



Antibiotic Medication Information

Why would I have to take antibiotics post-transplant?

After your transplant you are at a higher risk of developing infections. This is because the drugs we give you to prevent rejection also prevent your body from being able to fight off some infections. We give you some antibiotics to prevent these infections from happening. Other antibiotics are only given to you if you develop a certain kind of infection.

What antibiotics will I have to take after my transplant?

The one antibiotic that you will definitely take is called Bactrim®. It has other names such as sulfamethoxazole/trimethoprim or co-trimoxazole®. If you have an allergy to sulfa drugs you will not take Bactrim® you will likely take a drug that is given once a month via inhalation call pentamidine. Dapsone or atovoquone are also other options for people with sulfa allergies.

What is Bactrim used for?

Bactrim® or the drugs you may take in place of it are used to prevent an infection in the lungs called PCP pneumonia. This drug can also be used to treat many other infections. It will also work to prevent urinary tract infections posttransplant.

How long will I have to take Bactrim?

You will likely stay on Bactrim® for the rest of your life. After one year you will only have to take it three times a week.

Does Bactrim interact with any other drugs?

Yes. Bactrim® can increase the levels of other drugs. Make sure your doctor knows you are taking Bactrim® if they need to start drugs such as Dilantin® (for seizures), Coumadin® (blood thinner) or Digoxin (heart medicine).

Are there side effects to Bactrim and the other drugs like it?

The most common side effects of Bactrim® are nausea, vomiting, loss of appetite, rash and itchy skin. The pentamidine inhalation treatments can cause some shortness of breath, coughing and chest pain. It can also leave a metallic or bitter taste in the mouth.

Please direct your medication questions to
your transplant coordinator or transplant pharmacist.