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SURGICAL INFECTIONS

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Abstract : As for all surgical procedures, infection is an important complication. Surgical site infection with intrathecal device placement may present as meningitis, epidural or subdural abscess, and/or encephalitis. The preventive measurements such as showering with chlorhexidine soap, staphylococcal colonization detection and decolonization, and for patients at risk, a preoperative consultation with an infectious disease specialist may be necessary.

Annotatsiya : Barcha jarrohlik muolajalarga kelsak, infektsiya muhim asoratdir. Jarrohlik joyini intratekal asbobni joylashtirish bilan infektsiyasi meningit, epidural yoki subdural xo'ppoz va/yoki ensefalit shaklida namoyon bo'lishi mumkin. Xlorheksidinli sovun bilan dush olish, stafilokokk kolonizatsiyasini aniqlash va dekolonizatsiya kabi profilaktika choralari, shuningdek, xavf ostida bo'lgan bemorlar uchun operatsiyadan oldin yuqumli kasalliklar bo'yicha mutaxassis bilan maslahatlashish zarur bo'lishi mumkin.

Резюме: Инфекция является важным осложнением всех хирургических вмешательств. Инфицирование области хирургического вмешательства при установке интратекального устройства может проявляться в виде менингита, эпидурального или субдурального абсцесса и/или энцефалита. Пациентам из группы риска могут потребоваться профилактические меры, такие как душ с хлоргексидиновым мылом, выявление и деколонизация стафилококковой колонизации, а также предоперационная консультация инфекциониста.

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A surgical wound infection involves an infection at the surgical incision site after an operation. Use of the term, surgical wound infection, has been modified to SSI, to better represent infections at the surgical site and not just the incision.8 The Centers for Disease Control and Prevention (CDC) define SSI as any infection after surgery the involves the surgical wound (incision) or organ/space that was manipulated during the procedure that occurs within 30 days of surgery or within 1 year with prosthetic material implantation. SSIs are classified as superficial incisional SSI, deep incisional SSI, or organ/space SSI .

A suture abscess or stitch abscess is an abscess at the suture site only and is not considered an SSI. Remote infections resulting from surgery but not involving the surgical site are called surgical patient infections.8 An example of a surgical patient infection is pneumonia or a urinary tract infection in a patient who underwent an appendectomy.

Surgical manipulation of tissue causes changes in host (patient) defense mechanisms against infection. Skin and mucous membranes provide a physical barrier to pathogens and bacteria entering a patient's tissues.Additionally, the skin and mucous membranes of normal healthy individuals are colonized with bacteria collectively known as normal microbial flora. Normal microbial flora varies slightly between individual people, but there are common types of bacteria found in specific anatomic locations Disruption of this barrier during surgical procedures can allow normal microbial flora and other pathogens to enter the surrounding tissues, which can lead to infection.

Further manipulation of tissue or organs in the surgical site during the operation can expose the surgical site to bacterial flora typically present at the specific site. Introduction of bacteria can occur from external sources of contamination during the procedure or after the procedure. Exposure to microorganisms stimulates an immune response in the patient. If the microbes are not eliminated by a patient's immune response, an infection develops. The resulting infection can be contained, locoregional,

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or systemic . Although most SSIs are bacterial, infections can be fungal or viral in origin.2.Common bacterial pathogens involved in SSIs are listed in Table 3. The most common bacterial pathogens involved are Staphylococcus aureus (methicillin-resistant Staphylococcus aureus and methicillin-sensitive Staphylococcus aureus , coagulase-negative staphylococci, and enterococci.

References:

1. https://www.sciencedirect.com/