NURSE SY 3

Cause and remedies of SSI in HBP surgery

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Lecture :

Introduction :

Surgical site infections (SSIs) account for 15% of all healthcare-associated infections and rank third among general healthcare-associated infections. Aggressive infection control practices are known to prevent up to 35% of SSIs. SSIs can lead to a decrease in the quality of patient care during hospitalization, and inappropriate treatment for this can lead to additional medical expenses. Above all, one of the greatest advantages of minimally invasive surgery compared to open surgery is the rapid recovery of surgical wounds, but SSIs offset this. Preventing and managing these SSIs is not the effort of a specific occupational group, but a task that all doctors, nurses, and patients must work together to solve.

SSI risk factors :

There is no single factor that usually results in impaired healing. However, it can be classified into internal factors possessed by the patient, external factors caused by the environment, and surgical factors. Internal factors may include old age, underlying disease (DM, liver cirrhosis, etc), immunocompromised state, rheumatic disease including hereditary skin disease, and psychological stress. External factors include infection, malnutrition, insufficient perfusion/oxygenation, Smoking, chemotherapy, radiation therapy, and some medications, and surgical factors include intraabdominal pus due to insufficient drainage after surgery, leakage of bile or pancreatic juice, intraabdominal bleeding or hematoma due to intra-wound bleeding.

SSI management :

SSI management should include not only wound disinfection, but also psychological stability of the patient and management of contaminants inside the abdomen. If there is no improvement even with aseptic wound management, it is necessary to determine whether there is a contaminant inside the abdomen through an abdominal CT scan. After that, if necessary, the wound should be opened or the source of contamination should be removed through drainage.