

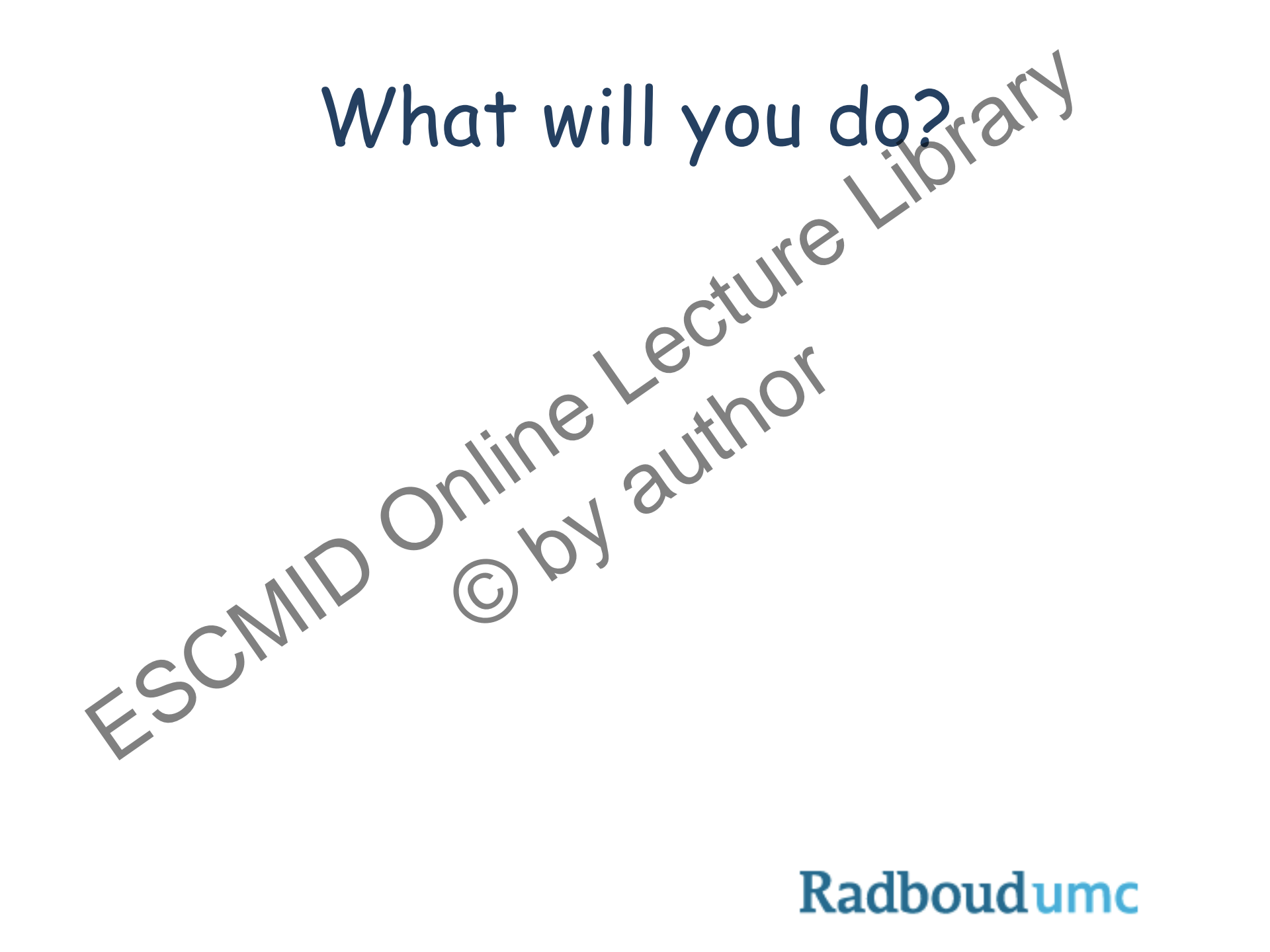
"Cefazolin failure"

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Looking at the ECCMID programme...

