

Urgent changes needed to global guidelines designed to stop surgical infection

October 25 2021



Credit: CC0 Public Domain

Wound infections are the most common problem after surgery, particularly in developing countries, but promised innovations to tackle the issue do not work and global guidance needs changing, a new study

reveals.

Both World Health Organisation (WHO) and the UK's National Institute of Health Research guidelines recommend that surgeons use alcoholic chlorhexidine skin preparation and triclosan coated sutures to prevent Surgical Site Infection (SSI).

However, the world's largest wound infection trial could not demonstrate superiority of these interventions over lower cost alternatives.

Carried out in Benin, Ghana, India, Mexico, Nigeria, Rwanda and South Africa, the FALCON trial was funded by the UK's National Institute for Health Research (NIHR).

Publishing their findings today in *The Lancet*, researchers participating in this study are calling for guidelines recommending these measures, either specifically to Low- and Middle-income Countries (LMIC) or at a general global level, to be revised.

Co-author Mr. Aneel Bhangu, from the University of Birmingham, commented: "Surgical site infection is the world's most common postoperative complication—a major burden for both patients and [health](#) systems. We have delivered the biggest trial of its kind, where we could not demonstrate the superiority of these interventions over cheaper alternatives.

"Our findings are hugely important for a wide range of care providers in LMICs, as following existing WHO and NICE guidelines, which have significant cost implications for organizations which have limited resources."

Patients who develop SSI experience pain, disability, poor healing with risk of wound breakdown, prolonged recovery times and psychological

challenges.

Those patients in LMICs are disproportionately affected by higher rates of SSI compared to those in high-income countries—increasing the risk of catastrophic expenditure, impoverishment, and wider negative community impact.

The NIHR Global Research Health Unit on Global Surgery trial covered 5,788 patients from 54 hospitals in seven countries—a broad and representative range including adults and children undergoing contaminated/dirty surgery, [emergency surgery](#) and caesarian section.

Co-author Professor Adesoji Ademuyiwa, from the University of Lagos, commented: "The overall SSI rate was very high at 22%—a preventable complication that is causing unnecessary suffering and burden to patients and systems."

"It is clear that small randomized trials should now be avoided and should be replaced with larger [trials](#) that can provide more robust evidence on the incidence of SSI, ultimately leading to more effective measures to help tack this global healthcare challenge."

More information: Reducing surgical site infections in low and middle income countries: a pragmatic, multicentre, stratified, randomised controlled trial (FALCON) *The Lancet* (2021).

Provided by University of Birmingham

Citation: Urgent changes needed to global guidelines designed to stop surgical infection (2021, October 25) retrieved 29 April 2024 from <https://medicalxpress.com/news/2021-10-urgent-global-guidelines-surgical-infection.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.