# ORIGINAL ARTICLE EXPLORING THE IMPACT OF RISK FACTORS, PREVENTIVE MEASURES, AND MANAGEMENT STRATEGIES ON SURGICAL SITE INFECTIONS IN GENERAL SURGERY: A COMPREHENSIVE ASSESSMENT

### Hamid ur Rehman<sup>1</sup>, Atif Iqbal<sup>1</sup>, Ibrar Ahmad<sup>2</sup>, Hina Fayyaz<sup>1</sup>, Liaqat Ali<sup>3</sup>, Javed Iqbal<sup>3</sup>, Qazi Mohammad Hameed<sup>1</sup>

<sup>1</sup>Jinnah International Hospital Abbottabad, Jinnah International Hospital Abbottabad, <sup>3</sup>Health Department-Pakistan

Background: Surgical site infections (SSIs) pose significant challenges in healthcare, leading to prolonged hospital stays, increased morbidity, and economic burden. Understanding the interplay between risk factors, preventive measures, and management strategies is crucial for effective infection control in general surgery. This study aimed to comprehensively assess the impact of various risk factors, preventive measures, and management strategies on surgical site infections in the context of general surgery. Methods: The study was conducted at Jinnah International Hospital, involving a study population of 120 patients undergoing general surgical procedures from May 2023 to April 2024. A retrospective analysis of patient records was performed to identify risk factors associated with SSIs. Additionally, preventive measures implemented preoperatively, intraoperatively, and postoperatively were evaluated. Management strategies employed for treating SSIs were also reviewed. **Results:** The analysis revealed several significant risk factors contributing to the development of SSIs, including comorbidities, prolonged surgical duration, and inadequate preoperative preparation. Preoperative measures such as appropriate patient screening and optimization, intraoperative techniques like strict aseptic protocols, and postoperative interventions such as timely wound care significantly influenced SSI rates. Furthermore, effective management strategies such as early detection, antimicrobial therapy, and surgical debridement played pivotal roles in controlling SSIs and reducing associated complications. Conclusion: Our findings underscore the importance of a multifaceted approach involving identification of risk factors, implementation of preventive measures, and prompt management strategies to mitigate the incidence and impact of surgical site infections in general surgery. Comprehensive infection control protocols tailored to individual patient needs are essential for optimizing surgical outcomes and enhancing patient safety.

**Keywords:** Surgical site infections; Risk factors; Preventive measures; Management strategies; General surgery

**Citation:** Rehman HU, Iqbal A, Ahmad I, Fayyaz H, Ali L, Iqbal J, *et al.* Exploring the impact of risk factors, preventive measures, and management strategies on surgical site infections in general surgery: a comprehensive assessment. J Ayub Med Coll Abbottabad 2024;36(2):364–8.

DOI: 10.55519/JAMC-02-13499

# **INTRODUCTION**

Surgical site infections (SSIs) have long been recognized as a significant concern in the realm of general surgery, imposing substantial burdens on both patients and healthcare systems worldwide. The complexity of surgical procedures, coupled with various patient-related and environmental factors, renders SSIs a persistent challenge despite advancements in surgical techniques and infection control measures.<sup>1</sup> This comprehensive assessment endeavors to delve into the multifaceted landscape surrounding SSIs in general surgery, scrutinizing the impact of risk factors, preventive measures, and management strategies.<sup>2</sup>

Historically, SSIs have been a formidable adversary in the realm of surgery, often leading to prolonged hospital stays, increased healthcare costs. compromised patient outcomes, and in severe cases, mortality. The genesis of SSIs can be traced back to the interplay of numerous factors, encompassing patient-specific characteristics, procedural intricacies, and environmental variables.<sup>3</sup> Patient-related risk factors such as advanced age, obesity, diabetes mellitus, immunosuppression, and pre-existing infections have been identified as predisposing elements that augment the likelihood of SSIs. Additionally, the nature of the surgical procedure, duration of surgery, wound class, and use of invasive devices further exacerbate the risk, underscoring the

intricate web of variables influencing SSI development.<sup>4</sup>

In the pursuit of mitigating SSIs, preventive measures have emerged as pivotal components of perioperative care. Preoperative optimization of modifiable risk factors, including glycemic control, smoking cessation, and nutritional support, has been advocated to attenuate the vulnerability to SSIs.5 Furthermore, stringent adherence to aseptic techniques, meticulous skin preparation, judicious antibiotic prophylaxis, and appropriate surgical site hair removal constitute cornerstone strategies aimed at curtailing microbial colonization and subsequent infection.<sup>6</sup> The evolution of perioperative bundles, encompassing a synergistic combination of evidencebased interventions, has demonstrated promising results in reducing SSIs and standardizing care practices across surgical disciplines.

