

POSTER PRESENTATION

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Surgical-site infection indices detected by post-discharge surveillance in a medium sized hospital in the city of São Paulo, Brazil

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Introduction / objectives

Surgical-site infections (SSI) account for about 24% of hospital infections. Due to short postoperative staying, SSI diagnosis is eventually made after discharge. SSI rates may be under reported; therefore surveillance after discharge is needed to obtain reliable indices of SSI and to improve quality of care. **Aim:** To describe the SSI rate assessed after discharge and to compare post-discharge rates to intra hospital rates.

Methods

This is a retrospective analysis of data collected between September 2009 and December 2010 in a medium sized private hospital in the city of Sao Paulo. Active surveillance after discharge is a governmental requirement and was performed by telephone. We used a standard questionnaire to investigate the occurrence of signs and symptoms of infection: pain, swelling, redness, warmth, fever, presence of secretion and nodules around the incision. Once the SSI was identified, its occurrence was notified and the patient was followed by 60 and 90 days, by telephone.

Results

From 5,414 surgical patients, 5,213 (96.3%) agreed to answer the questionnaire. SSI rate was 2.4% (129/5,414): there were 88 (68.2%) intra hospital SSI and 41 (31.8%) cases identified post-discharge. No suspected cases of *Mycobacterium spp.* infection were identified.

Conclusion

The post-discharge infection rate highlights the importance of a follow up. For institutions that do not have

outpatient clinics, post-discharge surveillance is required. Amongst other methods, telephone contact seems to be a reliable strategy since it is possible to assess a large number of patients, although costs and feasibility need to be considered before its implementation.

Disclosure of interest

None declared.

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