

Surgical Site Infections in Colorectal Surgery and Generic Prevention Bundles



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BACKGROUND

Surgical site infection (SSI) is one of the most common complications after colorectal surgery. In Europe, its SSI rates have seen only a modest decrease compared to other surgical procedures.^(1,2) The HAI-Net SSI protocol has been used to study SSI over the last two decades, identifying colorectal procedures as the ones with the highest SSI rates.⁽²⁾ In order to reduce SSI rates, several SSI prevention bundles have been introduced, however, very few are tailored to colorectal surgery.⁽¹⁻⁹⁾

METHODS

A retrospective descriptive analysis of the colorectal surgeries performed between 2018 and 2021 was undertaken. SSI rates and SSI classification, as well as compliance to the Portuguese SSI prevention bundle are described.

RESULTS

Seven hundred and ninety-five colorectal surgeries were studied according the HAI-Net SSI protocol⁽²⁾. SSI rates ranged from 19.9% (2021) to 29.0% (2020), with a mean of 24.6% (Figure 1). Organ/space infection rates ranged between 26.4% (2018) and 47.6% (2021) (Figure 2).

Compliance to the SSI prevention bundle was underwhelming. However, we found that compliance to individual elements has grown over the years, being skin preparation with 2% CHG (68.2%) and avoidance of hair removal (62.2%) those with higher scores (Figure 3).

