

Infections of wounds

'*Infections of wounds*' are nosocomial infections. The "exogenous" source is most often medical staff or another patient. If the source is the patient himself, then it is an *endogenous* infection. Transmission occurs via droplets, dust, contaminated objects, examination instruments and aids that are not used once, excrement or hand contact. Three factors are essential for the development of infection:

- source of infection,
- transmission of the pathogen (microbe),
- susceptible individual.

Despite all efforts to operate Asepsis, most surgical wounds are contaminated.

Division of wounds according to contamination

1. '*Clean wounds*' assume negligible contamination, the incidence of infections is below 1%. These are, for example, operations Hernias, goiter, breast, varices, etc.
2. '*Wounds clean - contaminated*' tend to be slightly polluted, mainly endogenous. The incidence of infections is about 2%. These include cholecystectomy, non-inflamed worm appendectomy, [[stomach | stomach] resection].
3. '*Contaminated wounds*' have a 5-30% risk of infection. It can be limited by ATB prophylaxis or special surgical technique. This includes surgeries of unprepared Intestine, gastric resection for bleeding or Tumors, appendectomy for worm gangrene.
4. '*Wounds infected - contaminated*' are immediately contaminated by infection during surgery. We expect such wounds in operations peritonitis, empyema in the chest, abscesses, etc.

Diagnostics

Every postoperative change temperature requires wound control. We rank among the typical symptoms of postoperative infection

- pain,
- palpation sensitivity of the wound,
- edema skin,
- redness,
- secretions.

The infection can be latent and be covered by ATB. We perform sampling on cultivation, wound control under sterile cautery, for deeper infections you can use USG or CT.

Prevention

The basic pillars of prevention include:

- physiological surgery,
- maximum reduction of contamination during the operation (insulation with drapes, foils, etc.),
- ATB prophylaxis,
- for severely contaminated wounds - we sew only the deepest layers, leave the surface open and cover.

Treatment

The basis of therapy is the opening of the wound, then rinsing and dressings, or excision necrosis. The most severe infections on the abdomen can be treated by laparostomy with permanent application of the mesh.

Links

Related Articles

- Complications in surgical wound

Source

- BENEŠ, George. *Study materials* [online]. [cit. 2010]. <<http://jirben.wz>>.

Used literature

- KLENER, P, et al. *Internal Medicine*. 3. edition. Prague : Galen, 2006. ISBN 80-7262-430-X.