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Surgical-Wound Surveillance

Gina Pugliese, RN, MS
Martin S. Favero, PhD

Mitchell and coinvestigators from the Centre for Infectious Diseases and Microbiology Laboratory Service, Westmead Hospital and University of Sydney, New South Wales, Australia, evaluated two methods of postdischarge surgical-wound surveillance and compared the incidence and outcomes of wound infections that develop prior to patients' discharge with those that develop after hospital discharge. A total of 1,360 inpatients who underwent major elective surgery in an 800-bed teaching hospital in western Sydney between February 1996 and July 1997 were followed prospectively.

Overall, 138 wound infections were diagnosed (incidence 10.1%), of which 44 (32%) were diagnosed before discharge (average 10.4 days postoperatively) and the remainder after discharge (average 20.6 days postoperatively). Postdischarge survey forms were returned by 782 patients (58%) and 680 by surgeons (50%). When forms were returned by both surgeons and patients for the same wound (641 cases), there was substantial agreement in diagnosing infection or no infection.

The authors concluded that the majority of nosocomial surgical-wound infections develop after the patient's discharge from hospital. A postdischarge surveillance program, including self-reporting of infections by patients and return of questionnaires by patients and surgeons, is feasible in an Australian hospital setting. However, such a program is labor- and resource-intensive, and strategies to increase return of questionnaires are required.

This study supports findings in US studies that postdischarge surveillance is essential as the length of stay continues to decrease. Moreover, the expansion of outpatient surgery with no overnight stay has dramatically changed the methods for surveillance. Follow-up questionnaires have been found to be a useful surveillance tool.

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