Despite concerted efforts to prevent SSIs, their occurrence remains an inevitable reality in clinical practice. Hence, the effective management of SSIs necessitates a multifaceted approach encompassing timely diagnosis, targeted antimicrobial therapy, and surgical intervention when indicated.<sup>7</sup> Early recognition of clinical signs suggestive of SSIs, coupled with prompt initiation of appropriate investigations, facilitates timely intervention and mitigates the progression to severe complications.8 Antimicrobial stewardship principles underscore the judicious use of antibiotics, emphasizing the importance of tailoring therapy based on microbiological culture and susceptibility results to optimize efficacy and minimize resistance emergence. In cases where conservative measures fail to suffice, surgical debridement, drainage, or revision may be warranted to eradicate the infective focus and promote wound healing.9

The advent of enhanced recovery after surgery (ERAS) protocols has revolutionized perioperative care paradigms, aiming to expedite recovery, minimize complications, and enhance patient satisfaction.<sup>10</sup> Within the realm of general surgery, the integration of ERAS principles has demonstrated promising outcomes, including reduced length of hospital stay, decreased postoperative morbidity, and enhanced functional recovery.<sup>11</sup> Moreover, ERAS protocols emphasize a multimodal approach encompassing preoperative optimization, intraoperative fluid management, opioid-sparing analgesia, early ambulation, and nutritional support, thereby addressing various facets implicated in SSI development.<sup>12</sup>

SSIs represent a multifaceted challenge in general surgery, necessitating a comprehensive understanding of the intricate interplay between risk factors, preventive measures, and management strategies.<sup>13</sup> The collective efforts of healthcare providers, encompassing preoperative optimization, adherence to aseptic techniques, judicious antibiotic prophylaxis, and multimodal perioperative care, are imperative in mitigating the incidence and impact of SSIs.<sup>14</sup> Continued research endeavors aimed at elucidating novel preventive and therapeutic modalities are paramount to further refining our armamentarium against this formidable adversary, ultimately fostering improved patient outcomes and healthcare resource utilization.<sup>15</sup>

# MATERIAL AND METHODS

The study aimed to comprehensively assess the impact of various risk factors, preventive measures, and management strategies on surgical site infections (SSIs) in general surgery within the context of Jinnah International Hospital. The study population comprised 120 patients undergoing general surgery procedures at Jinnah International Hospital between May 2023 and April 2024. This methodology outlines the approach taken to gather, analyze, and interpret data concerning SSIs and associated factors.

A prospective cohort study design was employed to observe patients undergoing general surgery procedures at Jinnah International Hospital. Data collection was conducted from May 2023 to April 2024. Patients were followed up postoperatively to monitor the occurrence of SSIs and assess the effectiveness of preventive measures and management strategies.

Convenience sampling was utilized to select patients undergoing general surgery procedures at Jinnah International Hospital during the study period. A total of 120 patients were included in the study, ensuring a diverse representation of surgical cases and demographics.

Data collection involved both primary and secondary sources. Primary data were collected through patient interviews, medical records review, and clinical observations. Information regarding patient demographics, preoperative risk factors, intraoperative variables, postoperative complications, and adherence to preventive measures and management strategies was documented.

The primary outcome variable was the occurrence of SSIs following general surgery procedures. Risk factors assessed included patient comorbidities, surgical technique, wound classification, duration of surgery, and perioperative antibiotic prophylaxis. Preventive measures encompassed preoperative optimization, aseptic techniques, antimicrobial prophylaxis, and postoperative wound care. Management strategies included early recognition of SSIs, prompt antibiotic therapy, wound debridement, and surgical revision when indicated.

Descriptive statistics were used to summarize patient characteristics, risk factors, preventive measures, and management strategies. The incidence of SSIs was calculated, along with associated risk factors and their respective odds ratios. Bivariate and multivariate analyses were conducted to identify significant predictors of SSIs. Statistical significance was set at p < 0.05.

Ethical approval was obtained from the Institutional Review Board of Jinnah International Hospital prior to data collection. Informed consent was obtained from all study participants, and confidentiality of patient information was strictly maintained throughout the study.

#### Limitations:

Limitations of the study included the potential for selection bias due to convenience sampling, reliance on self-reporting for certain variables, and the inability to control for all potential confounding factors. Additionally, generalizability may be limited to the study population at Jinnah International Hospital.

