



	vice (1958-2009)	
Ortho	3	2,736
Neuro	8	8,867
Gen	7	4,934
ENT	1	62
OB-GYN	2	394
Vasc	1	1,074
Transplant	1	354
Plastics	2	771
ER	1	260
Total	26	19,452

## **Literature Review**

- Several well designed trials infection rates with prophylactic local antibiotic
  - · Simmons 2001- IV Abx same as IV+local Abx
  - Moesga 1989- IV Abx same as IV+local Abx
  - · Anglen 2005- Local Abx same as saline

Strength of Analysis	Weak Study Design	Strong Study Design
Total	23	3
Support Abx Irrigations	19	1
Oppose Abx Irrigations	4	2

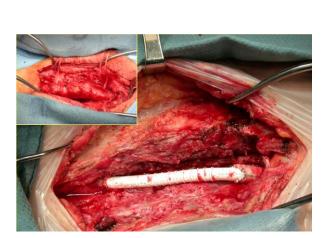
# **Antiseptic Irrigation**

- Takesue Y et al. Application of an electrolyzed strongly acidic aqueous solution before wound closure in colorectal surgery. Dis Colon Rectum 2011;54:826

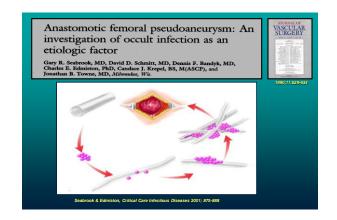
  Trend towards less SSI Solution impairs wound healing
- Mohd AR et al. Dermacyn irrigation in reducing infection of a median sternotomy wound. Heart Surg Forum 2010;13:E228
- Dermacyn superior to powdone iodine irrigation
   Rice DC. Intraoperative topical tetracycline sclerotherapy following mastectomy:
   A prospective, randomized trial. J Surg Oncol 2000;73:224 Total Colonia Translation is not effective - similar to normal saline

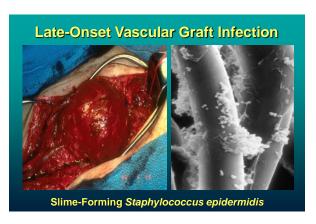
  White RR. Pharmacokinetics of topical and intravenous cefazolin in patients with clean surgical wounds. Plast Reconstr Surg 2008;122:1773
- Higher tissue concentration of celazolin irrigation and IV than IV alone

  Tijerina J. Effectiveness of a systemic antibiotic followed by topical ionized solution as surgical site infection prophylaxis. J Int Med Res 2010;38;287
- Trend towards less SSI in non perforated appendicitis

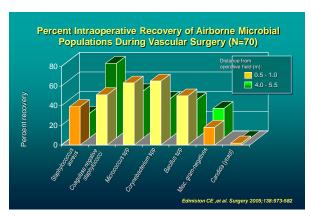


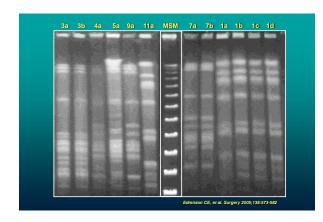


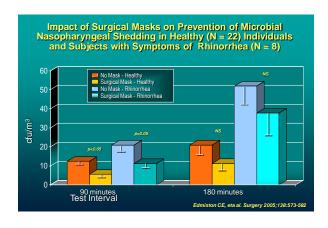














	Intraoper esh Cont					
Study Group	Irrigation Fluid	Bacter		Initial Challenge		Study Population , N = animals at 7 days
1	Saline (Control)	MRSA		~3.7 log <sub>10</sub> CF	U	8
2	0.05% CHG <sup>a</sup>	MRSA		~3.7 log <sub>10</sub> CF	U	8
Study Group	Positive Reco			re Recovery (log <sub>10</sub> CFU)		ofilm Formation
Saline	8/8, 4.26 log <sub>10</sub>	CFU	No, 0/8		8/8	3, 6.3 log <sub>10</sub> CFU
0.05% CHG	1/8 ,1.8 log <sub>10</sub> C p<0.001	FU	Yes, 7/8			3, 2.6 log <sub>10</sub> CFU 0.01
Irrisept®				Ed	lmist	on CE, et al. ACS 2012

