

THE CLINICAL HANDLING OF SSI: WHERE AND HOW IS IT OPTIMAL?

Ramos Martinez Antonio¹

¹*Unicersidad Autónoma de Madrid Hospital Puerta de Hierro. Majadadonda (Madrid, Spain).*

Postoperative infections constitute significant complications associated with increased hospital stay and patient morbidity and mortality. Surgical site infection (SSI) comprises the cutaneous tissues until deep space such as peritoneal or pleural cavities. The diagnosis of SSI is often performed after hospital discharge. It is very important to know the depth of infection and rule out infection material and artificial devices.

The causal microbes originate from the flora of the skin or the mucosal surfaces that have been touched during the operation. However, there are relevant differences related to local flora of different body regions.

It is important to obtain microbiological cultures before starting sistemic antibiotic therapy. Superficial non-complicated infections are treated locally. Deep postsurgical infection frequently requires surgical debridement or protheses removal. Treatment comprise normally a combination of surgical debridement and specific antimicrobial therapy. Empiric antibiotic therapy is prohibited for Infections with foreign material.

A multidisciplinary approach to SSI is important. It is useful to involve an infectious disease specialist to optimize antibiotic therapy. Empirical treatment of these infections should include antibiotics with coverage invasive flora. Local resistances should be considered when prescribing empiric therapy. A plastic surgeon should also be involved in those cases of severe infection that require repeat debridement and delayed closure. Poor increase in granulation tissues, is a good indication for vacuum assisted closure therapy.