

Readmissions with Caesarean Section Wound Infection

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Objective

Surgical site infection (SSI) is one of the most common complications following caesarean section with 3-15% worldwide rate ,UK 1-5%.The occurrence is expected to increase given the continuous rise of CS with complexity over the years. It increases maternal hospital stay , difficulty in caring/bonding with the new born, maternal psychological adverse effects, and increased health care costs. Average 0-2 cases per month at Lister Hospital, Stevenage ENHT. Clusters up to 4 cases.

Design

Retrospective case study identified from readmissions. April 2018 – August 2021.
Total notes reviewed: 48

Demography

Age – 55% between 30-40 years and 38% between 20-30 years old.
Parity- 44% P0 , 38% P1

CS category.

48% Cat 2, 29 % Cat 4.

- History of PPROM,SROM in 48% cases.
- Antenatal risk factors- 50%
(Diabetic, HO previous multiple CS , bowel surgeries)
- Complications during CS – 52% (PPH, adhesion, full dilatation)

Antibiotics

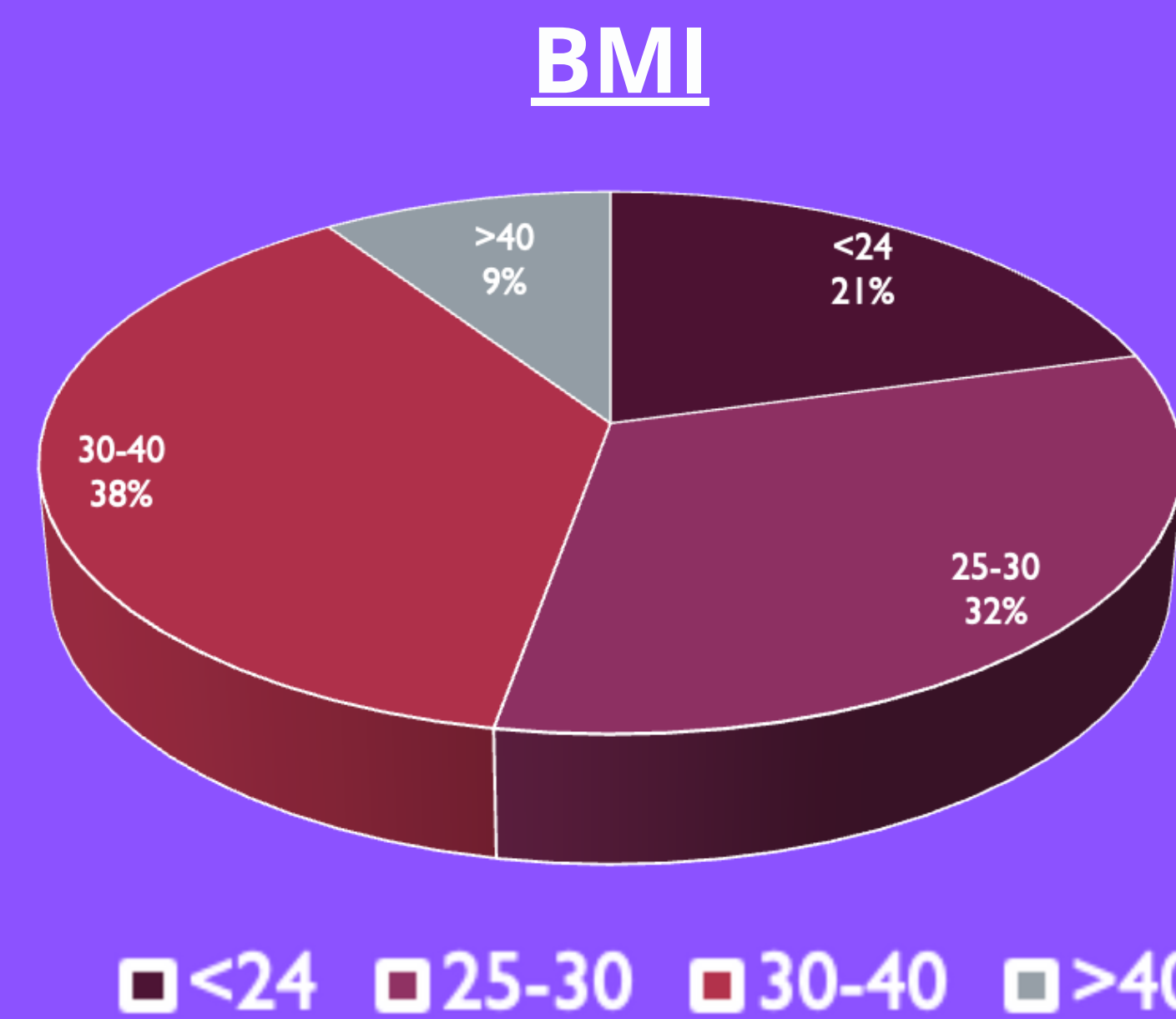
100% patients received antibiotics during CS,Single per operative dose – 64%. Multiple doses for sepsis,difficult surgery- 36%.

