Fighting the Down and Dirty of Colon Rectal SSIs

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**Problem Statement:**
The threat of Surgical Site Infections continues to be an ongoing concern with all surgeries. In colon rectal surgery an increased incidence of SSIs exists due to clean and dirty areas within varying parts of the procedure. Within our institution, standardized measures were not in place to segregate clean and dirty areas of the sterile setup during colon rectal cases. Additionally, standardization to re-establish a “clean” field after the anastomosis of the bowel did not exist. Using dirty equipment and dirty gloves after the cleanliness of the field has been re-established increase the potential for SSIs.

**Goals/Purpose:**
The goal of standardized measures is to decrease the potential for SSIs. Using evidence based practice (EBP); the standardized approach for every colon rectal surgery was implemented in hopes to ultimately decrease SSIs.

**Methodology:**
Using EBP a Surgical Site Infection Taskforce created a checklist named the ‘Colon Rectal Bundle’. The Bundle consists of multiple surgical interventions before, during and upon closure of Colon Rectal Surgery to isolate the “dirty” contents of the bowel and adhere to strict sterile technique.

To increase buy-in from staff, front line care givers were instrumental in the creation and implementation of the bundle.

- Preadmission Chlorhexidine Gluconate shower
- Preoperative CHG wipes
- No hair removal/immediate hair clipping
- Adherence to weight-based antibiotic administration, to include Gentamicin
- Standardize skin prep
- Preparation of “clean” mayo stand for closure

**Intra-operative Measures:**
- Separation of “dirty” and “clean” instruments
- Routine adherence to “wound protection” for all cases
- Glove change and sterile sleeve application after intra-operative digital rectal exam or draping
- Specimen considered dirty and isolated in basin prior to handoff
- Extra suction, cautery tip, and light handle covers changed after an anastomosis
- Glove and instrument change for fascial closure
- Saline irrigation of fascia and subQ prior to closure
- Use of clean Mayo instrumentation for closing
- Standard application of wound dressing
- Continuation of OR wound dressing for 48 hours
- Reframe incision site with clean towels or sticky drapes after bowel re-anastomosis
- Irrigate subcutaneous tissue with saline prior to closure
- During stoma creation, cover the incision site with a clear adhesive drape

**Evaluation/Results:**
Ongoing audits of the C/R Bundle checklist are conducted by the SSI Taskforce for physician and staff compliance of the bundle. Continued awareness and education provided as the process is standardized across our network. A decrease in SSI cannot be attributed to one measure as multiple interventions were implemented by the Taskforce.

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