OP 13 A prospective study of surgical site infection in University surgical site unit Teaching Hospital Jaffna Gobishangar S¹, Raviraj S¹, Thileebphan B², Pratheepan G² Dept. of Surgery, Faculty of Medicine, Teaching Hospital Jaffna

INTRODUCTION: Surgical site infection (SSI) is one of the common post-operative complications in the surgical wards and it is the most common nosocomial infection. It not only increases the morbidity and mortality but also increases the cost of health care. There are several factors described as contributing for the surgical site infection. Identifying the epidemiology and risk factors of the SSI will help surgeons to improve the outcome of surgeries.

OBJECTIVES:To Study the surgical site infection in clean, clean contaminated and contaminated surgeries and its causative factors in professorial surgical unit, Teaching Hospital Jaffna.

METHODS: Research was conducted at ward 23A/29, Teaching Hospital Jaffna from 1st of March to 30th of April 2013. All patients with clean, clean contaminated and contaminated surgeries were included in this study. Trauma patients and patients with chronic wound were excluded from this study. The demographics, comorbid diseases, type of surgery, antibiotic prophylaxis, detail about post-operative wound site infection and other complications were recorded on a pre-designed questionnaire. Patients were followed up at 3 months post procedure.

RESULTS: Study population was 137. The overall infection rate was 8.03% (n=11). In this 2.99% (n=2) wound infection rate in clean surgeries and 13.04% (n=9) in clean contaminated surgeries. No surgical site infection occurred in contaminated surgeries (3 patients). Diabetic mellitus patients had 20% of infection rate. Average fasting blood glucose level in diabetic patients with surgical site infection and no infection were 179mg% and 123.5mg% respectively.

CONCLUSION: The study reveals surgical site infection rate is comparatively low in our study population. But to achieve a less than 5% infection rate, it is necessary to have good diabetic control and evidence based antibiotic policy.