

Bundle of practices can cut surgical site infections

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(HealthDay)—Implementing a bundle of evidence-based practices can

reduce 30-day surgical site infection, according to a study published in the June issue of *Obstetrics & Gynecology*.

Megan P. Johnson, from the Mayo Clinic in Rochester, Minn., and colleagues determined [surgical site](#) infection rates at an academic center for cases of open uterine cancer, [ovarian cancer](#) without bowel resection, and ovarian cancer with bowel resection. A perioperative bundle was implemented prospectively during the intervention period. Thirty-day surgical site infection rates were compared between periods.

The researchers found that the overall 30-day surgical site infection rate was 6.0 percent among all cases in the pre-intervention period, with 1.7, 0.3, and 3.9 percent superficial, deep, and organ or space infections. The overall infection rate was 1.1 percent in the intervention period, with two organ or space infections (1.1 percent); the relative risk reduction was 82.4 percent, overall ($P = 0.01$). The relative risk reduction in surgical site infection was 77.6, 79.3, and 100 percent among ovarian cancer with bowel resection, ovarian cancer without bowel resection, and uterine cancer, respectively. There was a decrease in the risk-adjusted odds ratio for surgical site infection, from 1.6 (95 percent confidence interval, 1.0 to 2.6) to 0.6 (95 percent confidence interval, 0.3 to 1.1).

"Implementation of an evidence-based surgical site infection reduction bundle was associated with substantial reductions in surgical site [infection](#) in high-risk cancer procedures," the authors write.

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