# Impact of 0.05% (Irrisept®) CHG to Inhibit Bacterial Adherence To Prosthetic Device Surfaces<sup>a</sup>

		Organisms (log <sub>10</sub> CFU/cm <sup>2</sup> )		
Materials	E. coli	RP 62 Ab	MRSAc	MSSAd
Graft - PTFE	4.4 vs 0.8	6.8 vs 2.2	5.4 vs 1.9	5.6 vs 1.1
Graft - Dacron	6.0 vs 1.8	6.5 vs 1.6	6.4 vs 1.2	6.6 vs 1.3
Mesh – Polyester (s) <sup>e</sup>	6.3 vs 1.5	7.0 vs 2.1	6.8 vs 2.0	7.1 vs 2.2
Mesh – Polyester (r) <sup>f</sup>	6.1 vs 1.7	6.1 vs 2.2	7.1 vs 2.8	7.5 vs 2.6
Mesh – Polyester/ absorbable hydrophilic film	6.0 vs 0	5.6 vs 0	6.8 vs 1.5	6.0 vs 1.4
Mesh – Polyester/ polylactic acid	5.1 vs 1.8	6.1 vs 2.4	5.5 vs 1.0	5.9 vs 1.9

# Local Antibacterial Administration Clean Wounds

Praveen S -2009	Local antibiotics are equivalent to intravenous antibiotics in the prevention of superficial wound infection in inquinal hernioplasty.	N
Musella M -2001	Collagen tampons as aminoglycoside carriers to reduce postoperative infection rate in prosthetic repair of groin hernias.	Υ
Bennett-Guerrero E - 2010	Gentamicin-collagen sponge for infection prophylaxis on sternal wound infections following cardiac surgery: a randomized trial.	N
Eklund AM -2007	Prevention of sternal wound infections with locally administered gentamicin.	N
Friberg O -2007	Local collagen-gentamicin for prevention of sternal wound infections: The LOGIP trial.	Υ
Almdahl SM -2011	Randomized prospective trial of saphenous vein harvest site infection after wound closure with and without topical application of autologous platelet-rich	N
Yetim I - 2010	Effect of local gentamicin application on healing and wound infection in patients with modified radical mastectomy: A prospective randomized study.	Υ

# Dermis— Dermis— Finishment Clark Dermis— Der

Risk Reduction Begins on the Front End

# Microbial Ecology of Skin Surface

• Scalp 6.0 Log<sub>10</sub> cfu/cm<sup>2</sup>

• Axilla 5.5 Log<sub>10</sub> cfu/cm<sup>2</sup>

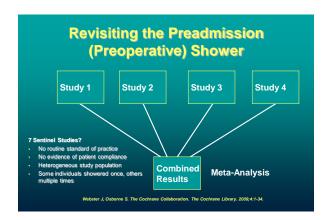
• Abdomen 4.3 Log<sub>10</sub> cfu/cm<sup>2</sup>

• Forearm 4.0 Log<sub>10</sub> cfu/cm<sup>2</sup>

• Hands 4.0-6.6 Log<sub>10</sub> cfu/cm<sup>2</sup>

• Perineum 7.0-11.0 Log<sub>10</sub> cfu/cm<sup>2</sup>

Surgical Microbiology Research Laboratory 2008 – Medical College of Wisconsin



 Mean Chlorhexidine Gluconate (CHG) Skin Surface Concentrations (µg/m] $_{\pm}$ SD) Compared to MIC<sub>90</sub> (5 µg/mI) for Staphylococcal Surgical Isolates Including MRSA<sup>®</sup>

 Subgroups (mean C, µg/mI)

