

SICOT Meeting – Roma September 2016



Risk factors of periprosthetic infection and my experience of how to prevent an infection

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«Postoperative infection is the saddest of all complications....»

Sir John Charnley

Risk Factors Associated with Deep Surgical Site Infections After Primary Total Knee Arthroplasty

An Analysis of 56,216 Knees

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Risk Factors for Infection After Knee Arthroplasty

A Register-Based Analysis of 43,149 Cases

By Esa Jämsen, BM, Heini Huhtala, MSc, Timo Puolakka, MD, PhD, and Teemu Moilanen, MD, PhD

Investigation performed at Coxa, Hospital for Joint Replacement, Tampere, Finland

Preventing Infection in Total Joint Arthroplasty

Wadih Y. Matar, S. Mehdi Jafari, Camilo Restrepo, Matthew Austin, James J. Purtill and Javad Parvizi J Bone Joint Surg Am. 2010;92:36-46. doi:10.2106/JBJS.J.01046

Review article: Risk factors of infection following total knee arthroplasty

Non modifiable

Patient-specific

The "systemic" risk factors:

- Diabetes
- Male gender
- Rhumatoid arthritis
- ASA score 3 or greater
- Recent weight loss
- advanced age
- debilitation
- oral steroids
- Disseminated cancer
- Admission from a healthcare facility

Simmons TD, Stern SH. Diagnosis and management of the infected total knee arthroplasty. Am J Knee Surg. 1996

Patient Optimization <u>Modifiable</u> Risk Factors

- 1. Diabetes
- 2. Obesity
- 3. Malnutrition
- 4. Smoking
- 5. Mental health
- 6. MRSA Screening



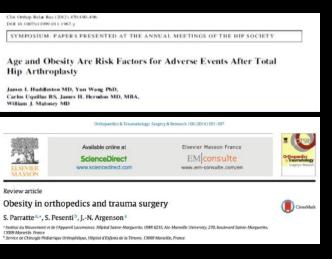
RESEARCH

Reducing surgical site infection in arthroplasty of the lower limb

A MULTI-DISCIPLINARY APPROACH



Obesity



AAHKS 2014



« It is our concensus opinion that consideration should be given to delaying total joint arthroplasty in a patient with a <u>BMI > 40</u>, especially when associated with other co-morbid conditions, such as poorly controlled diabetes or malnutrition.

Mechanical / Biological

Real problem is biology : Fat degradation products (Leptine Adiponectine) → low grad inflammation status

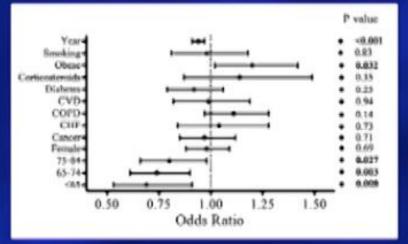
Superficial wound infection

Friedman et al, CORR, 2013

 Obese patients → increased infections (surgical and extra-surgical sites)

Huddleston et al, CORR, 2012

Obesity increases adverse events (OR = 1.20)





Deep periprosthetic Joint Infection

Dowsey et al, CORR, 2009

Morbid Obesity (> 40 kg/m²) → Increase PJI by 9X!

Malinzak et al, JOA, 2012

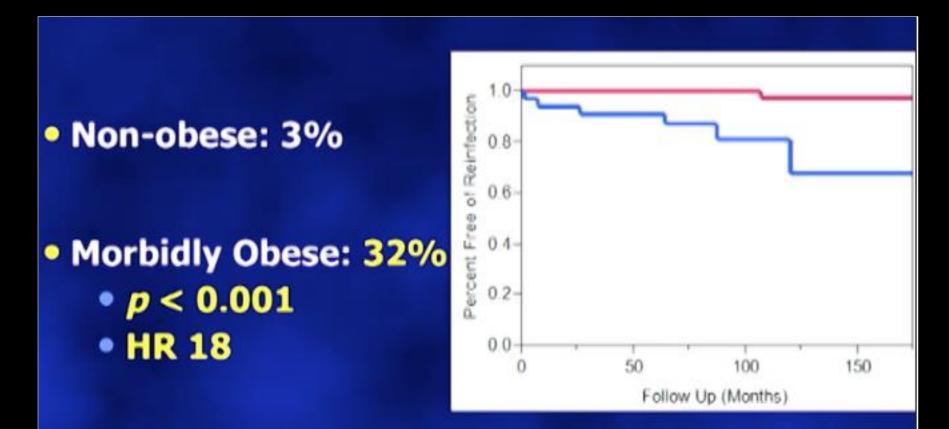
Super Obese (> 50 kg/m²) → Increase PJI by 21X!