- You detect that a plastic surgeon from your hospital will give a lecture in a symposium sponsored by Magnapharma on prophylaxis with Novelpenem in major plastic surgery.
- The plastic surgery department in your hospital is not very compliant with the local guidelines for prophylaxis
- You were not aware of their interest and experience with Novelpenem.

What will you do?



What will you do?

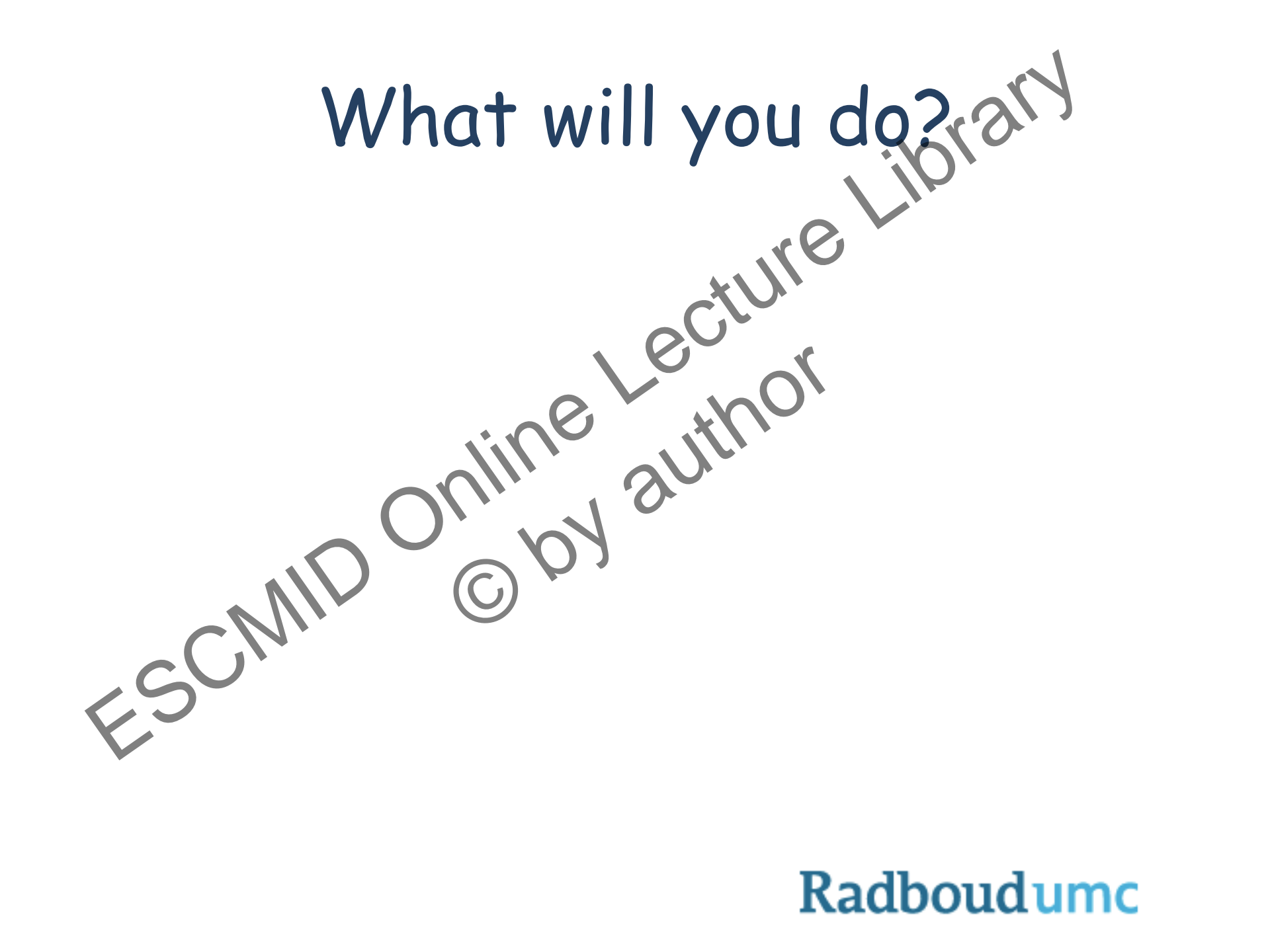
Choose one:

- Ignore it, you do not want to be seen in a Magnapharma symposium
- Do not go there, send him an e-mail and express your interest
- Go there, see and hear what he has to say
- Something else...