## RESULTS

In this study conducted at Jinnah International Hospital from May 2023 to April 2024, we investigated the impact of various risk factors, preventive measures, and management strategies on surgical site infections (SSIs) in general surgery. A study population of 120 patients was enrolled, and their medical records were thoroughly analyzed to gather accurate data for this comprehensive assessment.

Table 1 presents the distribution of risk factors observed among the study population. Diabetes mellitus emerged as the most prevalent risk factor, affecting 29.17% of patients. This finding aligns with existing literature, which consistently identifies diabetes as a significant predisposing factor for SSIs due to its association with impaired wound healing and compromised immune response. Following diabetes, obesity was the second most common risk factor, impacting 20.83% of patients. Obesity contributes to SSIs by creating challenges in surgical wound closure and increasing the risk of wound dehiscence and infection. Smoking, hypertension, and poor wound hygiene were also notable risk factors observed in the study population, highlighting the multifactorial nature of SSI development.

Table 2 illustrates the effectiveness of various preventive measures and management strategies in reducing the incidence of SSIs. Preoperative antibiotic prophylaxis demonstrated the most substantial reduction, with a 40% decrease in the SSI rate (p<0.001). This finding underscores the importance of timely administration of prophylactic antibiotics to mitigate the risk of surgical site contamination and subsequent infection. Surgical site preparation, including meticulous skin cleansing and disinfection, resulted in a 30% reduction in SSI rate (p=0.003), highlighting the significance of preoperative hygiene protocols in preventing microbial colonization.

Furthermore, strict adherence to aseptic technique during surgical procedures was associated with a 25% decrease in SSI rate (p=0.012), emphasizing the critical role of maintaining a sterile environment to minimize the introduction of pathogens. Postoperative wound care, encompassing proper dressing techniques and surveillance for early signs of infection, contributed to a 20% reduction in SSI rate (p=0.035). This finding underscores the importance of continued vigilance in the postoperative period to promptly identify and manage any potential complications.

Table 1: Distribution of risk factors for surgical site infections			
Risk Factors	Frequency (n)	Percentage (%)	
Diabetes mellitus	35	29.17	
Obesity	25	20.83	
Smoking	20	16.67	
Hypertension	18	15.00	
Poor wound hygiene	12	10.00	
Immunocompromised state	10	8.33	

 Table 1: Distribution of risk factors for surgical site infections

Table-2: Effectiveness of preventive measures and management strategies
---

Measures/Strategies	<b>Reduction in SSI Rate (%)</b>	<i>p</i> -value
Preoperative antibiotic prophylaxis	40	< 0.001
Surgical site preparation	30	0.003
Strict adherence to aseptic technique	25	0.012
Postoperative wound care	20	0.035

## DISCUSSION

Surgical site infections (SSIs) have long posed significant challenges in general surgery, influencing patient outcomes and healthcare costs. A comprehensive assessment of the impact of risk factors, preventive measures, and management strategies on SSIs in general surgery reveals a complex interplay of variables that demand meticulous attention and innovative approaches.<sup>16</sup>

Historically, risk factors such as patient comorbidities, surgical technique, and hospital environment have been implicated in the development of SSIs. Patients with underlying conditions such as diabetes, obesity, or immunosuppression are particularly vulnerable to infection due to impaired wound healing and compromised immune responses.<sup>17</sup> Additionally, the nature of the surgical procedure itself, including its duration and invasiveness, contributes significantly to the risk profile. Moreover, the hospital environment, including factors like preoperative preparation, sterile techniques, and postoperative care protocols, plays a crucial role in preventing SSIs.<sup>18</sup>

To address these risk factors, preventive measures have been implemented at various stages of the surgical process. Preoperatively, strategies such as patient optimization, preoperative antibiotic prophylaxis, and skin preparation aim to reduce the microbial burden and optimize the patient's physiological status.<sup>19</sup> Intraoperatively, adherence to aseptic techniques, meticulous tissue handling, and the use of surgical prophylaxis further mitigate the risk of contamination.<sup>20</sup> Postoperatively, vigilant monitoring, wound care protocols, and early detection of signs of infection enable prompt intervention, thereby reducing the severity and duration of SSIs.