Management while Inpatient

- All treated with IV antibiotics. 50% responded to IV coamoxiclav only (first line antibiotics policy). Others needed Tazocin, vancomycin, meropenam, gentamicin etc.
- Conservative - 41 (86%), surgical 7 (drainage in theatre 2 under GA, USS guided 2 , under LA 3)
- Investigation

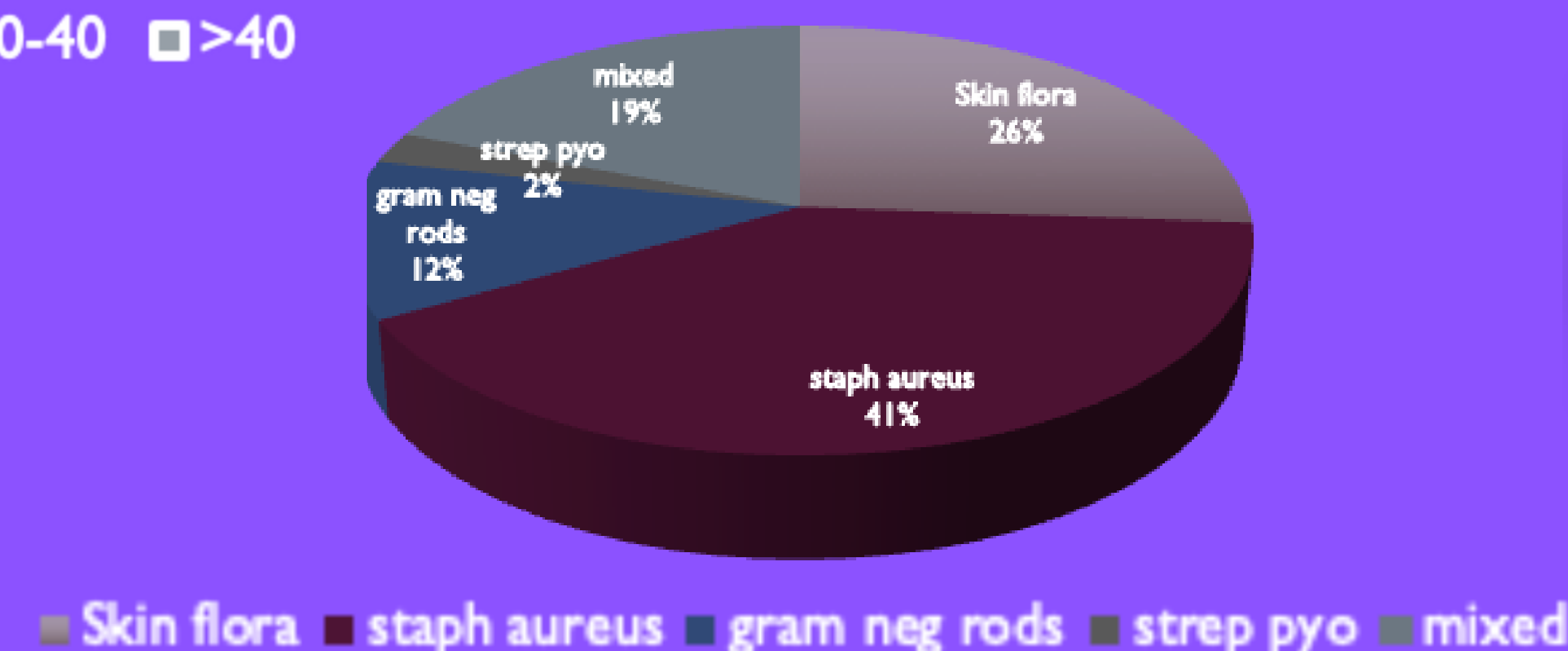
Wound swab - Staph aureus- 41%, Skin flora 26%, mixed growth 19%, gram negative rod 12%, strep progenies 2%

- Special investigation - 27 (56%), USS 21 patients and CT 6
Tissue viability nurse involvement 43% cases.

