. In all cases of an allergic reaction, you should stop taking the drug immediately and call your physician. Most allergic skin reactions will resolve with little or no treatment. A drug reaction, somewhat different from an allergy, can develop from using antibiotics and cause fever and/or joint pain and swelling. Because antibiotics kill the normal ("good") bacteria in the body, as well as the disease-causing bacteria, they can cause other side effects like a yeast infection, most commonly in the mouth (thrush) or vagina or a severe diarrhea known as "Pseudomembranous colitis." Patients with this disorder have severe watery diarrhea which may be green and foul-smelling. In this case you should stop the antibiotic and notify your doctor immediately. Do not try to treat yourself with an anti-diarrheal medication or hope that a severe diarrhea problem will subside. To minimize the risk of both diarrhea and yeast infection, we recommend daily ingestion of *Lactobacillus acidophilus*, popularly known as Acidophilus. Acidophilus can be found in two forms; yogurt with active cultures, and capsule preparations. We recommend eating 8 ounces of yogurt with active cultures daily while on antibiotics, and to continue doing so for another week or two following completion of your course of antibiotics. Although yogurt is the preferred source of acidophilus, acidophilus capsules or probiotics containing Acidophilus (like VSL#3) are an acceptable alternative if you have a milk allergy or for some reason cannot eat yogurt. You can purchase acidophilus tablets at most health food stores. Be sure to inform your doctor if any of the following apply to you: impaired kidney or liver function, rash when previously given an antibiotic, ulcerative colitis, mononucleosis (mono), anemia, myasthenia gravis, pregnancy, breast feeding, mitral valve prolapse or prosthetic devices.



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If you are using an oral contraception while on antibiotics a back up method of contraception is highly recommended.

Antibiotic Preparations:

Penicillins: rash and gastrointestinal disturbances (nausea, diarrhea) are the most common adverse effects.

Cephalosporins: distant cousins to the penicillins, with similar adverse effects.

Sulfonamides: may interact with other drugs, such as oral hypoglycemics (diabetes medications), anticoagulants (Coumadin), anti-seizure medications and thiazide diuretics; avoid if you have G6PD (an enzyme deficiency); stop at first sign of skin rash; may cause sensitivity to sunlight.

Quinolones: may interact with anticoagulants (Coumadin) and theophylline (asthma, COPD medication); may increase effects of caffeine; avoid unprotected sun exposure; may cause dizziness or light-headedness, so avoid driving or operating machinery until you know how you will react to this drug. If you are taking vitamins, antacids, or yogurt you should take them two hours before or four hours after. There is a small risk of developing tendonitis while on these antibiotics. Should you feel tenderness in your muscles or tendons, do not push or exert further. The risk appears increased when quinolones are used in conjunction with systemic (oral) steroids such as Medrol or prednisone.

Tetracyclines: may interact with anticoagulants like Warfarin (Coumadin). Protect from sunlight while on these drugs; should not be taken if also taking barbiturates, phenytoin or carbamazepine. If you are taking antacids, iron, vitamins or milk products, you should take them two hours before or four hours after.

Macrolides: nausea and stomach upset occurs most commonly; may interact with digoxin, carbamazepine, Warfarin (Coumadin) and Theophylline. Biaxin should not be used while taking a statin (cholesterol - lowering agent such as Lipitor®). Biaxin can cause a bitter or metallic taste in the back of the throat. Some macrolides may cause caffeine levels to increase, causing jitteriness or anxiety.

Metronidazole: Avoid alcoholic beverages and alcohol-containing medications (such as cough syrups) for at least 24 hours after taking this medication; may interact with anticoagulants, anticonvulsants, lithium and cimetidine; may cause dark urine. Drug should be stopped should you develop numbness, tingling, weakness in hands or feet.

Clindamycin: diarrhea is the most common adverse reaction and can be severe.