INCIDENCE OF INFECTION FOLLOWING SURGERY AND TRAUMA IN AN ORTHOPAEDIC UNIT

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Incidence of Infection

Based on 1314 Operations

In all the Johannesburg units
Over a twelve month period
Including 52 for bone sepsis

Incidence of Infection

Data collected by unashamed snooping for indirect evidence of complications (dressings, lotions, antibiotics)

Dearth of investigation
(X-Ray, microbiology, blood)

Nursing records most informative

Complications Studied

Pyrexia, Cellulitis,
Haematoma, excessive oedema,
Wound slough or dehiscence,
Seepage, purulence or any
Evidence of infection elsewhere

Method

Identified patients followed up in the ward, and then OPD. Checking notes, prescriptions, laboratory tests and Xrays.

Findings

Infection commonly unrecognised, more commonly unacknowledged

Findings

Local Predisposing Factors:

Perfusion - arterial, venous.

Degloving injuries

Violent trauma. Implants

Findings

Systemic Predisposing Factors:

- Age
- Diabetes
- Duration of surgery

In Surgery for Deformity

Tissue tension and compression predispose to skin and soft tissue

Slough and wound dehiscence

In Arthroplasty Surgery

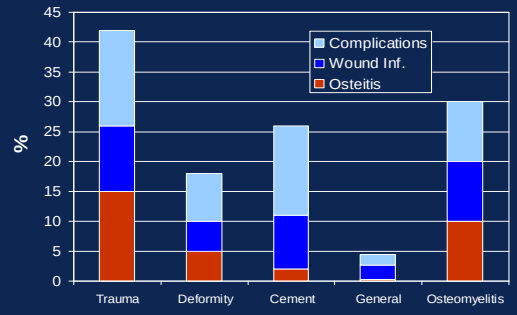
Haematoma, DVT, Wound Seepage occur frequently

In Knee arthroplasty surgery wounds split and slough

Complications in relation to Type of Surgery

	308	222	160	624	52
	Trauma	Deformity	Cement	General	Osteomyelitis
Complications	42%	18%	26%	4.5%	30%
Wd Infection	26%	10%	11%	2.6%	20%
Osteitis	15%	5%	2%	0.3%	10%

Complications vs. Type of Surgery



Outcome of Infection in Trauma

308 Trauma cases
- 46 Developed osteitis (15%)
- 30 Persisted chronic (9.6%)
- 10 Required surgery (3.2%)

Infection receded as union progressed