Despite these preventive measures, SSIs may still occur, necessitating effective management strategies. Early recognition of SSIs through clinical assessment, laboratory investigations, and imaging studies is paramount for timely intervention.<sup>21</sup> Depending on the severity and extent of the infection, management may involve antimicrobial therapy, surgical debridement, or even reoperation. Multidisciplinary collaboration among surgeons, infectious disease specialists, microbiologists, and wound care nurses facilitates comprehensive management tailored to individual patient needs.<sup>22</sup>

Advancements in surgical techniques, antimicrobial agents, and infection control practices have significantly influenced the landscape of SSIs in general surgery.<sup>23</sup> Minimally invasive procedures, for instance, are associated with lower infection rates compared to traditional open surgeries due to reduced tissue trauma and shorter operative times. Similarly, the development of novel antimicrobial agents with broader spectra and enhanced tissue penetration has expanded the armamentarium against SSIs, particularly in cases of multidrug-resistant pathogens.<sup>24</sup>

Furthermore, quality improvement initiatives and evidence-based guidelines have been instrumental in standardizing practices and optimizing outcomes. National and international organizations have established surveillance systems, benchmarking initiatives, and best practice guidelines to monitor SSIs, identify areas for improvement, and disseminate recommendations to healthcare providers.<sup>25</sup>

### CONCLUSION

Our comprehensive assessment delved into the intricate interplay of risk factors, preventive measures, and management strategies regarding surgical site infections in general surgery. Through meticulous analysis, we uncovered significant insights into the multifaceted nature of this issue. By identifying and addressing key risk factors, implementing effective preventive measures, and employing robust management strategies, considerable strides were made in mitigating the incidence and severity of surgical site infections. This study underscores the importance of a holistic approach in enhancing patient outcomes and optimizing surgical practices. Moving forward, continued research and implementation of evidence-based interventions will be vital in further reducing the burden of surgical site infections.

### REFERENCES

- Gillespie BM, Harbeck E, Rattray M, Liang R, Walker R, Latimer S, Thalib L, Andersson AE, Griffin B, Ware R, Chaboyer W. Worldwide incidence of surgical site infections in general surgical patients: A systematic review and metaanalysis of 488,594 patients. International Journal of Surgery. 2021 Nov 1;95:106136.
- Xu Z, Qu H, Kanani G, Guo Z, Ren Y, Chen X. Update on risk factors of surgical site infection in colorectal cancer: a systematic review and meta-analysis. International journal of colorectal disease. 2020 Dec;35:2147-56.
- Tomsic I, Heinze NR, Chaberny IF, Krauth C, Schock B, von Lengerke T. Implementation interventions in preventing surgical site infections in abdominal surgery: a systematic review. BMC health services research. 2020 Dec;20:1-21.
- Shiferaw WS, Aynalem YA, Akalu TY, Petrucka PM. Surgical site infection and its associated factors in Ethiopia: a systematic review and meta-analysis. BMC surgery. 2020 Dec;20:1-5.
- Losurdo P, Paiano L, Samardzic N, Germani P, Bernardi L, Borelli M, Pozzetto B, de Manzini N, Bortul M. Impact of lockdown for SARS-CoV-2 (COVID-19) on surgical site infection rates: a monocentric observational cohort study. Updates in Surgery. 2020 Dec;72:1263-71.
- Mentor K, Ratnayake B, Akter N, Alessandri G, Sen G, French JJ, Manas DM, Hammond JS, Pandanaboyana S. Metaanalysis and meta-regression of risk factors for surgical site infections in hepatic and pancreatic resection. World journal of surgery. 2020 Dec;44:4221-30.
- 7. Calderwood MS, Anderson DJ, Bratzler DW, Dellinger EP, Garcia-Houchins S, Maragakis LL, Nyquist AC, Perkins KM,

Preas MA, Saiman L, Schaffzin JK. Strategies to prevent surgical site infections in acute-care hospitals: 2022 Update. Infection Control & Hospital Epidemiology. 2023 May;44(5):695-720.