SSI Rates

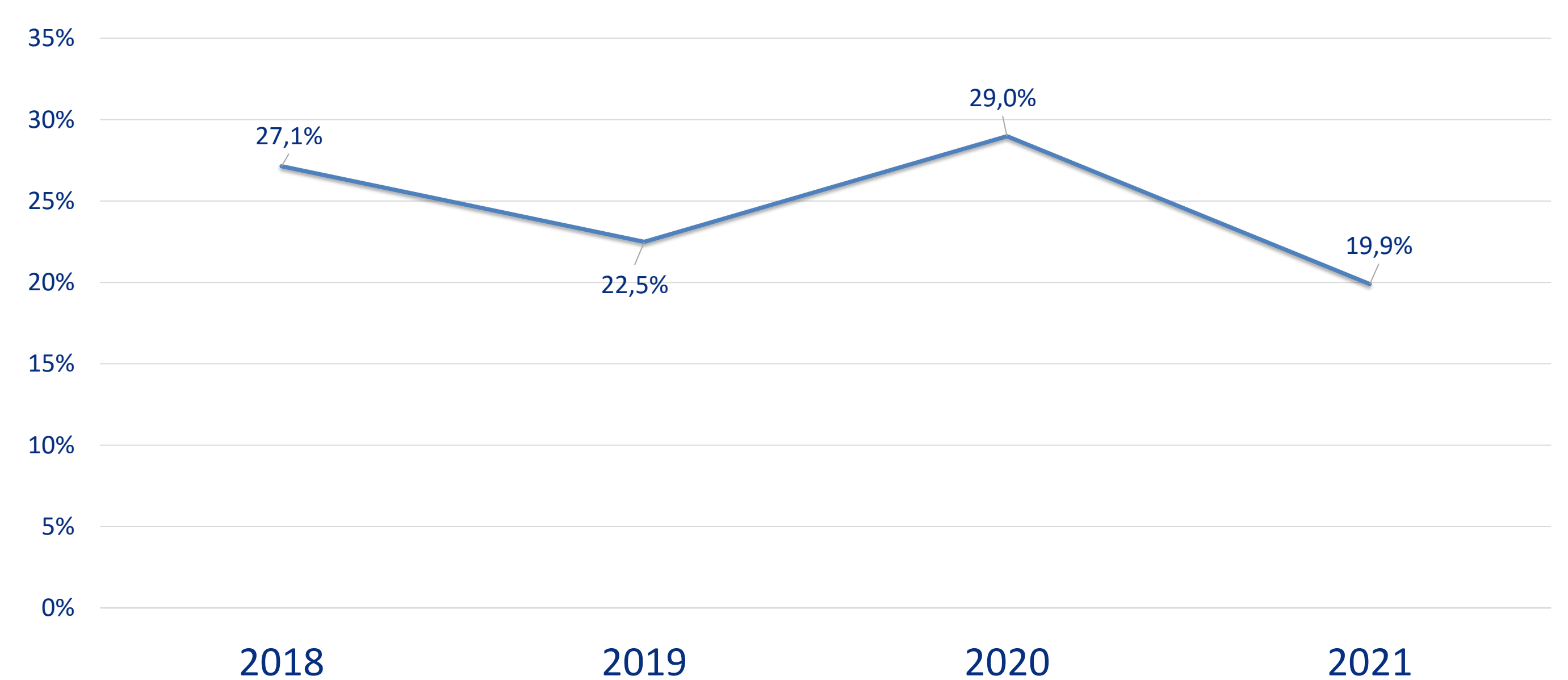


Figure 1 – Surgical Site Infection Rates between 2018 and 2021

SSI Prevention Bundle Compliance

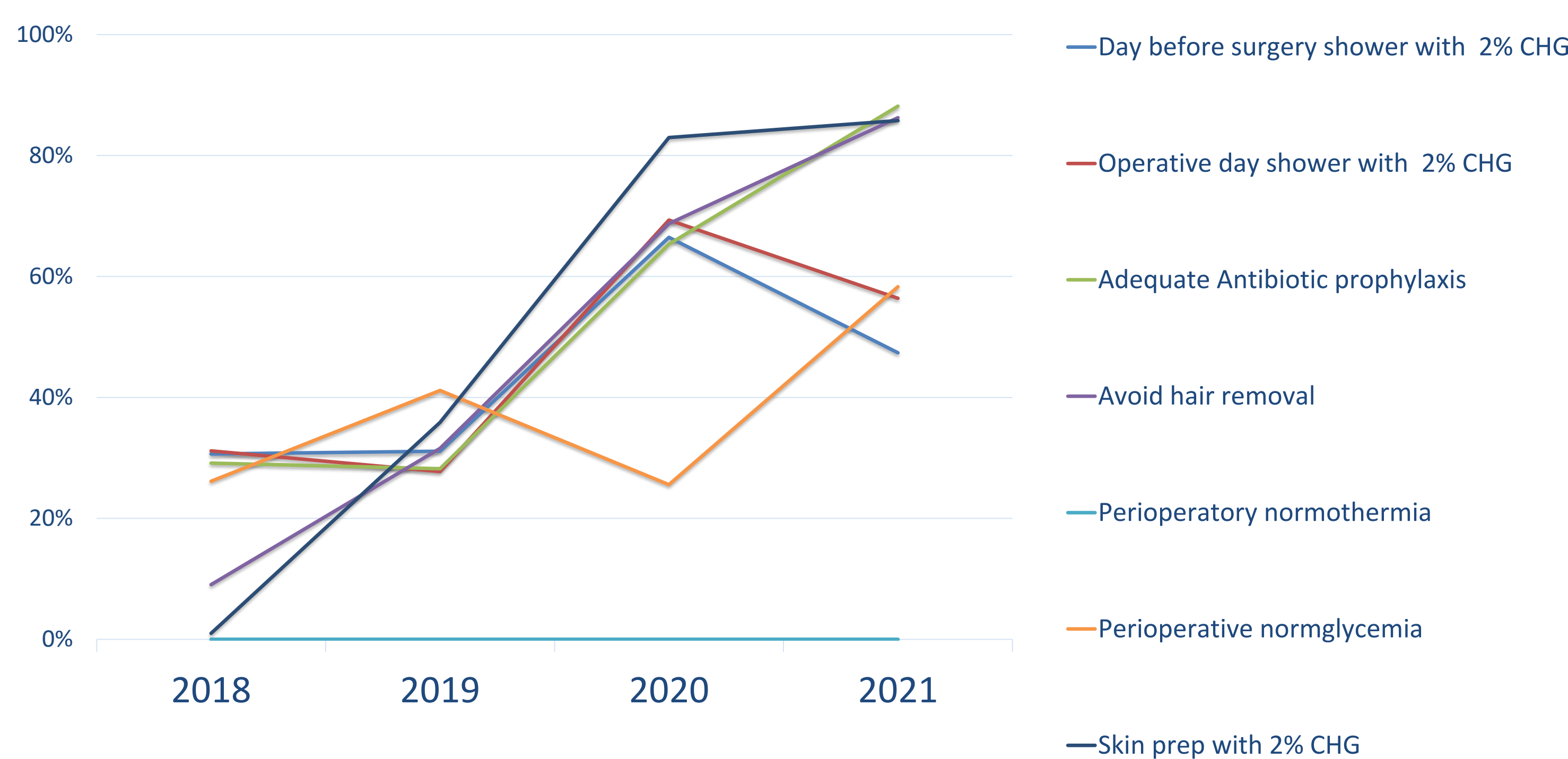


Figure 3 –Surgical Site Infection Prevention Bundle Compliance

SSI Classification

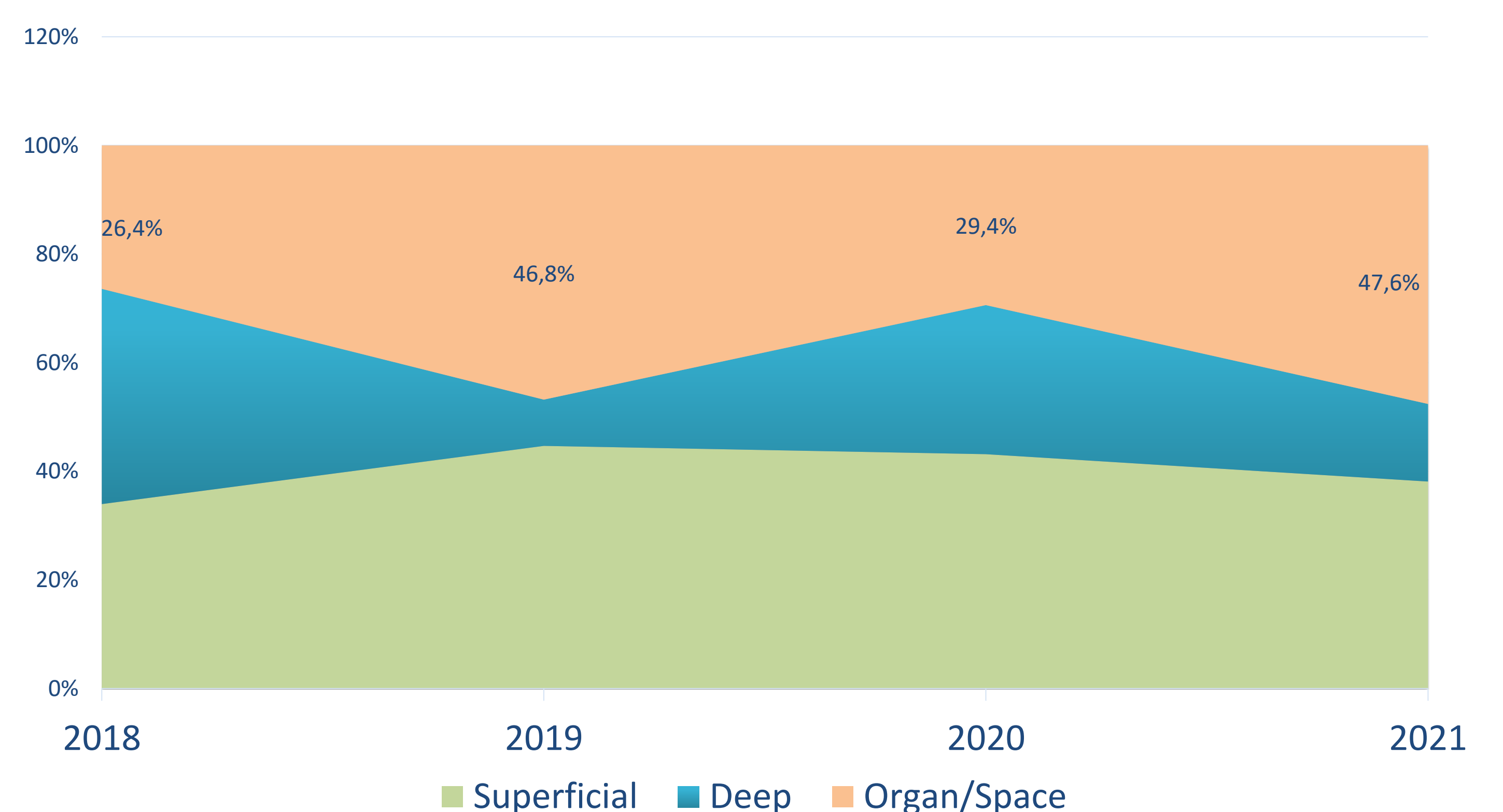


Figure 2 – Surgical Site Infection Classification

CONCLUSIONS

Despite the gradual increase in compliance to the Portuguese SSI prevention bundle, there hasn't been a significant decrease in colorectal SSI rates. The development of prevention bundles tailored to colorectal surgery might be an adequate tool for a sustained reduction in SSI rates.

REFERENCES

- World Health Organization. (2018). Global guidelines on the prevention of surgical site infection, second edition (Second edition ed.). Geneva.
- European Centre for Disease Prevention and Control. (2019). Healthcare-associated infections: surgical site infections. In ECDC (Ed.), Annual epidemiological report for 2017 (pp. 18). Stockholm: ECDC.
- European Centre for Disease Prevention and Control. (2017). Surveillance of surgical site infections and prevention indicators in European hospitals - HAI-Net SSI protocol, version 2.2. In (pp. 36). Stockholm.
