Colorectal Surgery SSI Protocol

Pre-Hospital

- Patient education
- Shower/bath on evening prior (antibiotic or regular soap)
- Chlorhexidine wipes on morning of (in Same Day Surgery or on the wards if admitted)

Pre-Incision

- Hair removal (if applicable) with clippers
- Surgical field prep with Chloraprep (if contra-indication to Chloraprep then use betadine *AND* alcohol).
- Appropriate antibiotics within 30 min prior to incision (with re-dosing intraoperatively)

Intra-Operative

- Routine use of fascial wound protector (ALEXIS) for both open and laparoscopic extraction sites. (If already being utilized, GelPort counts as wound protector).
- Ioban allowed, but not required.
- Anesthesia team to monitor and maintain: normothermia, euglycemia (BG<180) and intraoperative hyperoxygenation (60-80% FiO2 throughout case, 40% at skin closure prior to extubation)
- Gown and glove change by surgeons and scrub prior to fascial closure
- Place clean towels around wound prior to fascia/skin closure. If drapes are grossly contaminated or soaked through with fluids, new laparotomy drape to be placed.
- Use dedicated wound closure tray for fascia and skin. Replace bovie and suction tip/tubing.
- Irrigation of wound once fascia is closed (using normal saline; antibiotic solution not necessary).
- Approximate tissue layers and skin with interrupted deep dermal sutures to allow for free drainage (okay to leave wound open). Avoid water tight subcuticular closures. No dermabond on incision of a bowel extraction site. (Can use dermabond at other clean incisions).
- Ensure proper wound classification at end of case and announce during final time out.

Post-Operative

- Standard use of post-operative antibiotics: no post-operative antibiotics for Class I/II wounds; limit prophylactic post-operative antibiotics to 24 hours for all other wound classes. Continuation of antibiotics beyond 24 hours only if treating active infection.
- Normothermia, euglycemia, and 40% FiO2 by facemask in PACU.
- Dressing removed within 48 hours (if applicable) and daily inspection of wound.

Cases to be used for:

- *Creation/closure of ileostomy/colostomy*
- *Bowel resection*
- *PSARP or PSARVUP with laparotomy*
- *Staged Hirschprung's pullthrough with laparotomy*
- *Creation of Malone*
- *Vaginal reconstruction/replacement using bowel*
- *Bowel tapering procedures.*
- *Consider for ex lap for perforated viscus (excluding appendicitis).*

Updated 3/2019