

TAKE AIM

AT SURGICAL SITE INFECTIONS (SSIs)

HIGH STAKES OF SSIs

21.8%

of hospital acquired infections (HAIs) are surgical site infections (SSIs)^{1*}

Increase hospital stays by 9.58 days²

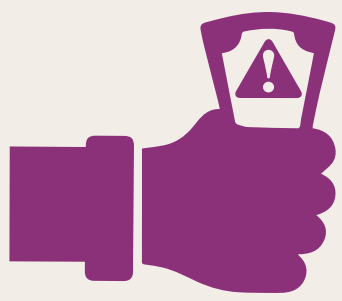


Cost the system \$3.3 billion annually³

SSIs

Linked to additional charges of \$38,656²

Readmission is necessary 5X more often⁴



SSIs PUT REIMBURSEMENT AT RISK

3 SSIs WILL NOT BE REIMBURSED UNDER CURRENT GUIDANCE:^{5†}

- 1** MEDIASTINITIS following CABG⁵
- 2** following certain ORTHOPEDIC PROCEDURES⁵
- 3** following BARIATRIC SURGERY⁵

30-DAY READMISSION

IS TRACKED FOR THE FOLLOWING PROCEDURES AND DIAGNOSES⁷

- Coronary artery bypass graft (CABG)
- Total hip arthroplasty (THA)
- Total knee arthroplasty (TKA)
- Heart failure
- Acute myocardial infarction (AMI)
- Pneumonia
- Chronic obstructive pulmonary disease (COPD)

resulting in total combined penalties of \$420M⁷



THESE CONDITIONS PUT YOUR PATIENT AT RISK⁸

- Diabetes mellitus
- Hypoalbuminemia
- Corticosteroid usage
- Chronic renal insufficiency
- COPD
- Hematoma
- Nasal carrier of *S. aureus*⁹

PATIENT RISK FACTORS⁸

- ASA score ≥ 3
- Male
- Advanced age
- Obese
- Active tobacco use
- Active alcoholism

TOP PATHOGENS ASSOCIATED WITH SSIs IN THE US:⁹



- 1** *S. aureus*
- 2** Coagulase-negative staphylococci
- 3** *E. coli*
- 4** *E. faecalis*
- 5** *Pseudomonas aeruginosa*
- 6** *Enterobacter* spp.
- 7** *Klebsiella* spp.

HOW TO MANAGE RISK IN ADULT PATIENTS⁹

PREOPERATIVE

HAIR REMOVAL: Don't shave, only clip if necessary

PROPHYLACTIC ANTIBIOTICS: Use within 120 minutes before the first incision, as appropriate

NASAL CARRIERS OF S. AUREUS: Use Mupirocin 2% nasal ointment

COLORECTAL SURGERY: Use oral antibiotics combined with mechanical bowel preparation

INTRAOPERATIVE AND POSTOPERATIVE

BODY TEMPERATURE: Use warming devices to maintain normal levels

SUTURES: Use antimicrobial-coated sutures, as appropriate

ANESTHESIA WITH ENDOTRACHEAL INTUBATION: Use 80% FiO₂ intraoperatively and for 2-6 hours postoperatively

PROTECTIVE NEGATIVE PRESSURE WOUND THERAPY: Use for primarily closed surgical incisions to:

- Help hold incision edges together
- Provide protection from external sources of infection
- Remove fluid from the incision site

*Study was conducted in 183 hospitals with 11,282 patients †Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2013 Final Rule



Scan to learn about PREVENA™ Therapy or visit Prevena.com

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NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for the PREVENA™ Therapy. Please consult the applicable PREVENA™ System Clinician Guide instructions for use prior to application. Rx only.

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