REINFECTION

• Matt Abdel – HIP Meeting (Toulouse) 2014



Modifiable Current smoking

Systemic effects of smoking and Nicotine

Local Tissue Hypoxia :

- micro-vascular constriction
- Increase carboxyhemoglobin

Decreased collagen production - Wound healing

Decreased T cell function - Infection



Cochrane Database 2005 – Moeller Lancet 2002

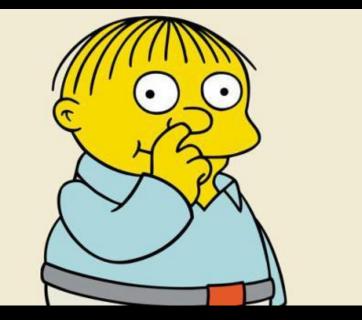
ModifiableNasal carriageof staphylococcus Aureus

Preop screening MRSA and MSSA

30% population MSSA carriers 4% MRSA carriers

Goal :

Decrease the incidence of postoperative S aureus SS by eliminating S aureus nasal carriage from the patient prior to surgery



Springer 2014 – Metanalysis 16 studies / 56711 patients

Nasal decolonization resulted in 54,6% decrease in the risk of SSI compared to controls



Hematocrit < 36

British Journal of Anaesthesia Page 1 of 14 doi:10.1093/bja/aes139

Patient blood management in Europe

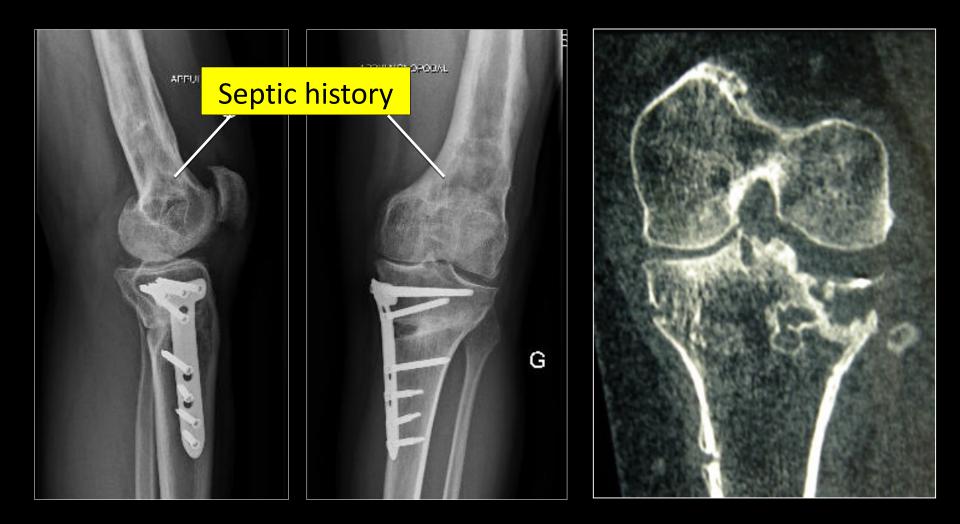
A. Shander^{1*}, H. Van Aken², M. J. Colomina³, H. Gombotz⁴, A. Hofmann⁵, R. Krauspe⁶, T. Richards⁸, R. Slappendel⁹ and D. R. Spahn¹⁰

Allogenic blood transfusion Blood Loss > 1L

Pulido et al. CORR 2008



Previous knee surgery



How to prevent an infection ?

