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Abstract (poster session)

Are cardiac surgeons the only common denominator between surgical site infections and poor compliance to antibiotic prophylaxis in cardiothoracic surgery?

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Background: Surgical site infections[SSI] are associated with complications, increased mortality, length of stay and associated costs. Literature/ guidelines suggest optimal prophylactic antibiotics reduce risk of postoperative infections. Lancashire cardiac centre[LCC], a tertiary unit within Blackpool Teaching Hospitals, serves a population of 1.5 millions population in the northwest England and undertakes 1800 cardiothoracic[CT] surgeries annually. Blackpool Teaching Hospitals operates a successful HAI programme with high emphasis on antibiotic stewardship. Regular audits; HAI surveillance[incl.SSI surveillance] and action plan help fine tune local policies. We present findings from audit of a new antibiotic prophylaxis guidance in CTsurgery, introduced as a consequence findings of SSI(incl postdischarge)surveillance in CT surgery. Methods: Audit of compliance (all Cardiac/thoracic surgeries conducted over 1-week in Sept 2011)to a new antibiotic prophylaxis policy. New policy suggests use of Flucloxacillin or Teicoplanin, plus gentamicin at induction & cover 1st 24-h post surgery as opposed to previous practice of variable duration use of cefuroxime +/- Teicoplanin subject to surgeon variation. Comprehensive SSI surveillance (sternal / leg wounds) in post CT surgery including post discharge, over Jan-Mar 2011, using health protection agency[HPA] criteria. Results: Key findings from prophylaxis audit:8-CT surgeons/9 anaesthetists involved in 29 CT surgeries[including 20 elective cardiac; 2 emergency open heart procedures, 6 thoracic and 1 epicardial pacing insertion via thoracotomy]; patients- 23 males/6 females; mean age 60.9yrs; Mean hospital stay 6d and no SSI during hospital stay; non compliance with policy in 48.2%[14/29] including no gentamicin use in 24%[7/29]; extended prophylaxis in 27.5%[8/29]; doxycycline use in 17%[5/29]; tazocin use 3%[1/29]. SSI surveillance Jan - Mar 2011 revealed a SSI rate of 9%[23/255] for sternal and leg wounds. Conclusions: LCC is committed to reduce rates of SSI as a part of NHS quality initiatives to improve quality/patient care. The comprehensive SSI surveillance earlier this year reported a rate of 9% [sternal / leg wounds] including post discharge. Current audit has revealed issues including limited compliance to the new prophylaxis policy, poor documentation and gaps in the policy. This has been used to inform the HAI programme within CT surgery and action planned.