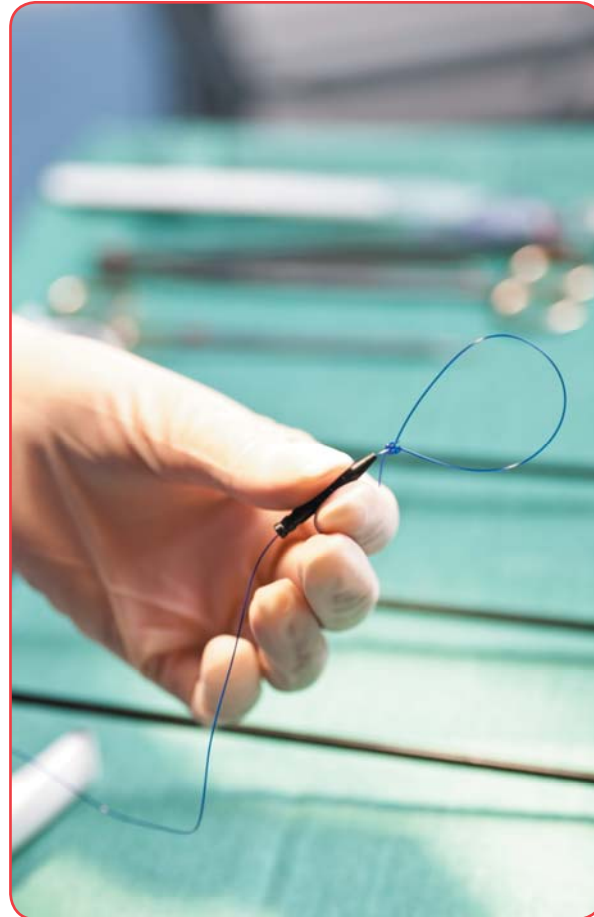


The recommendations are broken down into pre-, peri-, and post operative phases.

PREOPERATIVE:

The healthcare facility should implement a comprehensive SSI-reducing surveillance program and environmental cleaning solutions. Make sure that surgical instruments are cleaned and sterilized according to published guidelines, prep the patient, and prepare the OR and surgical team.



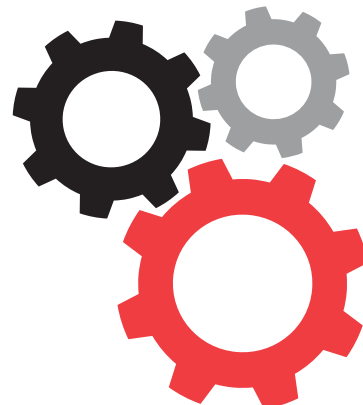
PERIOPERATIVE

Perioperatively, the healthcare facility workers should maintain an operating room ventilation system and allow only necessary personnel to enter the OR. Once a healthcare professional is scrubbed, he or she should never leave and re-enter the OR without rescrubbing. The proper surgical attire should be worn and changed and discarded if visibly soiled. Finally, consider the use of antibacterial sutures.

POSTOPERATIVE

Since many SSIs can manifest themselves as long as 30 days after a surgical procedure, it is very important to continue MRSA surveillance postoperatively. Some measures include making sure, that if dressings are required, they are used for 24 to 48 hours after the surgery and that aseptic technique is used for dressing changes. Finally, educate the patient and close contacts/family on proper care of incisions, the symptoms of SSIs, and how to report their occurrence. It is important for everyone involved in the care of the patient to take these measures into consideration in order to minimize the risks of SSIs.

The multidisciplinary approach offers a proven tool for helping healthcare workers improve their patients' outcomes, and control hospital outbreaks



Introduction:

ETHICON's Healthy Discu**SSI**ons are designed to initiate conversation around the issue of **SSIs** and suggest possible, evidence-based elements that can be useful as parts of larger programs of action.

MULTIDISCIPLINARY APPROACH TO PREVENTING SSI

and the use of the WHO Safe Surgery Saves Lives checklists

29th March 2010, 4:30pm (GMT +1, Paris) 3:30pm (GMT, London)
Please log in through a link accessible at www.ethicon360emea.com

Reducing bacterial contamination requires the cooperation of everyone involved in the care of the patient, such as infection control practitioners, nurses, surgeons, anesthesiologists, pharmacists and hospital executives.

Agenda – points for discussion

- Surgical Site Infection: extent after surgery
- Importance of definitions and post discharge surveillance
- Data collection HELICS and ECDC data base
- Mandatory reporting HPA orthopaedics and beyond
- NICE guidelines: antibiotic prophylaxis, shaving and avoidance of hypothermia
- WHO "Safe Surgery Saves Lives" campaign
- Introduction of checklists and interdisciplinary implementation