Rule n°1

Patient selection



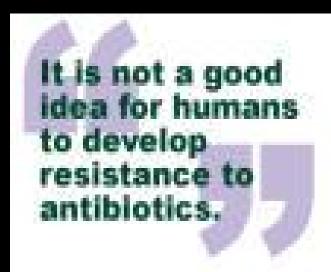
Procedure-specific



Suboptimal prophylactic antibiotic

- Timing
- Dose
- Antibiotic

Individuals for Whom Vancomycin Should Be Used Patients colonized with MRSA* (detected during screening) Patients with history of infection with MRSA* Institutionalized patients (nursing home, dialysis, etc.) Health-care professionals Patients with proven β-lactam allergy



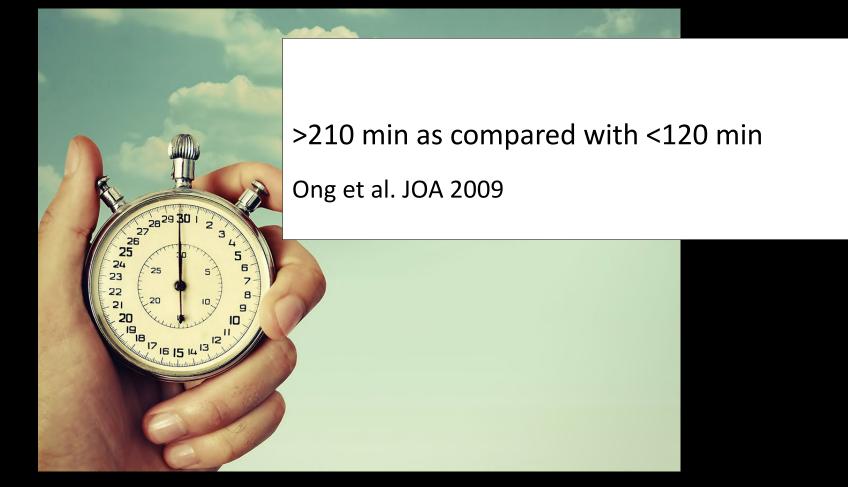
Nb of surgeons participating in procedure







Longer procedure time



Prolonged wound drainage





Kurtz SM, Ong KL, Lau E, Bozic KJ, Berry D, Parvizi J. Prosthetic joint infection risk after TKA in the Medicare population. Clin Orthop Relat Res. 2010:468:

Mihalko WM, Manaswi A, Brown TE, Parvizi J, Schmalzried TP, Saleh KJ. Infec- tion in primary total knee arthroplasty: contributing factors. Instr

Course Lect 2008: 57:317-25

ATB loaded cement ?

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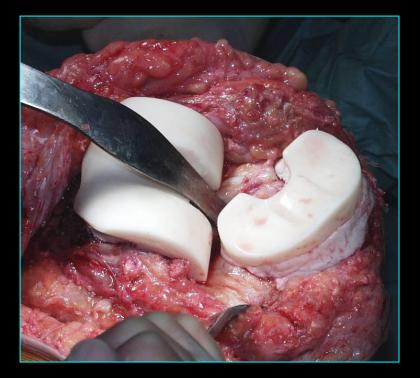
The Use of Erythromycin and Colistin-Loaded Cement in Total Knee Arthroplasty Does Not Reduce the Incidence of Infection

A Prospective Randomized Study in 3000 Knees

Variable	Odds Ratio (95% CI)	P Value
Sex (M)	2.11 (1.10-4.04)	0.023
Operating time of >125 min	2.67 (1.28-5.57)	0.009

<u>Rev Chir Orthop Reparatrice Appar Mot. 2007 Oct;93(6):582-7.</u> <u>Surgical site infection after total knee arthroplasty: a monocenter analysis</u> <u>of 923 first-intention implantations.</u>

Debarge R1, Nicolle MC, Pinaroli A, Ait Si Selmi T, Neyret P.



- Rhumatoid arthritis - Diabetis - Previous surgery



My experience ?





1995 – 2015

Perioperative infection Database

n =25,000

Rhône-Alpes Auvergne region 7,500,000 inhabitants