

Letter to the Editor

Surgical Site Infections - A Cause for Concern

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Dear Sir/Madam,

Surgical Site Infection is the contamination of a surgical wound site that occurs within 30 days of an operative procedure and involves the skin, subcutaneous tissue or organ space of the manipulated site. It can be primary or secondary, minor or major, and purulent versus non purulent. The New CDC-definitions classify surgical site infections (SSI) into three broad categories – superficial, deep incision and organ space SSI.

A study conducted in the 1990s showed that patients who developed SSI had longer and costlier hospitalizations than their non affected counterparts. They are twice as likely to die, 60% more likely to spend time in an ICU, and more than five times more likely to bear increased hospital length of stay and increased cost.¹

SSIs develop in approximately 2% to 5% of patients undergoing surgical procedures per year in the United States, and are the second-most-common type of nosocomial infections, accounting for 20% to 25% of the total ² and 38% of all nosocomial infections in surgical patients.

The most important host-related risk factors for the development of SSI are advanced age, morbid obesity, disease severity, an ASA score > 2, prolonged preoperative hospital stay, and infection at distal sites. Another study demonstrates that diabetes and malnutrition (defined as significant weight loss 6 months prior to surgery) are significant preoperative risk factors for SSI. Postoperative anemia is also an important risk factor for surgical site infection. In contrast to prior analyses, this study has documented that tobacco use,

steroid use, and COPD are not independent predictors of SSI.³

A number of studies carried out in India indicate an overall SSI rate of 4.04 to 30% for clean surgeries and 10.06 to 45% for clean-contaminated surgeries.⁴

In Pakistan, unfortunately, no significant steps have so far been taken to determine the accurate incidence of this universal health issue. As doctors, we come across many patients going through the mental and physical turmoil that an SSI imparts, not to mention the hole in the wallet, from increased length of hospital stay and medicines.

Appropriate measures need to be taken, to reduce the incidence of this ominous problem. Careful preoperative, intraoperative, and postoperative management of every patient and a surveillance system based on international criteria – these steps are mandatory, if we are to curb this portentous issue.

References

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