

Incidence of Surgical Site Infections in a Tertiary Care Center

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Abstract

Background: SSIs are considered to be hospital-acquired if the infection occurs within 30 days of the operative procedure or 1 year if a device/foreign material is implanted.

Methods: Department of Microbiology, Medciti Institute of Medical Sciences, Hyderabad Review was carried out of one year of HICC data, Microbiology registers, OT data records for operational notes, MRD for history of case presentation before & after surgery and re-admission data of all patients who underwent surgeries in this hospital, or who visited in the OPD'S for follow up with or without complaint. Common complaints such as increased pain and redness around the wound, delayed healing, the presence of pus, a foul smell, or drainage from the wound or a tissue sample. The total number of surgeries conducted between January 2017 & Dec 2017 was n=2716 out of them n=1958 were major, & n=758 were Minor surgeries. **Results:** At our center a total of 8 SSI cases for the year 2017. Total clean surgeries were 505 (46.16%), the percentage of SSI in clean surgeries was 1.188% & clean contaminated were 589 (53.33%), the percentage of SSI in clean-contaminated surgeries was 0.33%. Of these 6 are deep-seated SSI & 2 superficial incision SSI. Out of 8 cases reported as SSI's were deep-seated SSI's – 5 were due to orthopedics cases & one was due to gen surgery case – hernioplasty, Among the clean contaminated 2 were reported and both were superficial SSI's., both were caesarian sections. The most prevalent organisms were gram-positive organisms Staphylococcus spp (87.5%). The prevalence of pathogens in the hospital environment especially OT, which is the most likely to cause SSIs in our center were Coagulase-negative Staphylococcus spp. **Conclusion:** The overall incidence of SSIs in this study the incidence of SSIs in clean surgeries was 1.188% & clean contaminated were 0.33%. One of the limitations of this study was that we have analyzed only clean and clean-contaminated surgeries only. Hence results must be interpreted with this limitation.