WHAT SHOULD YOU NOT DO?

- Avoid prolonging SAP postoperatively
- Avoid antibiotic wound irrigation
- Avoid continuing antibiotic prophylaxis because there is a drain (evaluate each case)
- Avoid giving antibiotic treatment unless there is a proven or suspected SSI or other infection

HANDLE ANTIBIOTICS WITH CARE IN SURGERY

Misuse of antibiotics puts all surgical patients at risk

REduce the risk of surgical site infection (SSI) by improving SAP and infection prevention and control practices

Improve quality of care and patient safety and reduce antimicrobial resistance (AMR) through SSI reduction

WHO SHOULD BE INVOLVED IN ENSURING APPROPRIATE ANTIBIOTIC USE IN SURGERY

- Surgeons
- Anaesthetists
- Operating room nurses
- Infectious disease doctors
- Infection prevention & control team
- Surgical ward staff
- Pharmacists
- Senior managers and procurement staff
- Patients and their families (Civil society)

WHAT SHOULD HEALTH WORKERS DO TO PREVENT AMR IN SURGERY?

Give intravenous SAP
- when recommended, depending on the type of operation
- within 120 minutes preceding surgical incision

For effective SAP, adequate antibiotic tissue concentrations should be present at the time of surgical incision and throughout the procedure. Thus, antibiotics with a short half-life should be administered closer to incision time.

Improvement of antibiotic use in surgical services should be part of the antimicrobial stewardship programme

Up to 33% of surgical patients get a postoperative infection, of which 51% can be antibiotic resistant

Up to 15% of women around the world get an infection after a caesarean section

43% of patients have surgical antibiotic prophylaxis (SAP) inappropriately continued after the operation

These recommendations are based on evidence from studies in adult patients, but they are considered valid also for paediatric patients

www.who.int/infection-prevention/publications/ssi-guidelines/en