At the symposium

- He presents data on 20 patients with large reconstructive surgery treated during the previous year.
- He states that with conventional prophylaxis (1 day cefazolin) there were many infections, so they investigated 5 days of prophylaxis with Novelpenem.
- No infections occurred in these 20 patients

What will you do?



What will you do?

Choose one:

- In the discussion you ask critical questions on the study
- You abstain from the plenary discussion
- After the talk you go over to him and propose to have lunch or dinner together
- Something else...

What will you do?

After the talk you go over to him and propose to have a lunch or dinner together.

He says that he is there with his wife and kids, so he has no spare time.

"Why not see me when we are back in the hospital?"

Back in the hospital

- You have an appointment at his office 2 weeks later
- While you are waiting for him, you are approached by a young man who says:
“ Hi Doc, did you enjoy our Novelpenem workshop at ECCMID?”
He turns out to be a sales representative of Magnapharma.

Imagine how the discussion
went on...

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Some 5 minutes later...

- You are invited in into the office of the plastic surgeon.
- He opens the discussion with:
“ Weren't you impressed with the results I showed? That is something different than these stupid hospital guidelines!”
- How would you respond?

How would you respond?



You respond with...

- ... those were intriguing results, and I would like to see more data. Could you share the raw data with me?
- You ask him to provide data on 'failing cefazolin'
- You say: I also would like to see how this worked in practice. Would you mind that I look at some of the current cases?*

*Note: normally you would not be asked to do consultations at the Plastic Surgery ward.

His response

- He is OK with providing you with his powerpoint but less so by showing you the raw data.
- He is unable to give you data on cefazolin failures
- He is very hesitant to allow you to see the patients on the ward.

So, how would you respond?

Your response

- You say that as a member of the Antibiotic Committee in the hospital you need to know more about this drastic break with the Hospital Guidelines*
- He finally gives in.

* You carefully avoid the word 'violation'.

Your next steps?



Your next steps

- You go over his CRFs and data files, but at first glance you find nothing irregular. The observation period concerns the in-hospital postoperative stay, ranging from 7 - 20 days.

So...?

Your next steps

- You ask the Microbiology Lab for the culture results of the 20 patients. It turns out that there were hardly any cultures done.
- You take a closer look at those with a longer stay. Even in those patients, there were no cultures taken, except from an occasional wound. In 4 patients there was delayed wound healing. In one an *Enterococcus faecium* was cultured.

Your next steps

- One patient with a prolonged stay had temperature around 38.2 °C. No action was taken, even when he ran a temperature >39 °C.
- You discover that another patient was recently seen at the ER, 6 weeks after being dismissed because of fever and back pain. The blood culture showed *Candida albicans*.

Your next steps

- Your visit to the ward teaches you that there are two patients that underwent major plastic surgery 5 and 7 days ago. Both are still on Novelpenem.
- Another patient, who received a skin transplant for a large decubital ulcer 10 days ago, has a wound infection, and indwelling urinary catheter. Pus from the wound shows *P.aeruginosa*, the urine was not yet cultured.

How would you proceed?

How would you proceed?



How to proceed (1)

- You report your findings to the surgeon, and tell him that you are less enthusiastic about the Novelpenem regime than he is.
- You explain him that prolonged exposure to a last-resort drug is not a sustainable solution, because there will be heavy selection for resistant organisms, like Enterococci, Pseudomonas and Candida species. And that this is what is already happening. Infections with such organisms will be very difficult to treat.

How to proceed (2)

- You tell him that you share his concern regarding cefazolin and that you would be very keen to see the data of the last 10 - 20 patients that received cefazolin prophylaxis.
- You discuss your experiences in the antibiotic committee