

Bölüm 3

CERRAHİ ALAN ENFEKSİYONLARI: RİSK FAKTÖRLERİ VE ANTİMİKROBİYAL PROFİLAKSİ

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1. GİRİŞ

Cerrahi alan enfeksiyonları (CAE), sağlık hizmeti ile ilişkili enfeksiyonun yaygın bir nedenidir. CAE; ameliyat bölgesinde veya insizyon yakınında 30. veya 90. (eğer prostetik materyal implante edildiyse) günler arasında gelişen ve uygulanan cerrahi işlemle ilişkili bir enfeksiyon olarak tanımlanmıştır (Berríos-Torres SI & et al., 2017) (April 2013 CDC/NHSN Protocol Corrections, Clarification, and Additions). CAE' ler sıklıkla insizyon bölgesinde gelişmekle birlikte daha derin yapılara da uzanım gösterebilir. CAE' ler en sık gözlenen ve en çok maliyet oluşturan sağlık hizmeti ilişkili enfeksiyonlardır (Lewis SS & et al., 2013). Cerrahi hastalarda gelişen hastane kaynaklı enfeksiyonların % 38' ini CAE' ler oluşturur. Her yıl cerrahi işlem uygulanan 30 milyondan fazla hastanın % 2-5 kadında CAE geliştiği tahmin edilmektedir. Amerika Birleşik Devletlerinde yatarak cerrahi işlem uygulanan her 24 hastanın 1' inde ameliyat sonrası CAE geliştiği bildirilmiştir (Scott RD, 2009).

Klinik olarak CAE tanısı aşağıdaki kriterlerden biri veya fazlasının tespitini gerektirir (Bratzler DW & et al., 2013):

- Cerrahi alandan direne olmuş pürülan eksüda varlığı
- Primer olarak onarılmış cerrahi alandan alınan akıntı kültürünün pozitif gelmesi
- Pozitif bir üreme ile veya üreme olmaksızın enfeksiyon bulgularından en az biri (ağrı, şişlik, kızarıklık, ısı artışı) eşliğinde cerrahi alanın yeniden açılmış olması
- Cerrahin enfeksiyon tanısı koyması

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