

# Reduce Post-Joint Replacement Surgical Site Infections (SSIs) with Molecular Testing

*By the numbers: burden of joint replacement SSIs*



**Over 1 million**

Total hip and total knee replacement procedures performed each year in the United States<sup>1</sup>



**4%–5%**

Readmission rate following lower extremity joint replacement<sup>2</sup>



**\$60,000–\$100,000**

Cost of a post-prosthetic knee or hip infection<sup>3</sup>

**>1/3 of readmissions due to infection**

(63% of infections are due to Staph species like *S. aureus*)<sup>2</sup>

## Why Screen for MRSA/*S. aureus* Colonization?

*Several evidence based SSI Guidelines support the use of screening*



Colonized patients are 9 times more likely to develop an SSI<sup>4</sup>



More than **8 out of 10 cases** of *S. aureus* bacteremia are believed to be caused by a patient's own flora<sup>5,6</sup>

## Why Use Molecular (PCR) Testing?

*Fast and accurate detection of colonization facilitates targeted infection control practices before surgery*



Standard culture techniques may miss MRSA colonization in up to a third of cases<sup>7,8</sup>



Performing molecular screening during presurgical visit enables same day results



Enables targeted decolonization reducing SSIs up to 60%<sup>9</sup>

### References:

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For *In Vitro* Diagnostic Use.

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