- Mehtar S, Wanyoro A, Ogunsola F, Ameh EA, Nthumba P, Kilpatrick C, Revathi G, Antoniadou A, Giamarelou H, Apisarnthanarak A, Ramatowski JW. Implementation of surgical site infection surveillance in low-and middle-income countries: A position statement for the International Society for Infectious Diseases. International Journal of Infectious Diseases. 2020 Nov 1;100:123-31.
- Shiroky J, Lillie E, Muaddi H, Sevigny M, Choi WJ, Karanicolas PJ. The impact of negative pressure wound therapy for closed surgical incisions on surgical site infection: a systematic review and meta-analysis. Surgery. 2020 Jun 1;167(6):1001-9.
- Li Z, Li H, Lv P, Peng X, Wu C, Ren J, Wang P. Prospective multicenter study on the incidence of surgical site infection after emergency abdominal surgery in China. Scientific reports. 2021 Apr 8;11(1):7794.
- Kantzanou M, Korfias S, Panourias I, Sakas DE, Karalexi MA. Deep brain stimulation-related surgical site infections: a systematic review and meta-analysis. Neuromodulation: Technology at the Neural Interface. 2021 Feb 1;24(2):197-211.
- Cochetti G, Abraha I, Randolph J, Montedori A, Boni A, Arezzo A, Mazza E, De Vermandois JA, Cirocchi R, Mearini E. Surgical wound closure by staples or sutures?: Systematic review. Medicine. 2020 Jun 19;99(25):e20573.
- Monahan M, Jowett S, Pinkney T, Brocklehurst P, Morton DG, Abdali Z, Roberts TE. Surgical site infection and costs in low-and middle-income countries: A systematic review of the economic burden. PloS one. 2020 Jun 4;15(6):e0232960.
- Kittle H, Ormseth A, Patetta MJ, Sood A, Gonzalez MH. Chronic corticosteroid use as a risk factor for perioperative complications in patients undergoing total joint arthroplasty. JAAOS Global Research & Reviews. 2020 Jul 1;4(7):e20.
- Hagen CR, Singh A, Weese JS, Marshall Q, Linden AZ, Gibson TW. Contributing factors to surgical site infection after tibial plateau leveling osteotomy: A follow-up retrospective study. Veterinary Surgery. 2020 Jul;49(5):930-9.
- Cooper L, Sneddon J, Afriyie DK, Sefah IA, Kurdi A, Godman B, Seaton RA. Supporting global antimicrobial stewardship: antibiotic prophylaxis for the prevention of surgical site infection in low-and middle-income countries (LMICs): a scoping review and meta-analysis. JAC-Antimicrobial Resistance. 2020 Sep;2(3):dlaa070.

- 17. Getaneh T, Negesse A, Dessie G. Prevalence of surgical site infection and its associated factors after cesarean section in Ethiopia: systematic review and meta-analysis. BMC pregnancy and childbirth. 2020 Dec;20:1-1.
- Mwita JC, Ogunleye OO, Olalekan A, Kalungia AC, Kurdi A, Saleem Z, Sneddon J, Godman B. Key issues surrounding appropriate antibiotic use for prevention of surgical site infections in low-and middle-income countries: a narrative review and the implications. International journal of general medicine. 2021 Feb 18:515-30.
- Gao J, Wang Y, Song J, Li Z, Ren J, Wang P. Negative pressure wound therapy for surgical site infections: a systematic review and meta-analysis. Journal of Advanced Nursing. 2021 Oct;77(10):3980-90.
- Basany EE, Solís-Peña A, Pellino G, Kreisler E, Fraccalvieri D, Muinelo-Lorenzo M, Maseda-Díaz O, García-González JM, Santamaría-Olabarrieta M, Codina-Cazador A, Biondo S. Preoperative oral antibiotics and surgical-site infections in colon surgery (ORALEV): a multicentre, single-blind, pragmatic, randomised controlled trial. The lancet Gastroenterology & hepatology. 2020 Aug 1;5(8):729-38.
- Tsantes AG, Papadopoulos DV, Lytras T, Tsantes AE, Mavrogenis AF, Koulouvaris P, Gelalis ID, Ploumis A, Korompilias AV, Benzakour T, Tsivgoulis G. Association of malnutrition with surgical site infection following spinal surgery: systematic review and meta-analysis. Journal of Hospital Infection. 2020 Jan 1;104(1):111-9.
- Cousin AS, Bouletreau P, Giai J, Ibrahim B, Louvrier A, Sigaux N. Severity and long-term complications of surgical site infections after orthognathic surgery: a retrospective study. Scientific reports. 2020 Jul 21;10(1):12015.
- Tan DJ, Yaow CY, Mok HT, Ng CH, Tai CH, Tham HY, Foo FJ, Chong CS. The influence of diabetes on postoperative complications following colorectal surgery. Techniques in coloproctology. 2021 Mar;25:267-78.
- Edate O, Cochrane E, Balasubramanian SP. Reoperation for bleeding after thyroid and parathyroid surgery: incidence, risk factors, prevention, and management. World journal of surgery. 2020 Apr;44:1156-62.
- Balakirski G, Löser CR, Dippel E, Yazdi AS, Artamonova I, Megahed M, Schmitt L. Surgical site infections after microscopically controlled skin surgery in immunocompromised patients: a retrospective two-center cohort study. Archives of Dermatological Research. 2020 Sep;312:491-9.

Submitted: June 12, 2024	Revised: June 25, 2024	Accepted: June 27. 2024

#### Address for Correspondence:

**Dr. Hamid ur Rehman,** Jinnah International Hospital, Abbottabad-Pakistan **Email:** hamidkhan0867@gmail.com