

8. BÖLÜM

CERRAHİ FAKTÖRLER

Ömer Kays ÜNAL

GİRİŞ

Cerrahi alan infeksiyonları (CAİ), nozokomiyal infeksiyonların yaklaşık%20'sini oluşturur ve önemli bir morbidite, mortalite ve sağlık bakım maliyet nedenidir (1-3). Korol ve ark. tarafından yapılan sistematik bir incelemede CAİ'larının insidansı cerrahi prosedür, uzmanlık ve cerrahi koşullara bağlı olarak %0,1 ile %50,4 aralığında değiştiği rapor edilmiştir (4). Bir CAİ tanımının etrafında küresel farklılıklar olsa da CAİ tipik olarak ameliyattan sonraki 30 gün içinde ortaya çıkan ve ameliyat bölgesindeki insizyonu, organları veya vücut boşluklarını etkileyen infeksiyonlar olarak tanımlanır (5). Pek çok bölgede, CAİ'lar, geri ödeme miktarının azalmasına sebep olan, rapor edilebilir hastane kaynaklı koşulların bir parçasıdır (6).

CAİ insidansına katkıda bulunabilecek prosedür ve hastayla ilgili birkaç faktör vardır. CAİ olasılığını değerlendiren çoğu çalışma tasarım açısından gözlemseldir, çünkü önemli korelasyonları ve ilişkileri tanımlamak için birden çok risk faktörünün değerlendirilmesi gerekir. 57 çalışmanın sistematik bir incelemesinde Korol ve ark. (4), CAİ insidansı ile ilişkili olarak tutarlı bir şekilde tanımlanan risk faktörlerinin komorbiditeler, ileri yaş, düşük immünite ve kompleks cerrahi işlemleri içerdiğini bildirmiştir. Spesifik olarak, 13 çalışma, çok değişkenli analizlerde diabetes mellitus'u bir risk faktörü olarak kabul etmiştir. Buna ek olarak, uzun ameliyatlar, CAİ insidansında artış ile ilişkilendirilmiş ve önemli sonuçlar bildiren 11 çalışmada medyan olasılık oranı 2.3 saptanmıştır. 15 çalışmanın sistematik bir incelemesinde, Gibbons ve ark. (7) ayrıca ameliyat öncesi kalış süresi ve ameliyat süresi dahil olmak üzere CAİ'lerle tutarlı bir şekilde ilişkili olan birkaç faktör bildirmişlerdir.

Cerrahi prosedürün temiz, temiz kontamine veya kontamine olarak sınıflandırılmasının, CAİ'lerinin gelişmesinde önemli bir faktör olduğu kabul edil-

CAİ insidansını azaltmaya yönelik cerrahi teknik sıklıkla en iyi uygulama kılavuzlarında belirtilir, ancak bir kanıt temeli olmaması nedeniyle nadiren detaylandırılır. İntraoperatif eğitim ve cerrahi tekniğin geliştirilmesi, hastaneler, cerrahlar ve stajyerler arasında değişen bir dereceye kadar özneliği korumaktadır. İyi bilinen cerrahi prosedürlerin genel olarak adım adım doğasında çok az değişiklik olsa da dokuya müdahale gibi basit adımların ayrıntılı yönlerinin CAİ azaltmak amacıyla en iyi nasıl gerçekleştirileceğine dair birçok öneri halen kanıta dayalı değildir.

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