

eP054

ePoster Viewing

Post-surgical and implant infections: from head to knee

**USE OF OUTPATIENT ANTIMICROBIAL THERAPY (OPAT) IN PATIENTS WITH INTRA-ABDOMINAL ABSCESS AFTER ABDOMINAL SURGERY**

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**Objectives:** The hospital at home is a health care alternative that allows parenteral antibiotic treatment of various infections. The aim of this study was to analyze the outcome of outpatient antimicrobial therapy (OPAT) in patients with intra-abdominal abscess after abdominal surgery.

**Methods:** The Outpatient Therapy Unit of Germans Trias i Pujol hospital, visits 900 patients per year, 30% of them are for OPAT. We included all patients with intra-abdominal abscess after abdominal surgery, treated at home with the support of a multidisciplinary team comprising infectious diseases physicians and a nursing team. The studied period was from June 2011 to June 2013. We collected demographic, clinical and outcome data of these patients.

**Results:** In the studied period, 21 patients were included. 62% were male, with a mean of age of 53 ±17 years old. The Charlson index was ≥3 in half of the patients.

All of the cases were diagnosed by CT scan, after clinical suspect. The delay of diagnosis from abdominal surgery was 15±6 days .

We had positive cultures in the 38% of the cases (8 patients) :*Klebsiella pneumoniae* in 3 cases, *E.coli* in 2 cases, *E.faecium* in 1 case, *B. fragilis* in 1 case, and *streptococci viridans* in 1 case .Multidrug resistant microorganisms were isolated in 3 cases (2 *Klebsiella pneumoniae* BLEE and 1 *E.coli* BLEE). The mean duration of antibiotic therapy at hospital was 7.38±5.6 days, and at home 14±7.1 days.The antibiotic treatment was ertapenem in 71.4% of the patients, followed by piperacillin tazobactam (14.3%) and ceftriaxone plus metronidazole (14.3%). 57% of the abscesses were drained before going home (47% with percutaneous catheter guided by CT scan).

No major adverse effects were detected. Phlebitis was seen in 4 cases. The cure rate during OPAT period was 90%. Two patients returned to the hospital because of clinical failure (both of them improved after percutaneous catheter drainage).Two patients were readmitted at hospital within a month because of other medical reasons.

**Conclusions:** Using OPAT to treat patients with intra-abdominal collection after abdominal surgery is safe and clinically effective, with low rate of complication and readmissions. OPAT reduces hospital stay and cost of care.