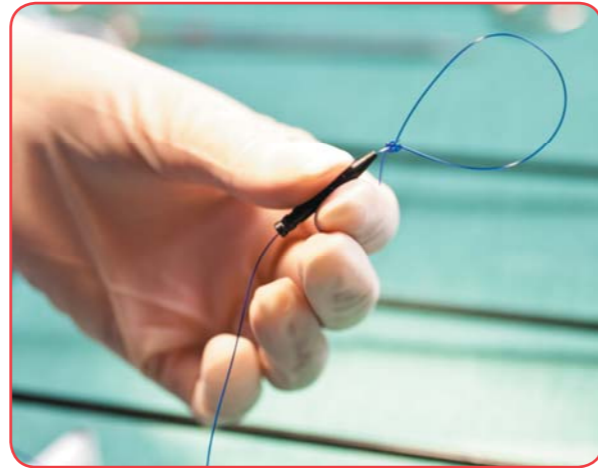


**ABSTRACT**

The group of topically used antimicrobials, classified as the antiseptics, are widely used clinically for skin preparation and hand hygiene, prior to surgery, and for managing microbial colonisation and local infection in open wounds healing by secondary intention, including surgical wounds which have been left open or dehisced following infection. Their popularity has waxed and waned to some extent following the toxicity of Lister's phenol spray in the 1880s, the introduction of aseptic surgery at the turn of the 20th century, and the introduction of antibiotics in the 1940s and 1950s.



While preparations like Lugol's or Dakin's solution are practically not used anymore, Chlorhexidine and povidone iodine still are widely used in antimicrobial hand washing and skin preparation but have fallen from grace in open wound management and cavity lavage. However, there has been a rise of new antiseptics such as silver products, honey and several others old and new, but the indication for their use is confounded by a large range of products all offering different actions with a range of alleged toxicities or cytotoxicity. Polyhexamethylene biguanide (PHMB) is now being introduced to the UK despite having widespread and successful use for managing infected open wounds in mainland Europe for many years. Octenidin-dihydrochloride practically is unknown except for Central Europe. Even a fairly old antiseptic such as Triclosan, if applied intelligently, has been used successfully, following coating or impregnation into sutures, to prophylactically reduce surgical site infections.

There is currently huge pressure to reduce the mis-use and over-use of antibiotics, through good stewardship, because of the risks of promoting development of resistant organisms (particularly meticillin resistant Staphylococcus aureus- MRSA and even more dramatically increasing extended-spectrum beta-lactamase producing Gram-negative bacteria – ESBL) and bacterial emergence (particularly Clostridium difficile infection). There is a place for antibiotics for prophylaxis and in the treatment of surgical infections but this does need to be targeted and must be based on justifiable clinical indications. There is level I evidence based data to support the appropriate, empirical use of prophylactic antibiotics in clean prosthetic and contaminated surgery and for treating systemic surgical infection and sepsis. However, if a swab has been taken from a colonised, open surgical wound and returns the presence of an organism, especially if sensitivities are given, the decision to give an antibiotic is strengthened, often inappropriately in the absence of systemic infection. If the site of infection or colonization is superficially accessible, antiseptics could be used prophylactically or therapeutically as a modern alternative.



**Introduction:**

ETHICON's Healthy DiscuSSIONS 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.

## ANTIBIOTICS VS. ANTISEPTICS.

**Antimicrobial resistance & emergence and the possibility of a return to antiseptics in preventing and managing SSIs**

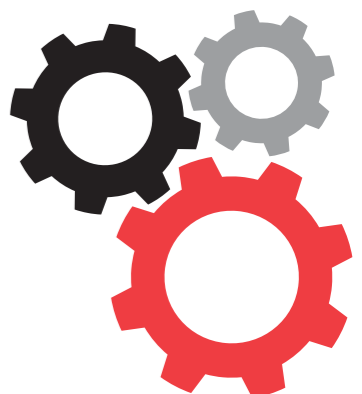
**5th May 2010, 4:30pm (GMT +1, Paris) 3:30pm (GMT, London)  
Live from Geneva**

**Agenda**

- Increase of antibiotic resistance and its clinical consequences
- Overview on antiseptics and differentiation against antibiotics
- Clinical evidence for successful usage of antiseptics for prophylaxis or treatment
- Antimicrobial efficacy vs potential cytotoxicity
- Explanation of the Bio-Compatibility Index

