
Tackling Surgical Site Infections - Clinicians Call For Realistic Targets To Combat Unmet Needs

As part of the meeting, 'New non-pharmaceutical ways to reduce SSIs', attendees discussed SSIs rates and current SSIs targets whilst agreeing that although SSIs rates would ideally be zero, overriding factors such as age, disease status and type of surgery mean that this is not a realistic target. Overall, across a range of surgery types experts believed that an SSI rate of 0.7% - 1% should be realistic and that this should be considered by healthcare institutions in future.

The participating clinicians had spent time discussing what practical changes to the surgical procedures could be made to reduce or, indeed, prevent SSIs, focusing particularly on the following points:

- improve hospital discharge follow-up procedures (it was agreed that these vary markedly from country to country)
- standardise protocols for patient evaluation, risk assessment and data collection
- further and improved education for healthcare administrators and patients on SSIs

To further the last bullet point above, some of the participants commented that improving patient education could be a very important factor in reducing SSIs. Patients should be made aware of steps that they can take to reduce their susceptibility to SSIs; for example by stopping smoking or by managing their weight. "Although these can be difficult for patients," commented Professor John Fairclough, Llandough Hospital, Cardiff, UK, "this could be a way in which all healthcare professionals can offer support and information to patients; educating them that overall the benefits of losing weight or stopping smoking, for example, can ensure their operation runs more smoothly, with less chance of complications such as SSIs".

Clinicians at the meeting also agreed that there are a number of simple new measures that they themselves could implement which could reduce SSIs, including using washable surgical shoes rather than disposable overshoes and ensuring experienced surgeons either supervise or conduct wound closure procedures.

SSIs have a major impact on patients and healthcare settings, in terms of both morbidity and mortality. Notably, patients who develop SSIs are twice as likely to die¹. They usually lead to increased hospital stays or re-admissions and more needs for hospital stays within intensive care or high dependency units. Not only do SSIs impact negatively upon the patients' lives but they also add substantially to healthcare costs such as bed occupancy.

It was also noted by the attending clinicians that SSIs can occur days or even weeks after surgery. Therefore it is not just the time spent by the patient while being attended to in hospital that needs to be taken into account; risks would also need to be minimised for the period after the patient leaves the hospital.

The symposium 'New non-pharmaceutical ways to reduce surgical site infections', took place in Reykjav

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