Patients develop infections when bacteria get into incisions made during surgery. These affect patients in both low- and middle-income countries (LMICs) and high-income countries (HICs).

### WHAT’S THE PROBLEM?

#### LOW- AND MIDDLE-INCOME COUNTRIES

More than 1 in 10 people who have surgery in LMICs get surgical site infections (SSIs).

People’s risk of SSIs is 3 to 5 times higher in low- and middle-income countries than in high-income countries.

Up to 50% women in Africa who deliver their babies by caesarean section get a wound infection.

### HIGH-INCOME COUNTRIES

In Europe, SSIs affect more than 1% of people who have surgery in the USA, SSIs contribute to patients spending more than $400 000 per year in hospital, costing up to $19 000 per year.

In the USA, SSIs cost up to $50 000 per year.

### WHAT’S THE SOLUTION?

A range of precautions - before, during and after surgery - reduces the risk of infection.

#### BEFORE SURGERY

- Ensure patients bathe or shower
- Do not shave patients
- Only use antibiotics when recommended
- Use chlorhexidine and alcohol-based solutions to prepare skin
- Surgical scrub technique: hand wash or alcohol-based handrub

#### DURING SURGERY

- Limit the number of people and doors being opened
- Ensure all surgical equipment is sterile and maintain asepsis throughout surgery

#### AFTER SURGERY

- Do not continue antibiotics to prevent infection – this is unnecessary and contributes to the spread of antibiotic resistance
- Check wounds for infection and use standard dressings on primary wounds
- Preventive measures can reduce SSIs by 40% (as shown in a pilot study in 4 African countries)

**WHO’s Global Guidelines for the Prevention of Surgical Site Infections** provide recommendations for the care of patients before, during and after surgery. For more information visit www.who.int/gpsc/en

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