- Mangram, A. J., Horan, T. C., Pearson, M. L., Silver, L. C., & Jarvis, W. R. (1999). Guideline for Prevention of Surgical Site Infection. *Infection Control and Hospital Epidemiology*, 20(4), 247-278.
- Berrios-Torres, S. I., Umscheid, C. A., Bratzler, D. W., Leas, B., Stone, E. C., Kelz, R. R., . . . Committee, H. I. C. P. A. (2017). Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017. *JAMA Surg*, 152(8), 784-791. doi:10.1001/jamasurg.2017.0904
- NICE (2019). Surgical site infections: prevention and treatment.
- Cunha, T., Canhoto, M., Videira, Z., Ventura, A., D'Orey Manoel, L., & Alves, P. (2019). Infecção do Local Cirúrgico na Cirurgia Colo-Retal: Estudo Observacional Restrospectivo. *Revista de Investigação & Inovação em Saúde*, 51.
- Hoang, S. C., Klipfel, A. A., Roth, L. A., Vrees, M., Schechter, S., & Shah, N. (2019). Colon and rectal surgery surgical site infection reduction bundle: To improve is to change. *Am J Surg*, 217(1), 40-45. doi:10.1016/j.amjsurg.2018.07.008
- Zywot, A., Lau, C. S. M., Stephen Fletcher, H., & Paul, S. (2017). Bundles Prevent Surgical Site Infections After Colorectal Surgery: Meta-analysis and Systematic Review. *J Gastrointest Surg*, 21(11), 1915-1930. doi:10.1007/s11605-017-3465-3