13. BÖLÜM

ORTOPEDİK CERRAHİ ALAN İNFEKSİYONLARINI ÖNLEME STRATEJİLERİ

Ülkü SUR ÜNAL

GİRİŞ

İnfeksiyon önleme çabalarındaki son gelişmelere rağmen, ortopedik cerrahi alan infeksiyonları (CAİ) hastaneye yatırılan hastalar arasında morbidite, mortalite, hastane kalış süresinde artış ve sağlık harcamalarının artışında önemli bir nedeni olmaya devam etmektedir (1). Hastalık Kontrol ve Önleme Merkezleri (CDC) sağlık bakımı ile ilişkili infeksiyon (SBİ) yaygınlık araştırması, 2011 yılında Amerika Birleşik Devletleri'nde yatan hastalar arasında yaklaşık 160.000 CAİ olduğunu tahmin ederek, CAİ'nu en yaygın SBİ haline getirdi (2). Ameliyat geçiren hastalar arasında yapılan çalışmada CAİ geçiren hastalarda CAİ olmayan diğer hastalara kıyasla yoğun bakım ünitesinde kalma oranında %60, hastaneye yeniden yatma oranında 5 kat ve mortalite oranında iki kat artış olduğu saptanmıştır (3). CAİ'ları ayrıca sağlık masraflarında ciddi bir artıştan sorumludur. Ortalama infeksiyon başına maliyet yaklaşık 5.000-13.000 ABD Doları arasında değişmektedir (4). Genel olarak, CAİ'ların tüketici fiyat endeksine göre sağlık hizmetleri harcamalarında yıllık 3,5 ila 10 milyar dolarlık bir kısmı oluşturduğu tahmin edilmektedir (5). Araştırma ayrıca, CAİ'ların yaklaşık %55'inin kanıta dayalı stratejilerin uygun şekilde uygulanmasıyla önlenebilir olabileceğini ileri sürmektedir (4).

ÖNERILER VE CAİ ÖNLEME STRATEJİLERİ

CDC Cerrahi Alan İnfeksiyonunu Önleme Kılavuzu 2017, protez eklem artroplastisi üzerine yeni bir bölüm dahil olmak üzere 14 ana alanı kapsamaktadır (5). Bu kılavuzda ana başlıklar halinde CAİ önleme stratejileri; parenteral antimikrobial profilaksi, glisemik kontrol, normotermi, oksijenizasyon, antiseptik profilaksi olarak belirtilmektedir.

SON SÖZ

Cerrahi bölge infeksiyon riski, önceden var olan tıbbi durumlar, yerleşik deri bakterilerinin miktarı ve türü, perioperatif glikoz seviyeleri, vücut sıcaklığı dalgalanmaları ve ameliyat öncesi, ameliyat sırasında ve ameliyat sonrası bakım gibi bir dizi hasta faktörüne bağlıdır. Bu nedenle hangi yaraların infekte olacağını tahmin etmek zordur. Bu nedenle sağlık personeli, tüm cerrahi vakalarda yara kontaminasyonu riskini en aza indirmek için müdahaleye yatkın risk faktörlerine sahip hastaların erken tanımlanması ve bakım süreci boyunca konak savunmalarını desteklemek için çaba göstermelidir. Bunlar ve diğer iyi araştırılmış müdahaleler bir araya getirilmeli ve hastalara her gün sağlanması gereken en iyi bakımının ayrılmaz bileşenleri olarak düşünülmelidir.

Hasta hastaneden çıktıktan sonra bile infeksiyon riski devam etmektedir. Sağlık personeli, hastayı ve yakınlarını doğru yara bakımı, CAİ belirtilerini nasıl tanıyacakları ve semptomları cerrahlarına ve birinci basamak sağlık hizmeti sağlayıcılarına bildirmenin önemi konusunda eğitmelidir. Hastaya verilen dökümanlar kolay okunur olmalı ve birçok dilde mevcut olmalıdır. Hastaların, ameliyatların ve cerrahların türlerine göre CAİ insidansı hakkında doğru istatistiklerin toplanabilmesi için, taburculuk sonrası CAİ gözetim faaliyetlerinin tesisin infeksiyon önleme programı, cerrah, cerrahi birim ve olası sevk veya yeniden kabul merkezleri arasında koordine edilmesi de önemlidir. Tüm ameliyatların yarısından fazlasının ayakta tedavi ortamlarında yapıldığı ve tüm yatan hasta cerrahi CAİ'larının %65'inden fazlasının hasta tesisten ayrıldıktan sonra belirlendiği düşünüldüğünde, CAİ oranlarını önemli ölçüde küçümsemek ve ciddi infeksiyon sorunlarını gözden kaçırmak çok kolaydır. En önemlisi, hastanın verileri ve veri analizi tüm sağlık çalışanları ile paylaşılmalı, böylece veri geçerliliği ve devam eden ve dönemsel iyileştirme faaliyetlerine evrensel katılım konusunda anlaşma sağlanmalıdır.

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