PROSPECTIVE EVALUATION OF 6 PREOPERATIVE CUTANEOUS ANTISEPTIC REGIMENS FOR PREVENTION OF SURGICAL SITE INFECTION

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ABSTRACT

This study shows that advance preoperative skin preparation with 2% CHG done twice, ~12 and ~3 hours prior to anticipated surgery, without showering between these applications, is highly effective in reducing colonization at both the final surgical site prep and the OR Preop Site, and may still be effective 4-5 hours preoperatively. Skin preparation as a strategy to decrease the occurrence of alveolar osteitis following dental surgery. The European Working Party on Control of Hospital Infections. J Hosp Infect 1988; 11(4):310-20.

INTRODUCTION

More than 25 million revisional surgical procedures were reported in 2000. In total, about 128,000 patients with different types of incisions and surgical sites are now performed each year. The incidence of surgical site infection (SSI) varies from 4 to 20%, depending on the site and type of surgery. The most common cause of SSI is the surgical site infection, which occurs when bacteria enter the surgical site and cause an inflammatory response. The incidence of SSI is much higher after clean-contaminated or contaminated surgery, where the patient's skin flora contributes negligibly if at all to the incidence of SSI.

METHODS

RESULTS

The incidence of SSI is much higher after clean-contaminated or contaminated surgery, where the patient's skin flora contributes negligibly if at all to the incidence of SSI. The incidence of SSI is much higher after clean-contaminated or contaminated surgery, where the patient's skin flora contributes negligibly if at all to the incidence of SSI.

CONCLUSION

This study shows that advance preoperative skin preparation with 2% CHG done twice, ~12 and ~3 hours prior to anticipated surgery, without showering between these applications, is highly effective in reducing colonization at both the final surgical site prep and the OR Preop Site, and may still be effective 4-5 hours preoperatively. Skin preparation as a strategy to decrease the occurrence of alveolar osteitis following dental surgery. The European Working Party on Control of Hospital Infections. J Hosp Infect 1988; 11(4):310-20.

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