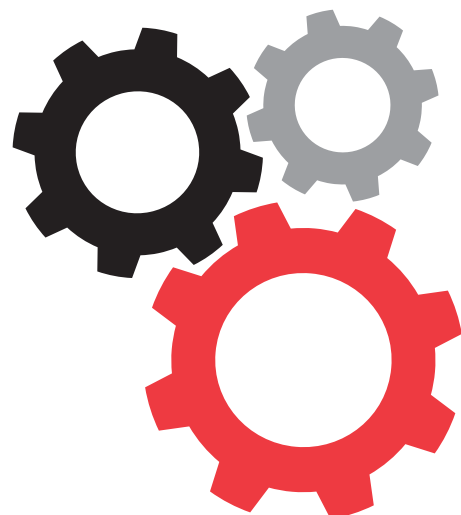
**LOG IN INSTRUCTIONS:**

1. Go to [www.ethicon360emea.com](http://www.ethicon360emea.com)
2. Choose your location (Western Europe, Eastern Europe, Middle East, Africa)
3. Confirm that you are a healthcare professional – click on "Enter the site"
4. You are at the front page of [www.ethicon360emea.com](http://www.ethicon360emea.com)
5. Please click on the section Ethicon Webinar – left bottom corner
6. Choose the specific webinar and click on the button "LOG IN"
7. Fill in short registration form
8. You will be directed to the live session



**MODERATOR**

**Professor David John Leaper MD, ChM, FRCS, FACS, FLS** is Professor Emeritus of Surgery, University of Newcastle Upon Tyne. Now visiting professor, Cardiff University and Imperial College, London. Prof. Leaper is highly involved in clinical and laboratory research and his fields of interests include surgical infection and sepsis, wound healing, breast and colorectal cancer, computer-aided diagnosis and education and training. He has served as an editor for several journals. He is a past president of the Surgical Infection Society of Europe and of the European Wound Management Association. He has also recently Chaired of NICE guideline on surgical site infection and has been a member of Antimicrobial Resistance and Health Care Associated Infection advisory group, UK. Prof. Leaper is among the most extensively published experts in wound management worldwide – he has published over 300 papers, 12 books and 70 chapters.



**SPEAKER**

**Professor Ojan Assadian**, Since 1999, Univ.-Prof. Ojan Assadian, MD, DTMH is Consultant Clinical Microbiology, Infectious Diseases and Tropical Medicine. He has been with the Medical University of Vienna, where he was Associate Professor in Hygiene and Medical Microbiology. In October 2004, he was awarded tenure track Professorship at the Medical University of Vienna. From 2005-2008 he worked as Deputy Medical Director and Chairman of the Infection Prevention and Control Committee at Prince Court Medical Centre, Kuala Lumpur, Malaysia. In 2009, he became Deputy Head of the Clinical Institute for Hygiene and Medical Microbiology and interim Head of the Division of Hospital Hygiene at the Medical University of Vienna. Prof. Assadian's research interests focus on epidemiology of healthcare-associated infections, wound infection, characteristics and clinical application of antiseptics, infection control aspects of hospital construction, applicability of medical expert and knowledge-based systems and their use as a tool for surveillance, and advising on and setting up accredited facilities (ISO-Accreditation, GMP, JCI-A). He is reviewer of international journals, editor and author of reference text books in the field of infection control, and author of more than 100 published peer-reviewed research articles.



**SPEAKER**

**Professor Axel Kramer** is Head of the Institute for Hygiene and Environmental Medicine at the Ernst-Moritz-Arndt University, Greifswald, Germany, where he was appointed as Professor for Hygiene and Environmental Medicine in 1990 and where he serves as the Hospital Hygienist of the University Hospital Greifswald. Prof. Kramer is President of the German Society for Hospital Hygiene. Since 1992 Prof. Kramer also is appointed member of the Disinfections Committee of the German Society for Hygiene and Microbiology, since 1993 appointed member of the commission for Hospital Hygiene and Infection Prevention at the Robert Koch Institute, Berlin. Prof. Kramer works in several national and international associations, task forces and boards of 5 professional journals. Since 1999 he is member of the Scientific Advisory Board of the Environmental Authority of Mecklenburg-Western Pomerania – and active in many more functions. Prof. Kramer's special research interests are the research of antimicrobial agents, the medicinal relevance of the vitaminoid thiocyanate, internal and allergic diseases, and clinical use and application of antiseptics. He published more than 300 research articles, 200 books and book chapters, including school books and manuals, and he holds 49 patents in the field of antiseptics.

