



HANDLE ANTIBIOTICS WITH CARE IN SURGERY



Misuse of antibiotics puts all surgical patients at risk



Up to **33%** of surgical patients get a postoperative infection, of which **51%** can be antibiotic resistant



Up to **15%** of women around the world get an infection after a caesarean section



43% of patients have surgical antibiotic prophylaxis (SAP) inappropriately continued after the operation

REDUCE

the risk of surgical site infection (SSI) by improving SAP and infection prevention and control practices

IMPROVE

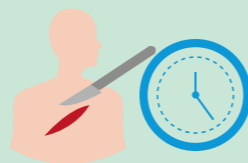
quality of care and patient safety and reduce antimicrobial resistance (AMR) through SSI reduction

WHAT SHOULD HEALTH WORKERS DO TO PREVENT AMR IN SURGERY?



Give intravenous SAP

- when recommended, depending on the type of operation
- within 120 minutes preceding surgical incision



For effective SAP, adequate antibiotic tissue concentrations should be present at the time of surgical incision and throughout the procedure. Thus, antibiotics with a short half-life should be administered closer to incision time.



Improvement of antibiotic use in surgical services should be part of the antimicrobial stewardship programme

WHO SHOULD BE INVOLVED IN ENSURING APPROPRIATE ANTIBIOTIC USE IN SURGERY



SURGEONS



ANAESTHETISTS



OPERATING ROOM NURSES



INFECTIOUS DISEASES DOCTORS



INFECTION PREVENTION & CONTROL TEAM



SURGICAL WARD STAFF



PHARMACISTS



SENIOR MANAGERS AND PROCUREMENT STAFF



PATIENTS AND THEIR FAMILIES (CIVIL SOCIETY)

WHAT SHOULD YOU NOT DO?



Avoid prolonging SAP postoperatively



Avoid antibiotic wound irrigation



Avoid continuing antibiotic prophylaxis because there is a drain (evaluate each case)



Avoid giving antibiotic treatment unless there is a proven or suspected SSI or other infection



These recommendations are based on evidence from studies in adult patients, but they are considered valid also for paediatric patients