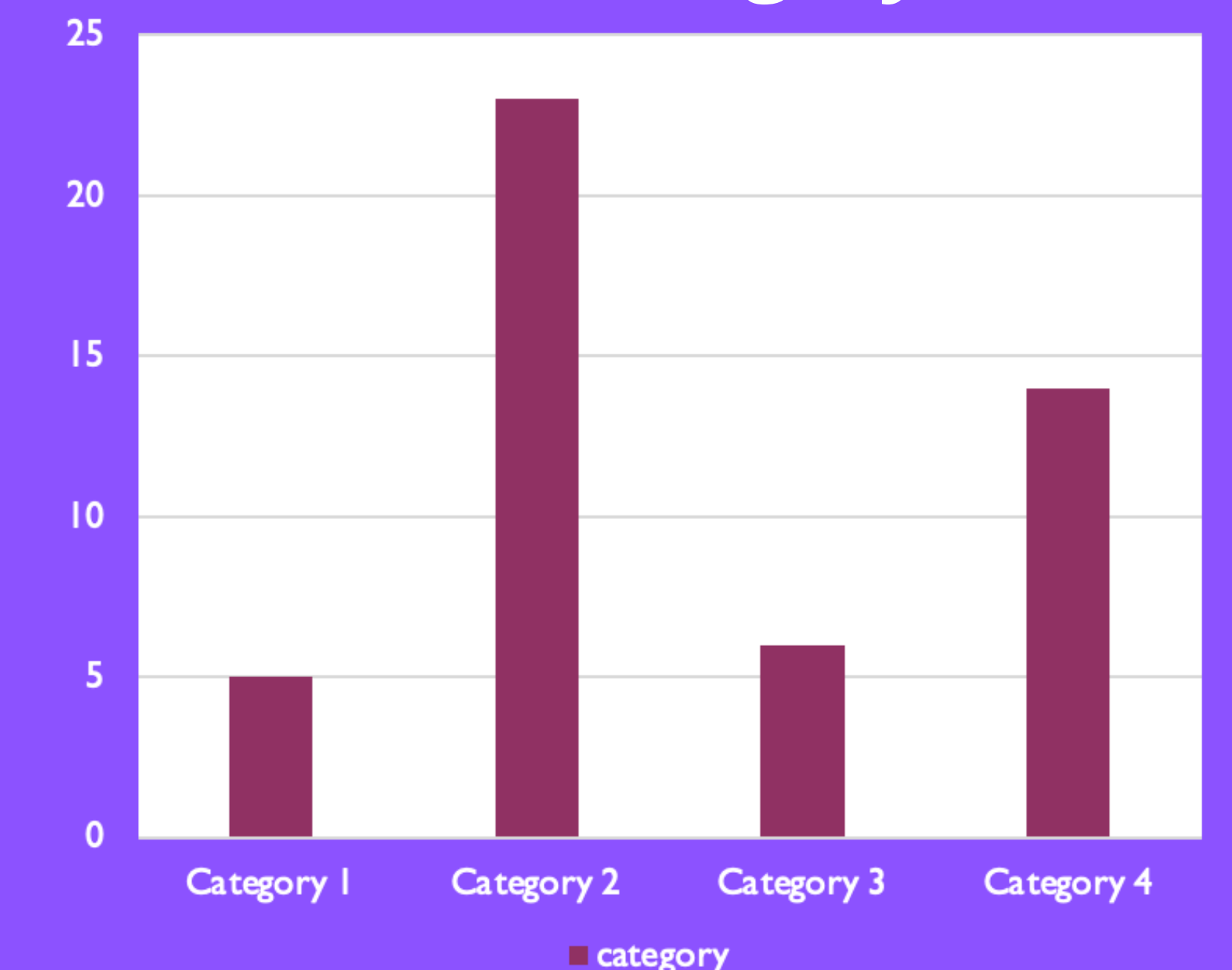


79% had increased BMI:
25-30 BMI - **32%**
30-40 BMI - **38%**
> 40 BMI - **9%**

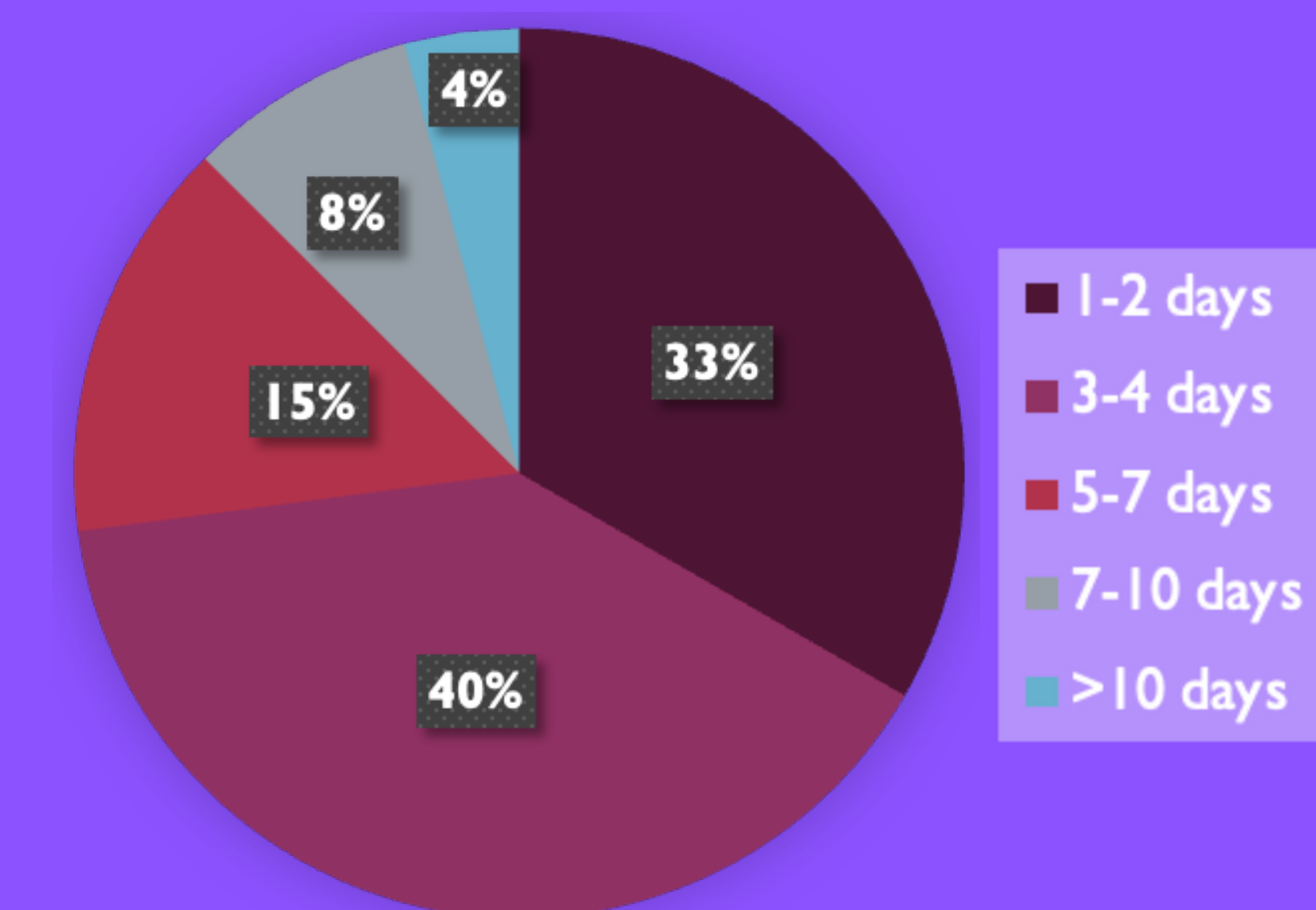
Wound Swab



CS Category.



Inpatient



Hospital stay – ranging from 1 day to more than 10 days with an average of 3-4 days in 40%.

Conclusion

To reduce the SSI the recommendations are:

- Optimise the risk factors
- Adequate time for chlorhexidine on skin to dry
- Vaginal preparation with aqueous iodine have definite role in reducing endometritis in ruptured membrane cases.
- Negative pressure wound therapy in very high BMI to be considered.
- Removal of dressing at discharge time (24-48 hours).

Readmission

Readmissions between

- 48 hours-7 days (42%),
- 7-14 days (51%)

Patient presented with wound complications in the form of gaping, oozing, collection,induration etc of which 64% had a combination, 45% with fever.

