

Editorial

Operation Theatre Infections: Are we trying to solve the problems?

Despite the fact that considerable evidence is available in the developed world to indicate that surgical site infections are a significant health risk to hospital patients, the ongoing debate over the appropriate extent and frequency of microbiological surveillance of Operating Theatres (OT) still continues. We, in the “developing world”, are either largely ignorant or tend to shy away from the issues and problems that persist in and around the operating theatres.

One area which is greatly ignored in most public sector hospitals and a large number of private sector hospitals in our country is the Central Sterile Services Department (CSSD). Traditionally this used to be a small room or area attached to the operating theatre where the operating room assistant would “wash, dry, pack and autoclave” the instruments and linen. However, its role has not only been modified but extended as well.

The Central Sterile Services Department's main function is to provide sterile items, linen, equipment to wards and OT's, and to receive the same for sterilization. Items are exchanged depending upon the requirements. The linen is sent directly to the CSSD or through the laundry after washing. The CSSD also prepares linen and dressing material from the cloth in different sizes, which are standardized by the hospital management. Once the dressing material and linen is prepared, new item details are entered into the system and stocks are updated accordingly. The question to be asked is how many of the CSSDs are actually monitored and updated on a regular basis; who are the people who should be monitoring the outcomes and how should they do it.

If we look at the international scenario Health Departments of local and national governments issue circulars on a regular basis and have regular audit-

ing and surveillance of the CSSD and Operating Theatres where not only the local management is involved but outside expertise is harnessed, and the issues that need to be resolved are identified and clarified. Does the same thing happen in our setting? Do our trainees know how this “behind the scenes” department functions and that in the future it will be partially their responsibility in case of a breakdown in the infection control system through malfunction of CSSD.

If we try to assess the microbiological surveillance of OTs in most hospitals, we will be surprised to find out that hardly any data exists. Does that mean that no surveillance is carried out? Are we just relying on the Bowie & Dick test strip? Are we using other appropriate chemical and biological tests to evaluate our autoclave units? Are we updated about the information on Process and Integrating Indicators? Do we on a regular basis get microbiological air surveillance of operating theatres? Are we even aware that exogenous infections of surgical wounds are caused predominantly by *Staphylococcus aureus* and *Staphylococcus epidermidis*? These organisms are shed into the OT environment via personnels' skin scales; healthy carriers have been found to shed few staphylococci, but contamination mainly occurs due to the staff movement that is encountered during operating theatre activities.

The Centre for Disease Control and Prevention in USA and the Department of Health in UK have largely contributed to the material on health care systems in the English speaking world. This include details as to how they should function and be monitored. We as a nation are still at a crossroad as to what is the BEST option for us in many aspects, and same is true for healthcare services. What we need to realise is that we should study other models in our vicinity and then adopt the ones which suit

our requirements and needs.

The government certainly has a huge role to play but it needs to be guided. The current situation appears to be that of a “blind leading the blind”. The limited resources at our disposal can easily be channeled in such a way that maximum benefit can be gained. Premier institutes like the Pakistan Medical & Dental Council, College of Physicians & Surgeons Pakistan, Medical Universities and professional organizations like the Society of Surgeons

of Pakistan, Pakistan Orthopaedic Association and societies representing surgeons of other specialities should not only develop consensus among surgeons but also guidelines regarding management, maintenance and monitoring of OTs. Operating Theatres are not only areas where a valuable health care service is provided to the patients but they are also training grounds for the future generations of surgeons; these areas should be utilized and protected at the same time if we want them to remain “haloed grounds”.

Dr. Shams Nadeem Alam
Associate Professor Surgery,
Dow University of Health Sciences &
Managing Editor, Pakistan Journal of Surgery