 Pilote
 1
 2

 Groups
 (4%)
 (4% Aqueous)
 (2% Cloths)
 [C<sub>CH/</sub>MIC<sub>90</sub>]
 p-value

 Group A (20)
 evening (1X)
 3.7±2.5
 24.4±5.9
 436.1±91.2
 0.9
 4.8
 87.2
 <0.001</th>

 Group B (20)

 morning (1X)
 7.8±5.6
 79.2±26.5
 991.3±58.2
 1.9
 15.8
 198.2
 <0.0001</th>

 Group C (20)
 both (2X)
 9.9±7.1
 126.4±19.4
 1745.5±204.3
 2.5
 25.3
 349.1
 <0.0001</th>

 \* N = 90
 Edmiston et al., J Am Coll Surg 2008.207.233-239
 Edmiston et al., J Am Coll Surg 2008.207.233-239

 Edmiston et al., AGRNJ 2016.92.509-518

# Presurgical Skin Preparations as a Pathway to Improving Surgical Outcomes

- Reducing the risk of SSI in orthopaedic surgery
  - Standardized precleansing initiative (CHG cloths) in total joint patients (night before/morning of surgery)
  - SSI rate prior to intervention 3.2% (N=727)
  - SSI rate post intervention 1.6% (N=824) 50% reduction
    - Eiselt Orthopaedic Nursing 2009;28:141-145
- Bundling risk reduction strategies Quality initiative
  - MRSA prescreening in orthopaedic, obstetric, bariatric patients decolonization
  - Presurgical antisepsis (CHG cloths) prior to surgery
  - Preintervention SSI rate 1.6% (N=17/1,095) vs postintervention SSI rate 0.57% (N=7/1,225) >60% reduction
  - 0.57% (N=7/1,225)) >60% reduction

    MRSA SSI rate 0.73% vs 0.16% >75% reduction

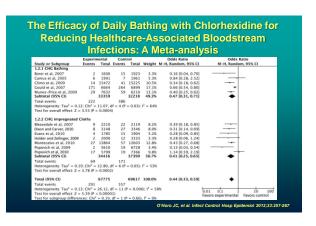
    Lipin VL. HyotrAs. AORNJ 2019:52:208-205

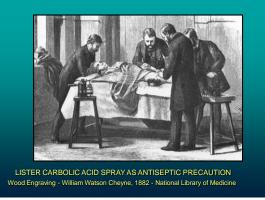
# Institutional Prescreening for Detection and CHG Eradication of Methicillin Resistant Staphylococcus aureus in Patients Undergoing Elective Orthopaedic Surgery

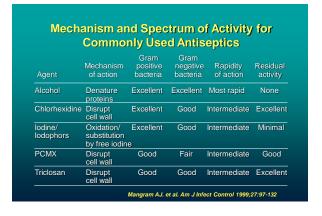
	Study Period 6/2006-9/2007	Control Period 10/2005-6/2006	p value
N	7019	5293	
MRSA Infection	4 (0.06%)	10 (0.18%)	0.0315
MSSA Infection	9 (0.13%)	14 (0.26%)	0.0937
Total SSIs	13 (0.18%)	24 (0.46%)	0.0093

Kim DH, Spencer M, Davidson SM, et al. J Bone Joint Surg Am 2010;92:1820-1826

# Evidence Supporting Selected Uses of Charles and Charl







INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY

Effects of Preoperative Skin Preparation on Postoperative Wound Infection Rates: A Prospective Study of 3 Skin Preparation Protocols

Brian R. Swenson, MD, MS; Traci L. Hedrick, MD; Rosemarie Metzger, MD; Hugo Bonatti, MD;

- Single-center, non-randomized, unblinded Phase IV Study of 3
- isopropyl alcohol application between these steps
- · Period 2: 2% chlorhexidine/70% isopropyl alcohol (ChloraPrep) · Period 3: lodine povacrylex in isopropyl alcohol (DuraPrep)
- · SSIs tracked for 30 days
- Primary outcome was overall rate of SSIs by 6-month period performed in an intent-to-treat manner

