Preventing wound infections after surgery – are we using evidence-based guidelines?

Surgical procedures are common in hospitalised patients and can result in surgical wound infections.

Complications such as surgical site infections (SSIs) occur in up to 30% of surgeries, and SSIs alone comprise 14% of hospital acquired infections (NICE 2008).

SSIs are associated with significant morbidity and over one-third of postoperative deaths have been associated with SSI (Astagneau et al. 2001).

Evidence-based wound care focuses on reducing the risk of infections and promoting primary healing.

Evidence-based clinical practice guidelines (CPGs), standards and position statements relating to promoting wound healing and preventing wound infections have been published by peak professional bodies (AWMA 2011, EWMA 2006, Mangram et al. 1999, NICE 2008).

These standards and guidelines emphasise the incorporation of wound care education and research as part of clinical practice.

Current use of evidence-based guidelines appears to be limited.

The results of a recent Australian study suggest over 50% of surgical nurses are either unaware of, or did not use evidence-based wound management CPGs (Gillespie et al. 2013).

Observing nurses’ daily wound care practices

Dr Frances Lin of the NHMRC Centre for Research Excellence in Nursing is leading a team of nursing researchers and psychologists in a series of funded sub-studies around the use of evidence-based practice guidelines in the management of surgical wounds.

Making research evidence easier to access in clinical practice

The aim of the second study is to increase the use of evidence-based practices in surgical wound care.

In Phase 1, researchers will interview nurses and other health care professionals to explore the perceived barriers and facilitators to using evidence-based CPGs.

In Phase 2, the research team will focus on these barriers and facilitators to develop knowledge transfer strategies specifically suited to the hospital context.

The final phase of this study will evaluate the effectiveness of introducing strategies designed to increase the accessibility and uptake of evidence-based wound care strategies.

Phase 1 is set to commence in early March.

Ultimately the introduction of context-specific strategies may help to increase clinicians’ accessibility to the best available evidence.

Over the longer term, this may also help to reduce the incidence of postoperative wound infections, which means patients will go home with less complications and better outcomes after surgery.

References


For more information on the NHMRC Centre of Research Excellence in Nursing (NCREN) in Queensland visit www.griffith.edu.au/health/centre-research-excellence-nursing

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