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How to control infection in spine surgery

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Infection after spine surgery represents the most common complication after spine surgery with incidence of 1-4 %. This complication has great impact on morbidity and mortality after spine surgery as well as increasing cost. Surgical site infections can be classified into superficial and deep as well as can be classified as early (within 3 weeks of surgery), late (more than 04 weeks after surgery) and latent (years after surgery). The most common microorganism in infection after spine surgery is staphylococcus aureus. Risk factors for surgical site infection after spine surgery can be categorized into patient's related factors (as age, medical comorbidities, steroid use), surgical related factors (as type of surgery, duration of surgery and blood loss) and post-operative hospital stay. Prevention can be achieved by preoperative, intraoperative and postoperative measures. Preoperative measures involved those risk factors that can be modified as smoking cessation, control of blood sugar, decrease weight, nutritional support, MRSA decolonization, addressing other site of infection, preoperative antiseptic showers and antiseptic dressing, preoperative antibiotics, and preoperative warming. Intraoperative measures involved skin antisepsis, surgical hand antisepsis, intraoperative normothermia and oxygenation, double gloving, topical vancomycin powder, Betadine or saline irrigation, C-arm contamination, antibiotic-impregnated sutures, release of retractors during procedure, debridement of necrotic tissue at end of the procedure, hemostasis, decrease duration of the procedure, decrease blood loss, meticulous dissection and closure, closed suction drains, and staff awareness training. Postoperative measures involved silver impregnated dressing, closed incision negative pressure wound therapy, dressing change, postoperative antibiotics, and drainage duration.

Notes: