Abstract

Objective Surgical infection is an important cause of morbidity and mortality; it accounts for 25% of nosocomial infections. Through a program of intensified monitoring and telephone follow-up we sought to detect infections in the surgical site in ambulatory surgeries. Methods A prospective cohort of patients who underwent surgery at the Carlos Lleras Hospital in Bogotá, belonging to the Social Security Institute, between August 2001 and February 2003 was studied. Inclusion criteria were: hospital or ambulatory surgery, completion of the survey of risk prediction and telephone follow-up. The CDC criteria for nosocomial infections were applied. Results 15,625 patients were studied, being mainly of general surgery and ophthalmology. In the method of prediction SENIC, the variable abdominal surgery was the most frequent one and had the greatest sensitivity, whereas in the NNIS the best predicting variable was prolonged surgery. 69 patients with infection of surgical site were detected yielding a 0.43 incidence of infection per 100 patients; surgery is the second cause of nosocomial infection in our institution accounting for 19.2% of cases. Bacterial isolation of germs was obtained in 47 cases; the most frequently identified bacteria was E. coli (14.9%). Conclusion The program has had beneficial effects for its users identifying the risk and the early presence of post-surgical, diminishing it in a 25%.

Keywords

Infection, operating room, postoperative complications, cross infection