Te Linde’s Chapter 11: Postoperative infections, prevention, management

**CREOG Learning Objectives:**

1. Describe your considerations for and approach to the optimization of wound care.

2. Understand risk factors, etiologies, signs and symptoms, evaluation, initial management, and indicates for referral for fever and wound complications (e.g infection, dehiscence).

3. Describe the evaluation, diagnosis and management of necrotizing fasciitis

**Practice Questions:**

1) A 38 year old woman with well-controlled hypertension presents to your office 1 week after a total laparoscopic hysterectomy. She received preoperative prophylactic antibiotics. The surgery was completed in 90 minutes with an EBL of 250 mL. On POD1, she received 2U pRBCs for symptomatic anemia. She has been experiencing generalized abdominal pain for the past 2 days, along with fever and chills. Examination reveals mild, diffuse tenderness over the lower quadrants of the abdomen. Pelvic examination reveals a tender, palpable mass at the apex of the vagina. Her temperature is 101 F, HR 85 bpm, BP 145/92 mmHg. CT demonstrates a 5-cm fluid collection in the right lower quadrant. In this patient, the most pertinent historical factor associated with this complication is:

A. age

B. blood transfusion

C. hypertension

D. length of surgery

E. route of surgery

Source: GYN prolog 8th edition #51

2) A 25-year old nulligravid woman is scheduled to undergo laparoscopic ovarian cystectomy for a presumed mature cystic teratoma. She reports an allergy to penicillin, which was discovered when she developed hives after taking amoxicillin. The most appropriate approach to antibiotic prophylaxis for the patient’s surgery is:

A. intravenous cefazolin

B. IV clindamycin plus gentamicin

C. IV metronidazole plus gentamicin

D. oral doxycycline

E. no prophylaxis

Source: GYN prolog 8th edition #106

3) A 32-year-old gravida 4, para 3013 obese woman presents status post repeat cesarean section with the complaint of intermittent fevers of 100.8F –101.6F. She reports incisional pain and redness and foul-smelling drainage from the incision. The patient has a history of 2 previous cesarean section; the first cesarean section was done for breech presentation, and the second was a repeat section. The patient’s temperature is 101.2F, and her pulse is 106/min. The rest of her vital signs are within normal limits. After a thorough examination, the patient is diagnosed with a surgical incision wound infection. On which postoperative day is she most likely to present with this diagnosis:

A. POD1

B. POD2

C. POD3

D. POD4

E. POD5

Source: True Learn

**Other Resources:**

1) Practice Bulletin #195: Prevention of Infection After Gynecologic Procedures

Answers:

1) b 2) e 3)e