## SSIs and Wound Classifications by **Antiseptic Preparation**

N=3,209 General Surgical Cases

	No. of	No. of surgical	Povidone-iodine $(n = 1,514)$	Chlorhexidine $(n = 827)$	Iodine povacrylex $(n = 794)$	
Variable	SSIs	procedures	procedures)	procedures)	procedures)	$P^*$
SSIs						
All <sup>b</sup>	178		72 (4.8)	68 (8.2)	38 (4.8)	.001
Superficial	120		49 (3.2)	45 (5.4)	26 (3.3)	.019
Deep	11		6 (0.4)	4 (0.5)	1 (0.1)	.49
Organ/space	49		18 (1.2)	19 (2.3)	12 (1.5)	.12
Wound classification						
Clean		1,154	6/714 (0.84)	5/224 (2.2)	3/216 (1.4)	.21
Clean-contaminated		1,409	44/541 (8.1)	46/454 (10.1)	27/414 (6.5)	.15
Contaminated		204	9/82 (11.0)	5/65 (7.7)	6/57 (10.5)	.78
Dirty		278	13/150 (8.7)	12/77 (15.6)	2/51 (3.9)	.076

Swenson BR, et al. Infect Control Hosp Epidemiol. 2009;30:964-971.

The NEW ENGLAND JOURNAL of MEDICINE

#### ORIGINAL ARTICLE

#### Chlorhexidine-Alcohol versus Povidone-Iodine for Surgical-Site Antisepsis

Rabih O. Darouiche, M.D., Matthew J. Wall, Jr., M.D., Kamal M.F. Itani, M.D., Mary F. Otterson, M.D., Alexandra L. Webb, M.D., Matthew M. Carrick, M.D., Harold J. Miller, M.D., Samir S. Awad, M.D., Cynthia T. Crosby, B.S., Michael C. Mosier. Ph.D.. Atef AlSharif. M.D.. and David H. Berger. M.D.

N ENGL J MED 362;1 NEJM.ORG JANUARY 7, 2010

A PROSPECTIVE, RANDOMIZED, MULTICENTER CLINICAL TRIAL OF 2% CHLORHEXIDINE GLUCONATE / 70% ISOPROPYL ALCOHOL (Alc-CHG) VS POVIDONE-IODINE (PI) FOR PREVENTION OF SSI

- Patients > 18 years, undergoing clean-contaminated procedures (gastrointestinal, thoracic, urologic and gynecologic)
  • N = 849 surgical patients: 409 Alc-CHG vs 440 Pl

- $\bullet$  Overall rate of SSI was significantly reduced in Alc-CHG vs PI groups: 9.5% vs 16.1%, p=0.004
  • Significant difference for both superficial incisional site rate: 4.2% A-CHG vs

- 8.6% PI (p=0.008) and deep incisional: 1% A-CHG vs 3% PI (p=0.05)

  No significant adverse events noted during the study in either group

  Alc-CHG superior to PI in reducing the risk of SSI in clean-contaminated procedures

New England Journal of Medicine 2010;362:18-26

## **Antimicrobial Sealants**

Lipp A. Cyanoacrylate as a microbial sealant: examining the evidence. J Perioper Pract 2011;21;88

No benefit of applying cyanoacrylate prior to incision (N)

Chambers A. Is skin closure with cyanoacrylate glue effective for the prevention of sternal wound infections? Interact Cardiovasc Thorac Surg 2010;10: 793

Iyer A. Reduction of surgical site infection using a microbial sealant: A randomized trial. J Thorac Cardiovasc Surg 2011;1422:438

Microbial sealant applied immediately before incision significantly reduced SSI (Y)

von Eckardstein AS. A randomized trial of a skin sealant to reduce the risk of incision contamination in cardiac surgery. *Ann Thorac Surg* 2011;92:632
 Pretreatment with skin sealant protects against contamination and decreased SSI by 35% (Y)

No benefit of autologous platelet rich plasma placed on wounds post operatively