

Sternal wound infections: why not try now sternal wrapping?

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I have read with interest the article of Dr. Okonta et al.: “Sternal wound infection following open heart surgery: appraisal of incidence, risk factors, changing bacteriologic pattern and treatment outcome” [1]. I was very impressed by their effort. They have managed to have a very low rate of surgical interventions for sternal wound infections, just 50 patients out of 6,492 (0.77%).

I am sure they must have also had some aseptic sternal dehiscences due to mechanical failure.

Their paper and others similarly published earlier show that over the years very little has changed in the matter of sternal wound infections in particular, and its complications in general. We well know all the risk factors for sternal wound complications but unfortunately surgeons cannot choose their patients, procedures, seasons and other circumstances associated with them. So far most of the efforts have concentrated on treatment of complications, with prevention being limited mainly to surgical accuracy.

Recently Dr. Kirbas et al. have published the first clinical trial of sternal wrapping [2]. This is a do-it-yourself technique [3, 4] which in their experience, in mine and in those of others not yet published, seems capable of reducing the incidence and severity of sternal wound complications. Sternal wrapping offers mechanical and microbiological protection and has haemostatic properties. It is surgeon dependent and practice, experience and

personal ingenuity are essential for getting good results. It should be possible to implement in most patients.

Unfortunately sternal wrapping does not have the support of business marketing because, as it is now, there is nothing to buy.

I fully agree with Dr. Okonta and colleagues that good aseptic technique, judicious use of antibiotics, diathermy and application of good surgical techniques may contribute to maintain a low incidence of sternal wound infections. Why not try sternal wrapping also?

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