

## **Infection control and monitoring after discharge in orthopedic surgery**

Mariana Schmitt Adam<sup>1</sup>

Marcelo Carneiro<sup>2</sup>

Eliane Carlosso Krummenauer<sup>3</sup>

Janete Aparecida Alves Machado<sup>4</sup>

The authors would like to congratulate their colleagues from the UFMG on the "Risk of surgical site infection in patients who have undergone orthopedic surgery" study, which describes the incidence of surgical site infection with a significant sample (3,543 patients). The incidence of orthopedic infection found was 1.8% (CI 95% and  $p < 0.05$ ) through a historical cohort<sup>(1)</sup>.

All infection control officers know that notifications by passive methodology – that is, through re-hospitalization figures or notifications by the doctor providing treatment – do not represent the true incidence of the issue. This method tends to provide information only about the most serious cases, excluding cases of superficial infection of the surgical site – the majority of cases are of this type – as well as patients who are re-hospitalized in other institutions.

In the authors' institution, after the completion of a retrospective cohort made up of 262 orthopedic procedures involving implants, through an active post-discharge search between January 2009 and March 2011 involving the randomized contacting by telephone of 82 patients (CI 99.9%,  $p < 0.05$ ), the authors found an infection frequency of 11.1%. Analysis with the application of this active search was 7.3. The epidemiological difference demonstrated by changing the method is considerable. However, inherent difficulties must be exposed: important limiting factors for this sampling system include the fact of it being a retrospective study, where forgetting depends on the interviewee, the changing of telephone contact details, being or not at home at the time of the contact, the interviewee's understanding of the issue and the reliability of the information passed on. Despite this, this method provides greater security in the analysis of the data, making it possible to estimate an infection rate which is closer to reality. However, situations such as being re-hospitalized in a different hospital or simply being dealt with in the outpatients department provide indications of a lower infection rate, lulling health care professionals into a false sense of security such that they fail to take preventive measures or control measures.

---

<sup>1</sup> RN, Comissão de Controle de Infecção e Epidemiologia Hospitalar, Hospital Santa Cruz, Universidade de Santa Cruz do Sul, Brazil.

<sup>2</sup> MSc, Assistant Professor, Universidade de Santa Cruz do Sul, Brazil. Coordinator da Comissão de Controle de Infecção e Epidemiologia Hospitalar, Hospital Santa Cruz, Universidade de Santa Cruz do Sul, Brazil.

<sup>3</sup> RN, Specialist in Nursing, Comissão de Controle de Infecção e Epidemiologia Hospitalar, Hospital Santa Cruz, Universidade de Santa Cruz do Sul, Brazil.

<sup>4</sup> Nursing Technician, Comissão de Controle de Infecção e Epidemiologia Hospitalar, Hospital Santa Cruz, Universidade de Santa Cruz do Sul, Brazil.

It is understood that monitoring is a process involving activities which afford the obtaining of information which is the basis for recommending or adopting measures for the prevention or control of harm to health. The specific functions for its operationalization are comprised of measures which it is possible to develop efficiently: data collection, processing the data collected, analysis and interpretation, recommendation of appropriate control measures, promotion of the actions, evaluation of efficiency and effectiveness, and dissemination of relevant information.

It is concluded that it is relevant that there should be monitoring of forms of harm to health through a systematization of the data, as well as of the situation the population finds itself in. Such attitudes allow analysis and interpretation by a multidisciplinary team, such that the authors can disseminate information, recommendations and actions to make effective control possible.

## References

1. Ercole FF, Franco LMC, Macieira TGR, Wenceslau LCC, Resende HIN de, Chianca TCM. Risco para infecção de sítio cirúrgico em pacientes submetidos a cirurgias ortopédicas. *Rev. Latino-Am. Enfermagem*. 2011;19(6):1362-8.

---

### Correspondence:

Marcelo Carneiro  
Hospital Santa Cruz  
Rua Fernando Abott, 174  
Centro  
CEP: 96810-072, Santa Cruz do Sul, RS, Brasil  
E-mail: carneiromarcelo@yahoo.com.br