

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



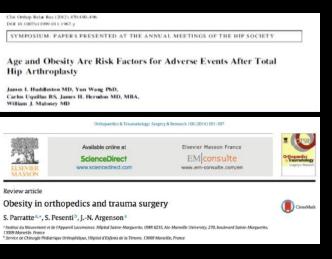
#### **RESEARCH**

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

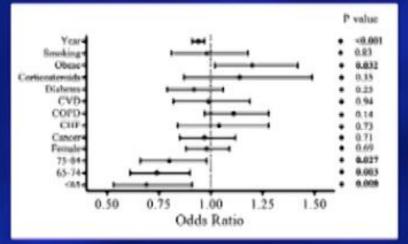
## Superficial wound infection

### 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/m<sup>2</sup>) → Increase PJI by 9X!

### Malinzak et al, JOA, 2012

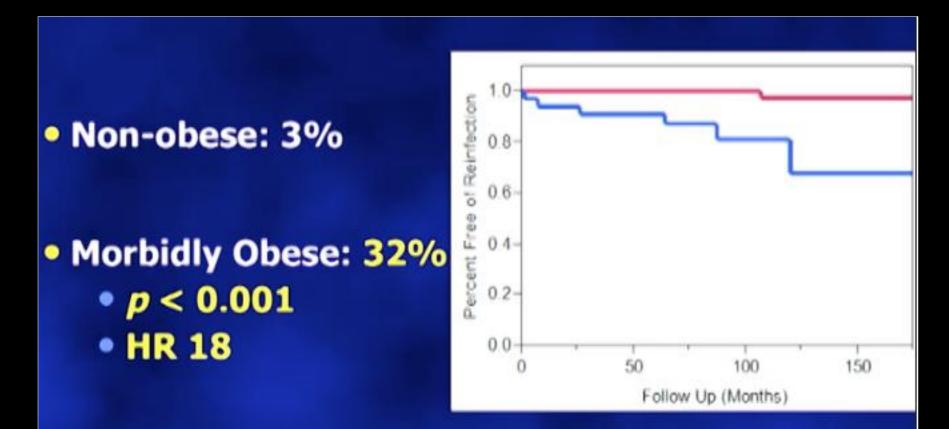
Super Obese (> 50 kg/m<sup>2</sup>) → Increase PJI by 21X!





## 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

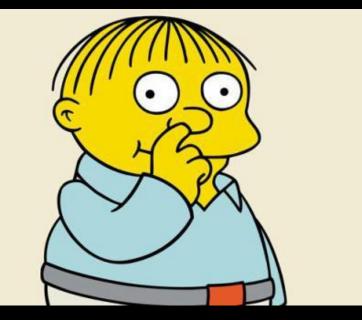
# ModifiableNasal carriageof staphylococcus Aureus

### 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

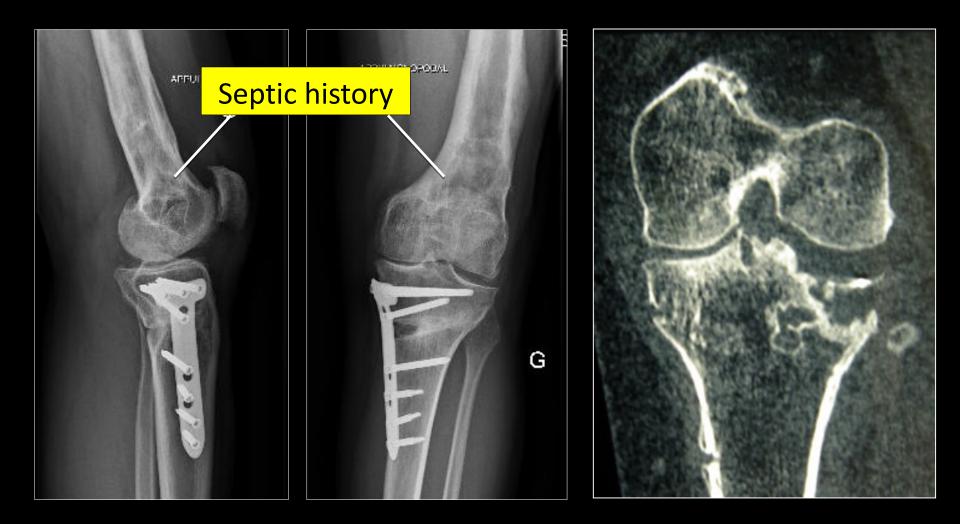
A. Shander<sup>1\*</sup>, H. Van Aken<sup>2</sup>, M. J. Colomina<sup>3</sup>, H. Gombotz<sup>4</sup>, A. Hofmann<sup>5</sup>, R. Krauspe<sup>6</sup>, T. Richards<sup>8</sup>, R. Slappendel<sup>9</sup> and D. R. Spahn<sup>10</sup>

### Allogenic blood transfusion Blood Loss > 1L

Pulido et al. CORR 2008



## Previous knee surgery



## How to prevent an infection ?

## Rule n°1

# Patient selection



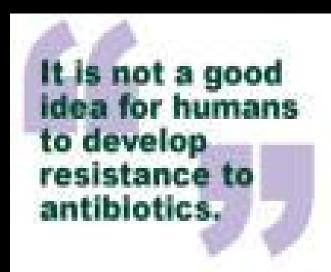
## Procedure-specific



## 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



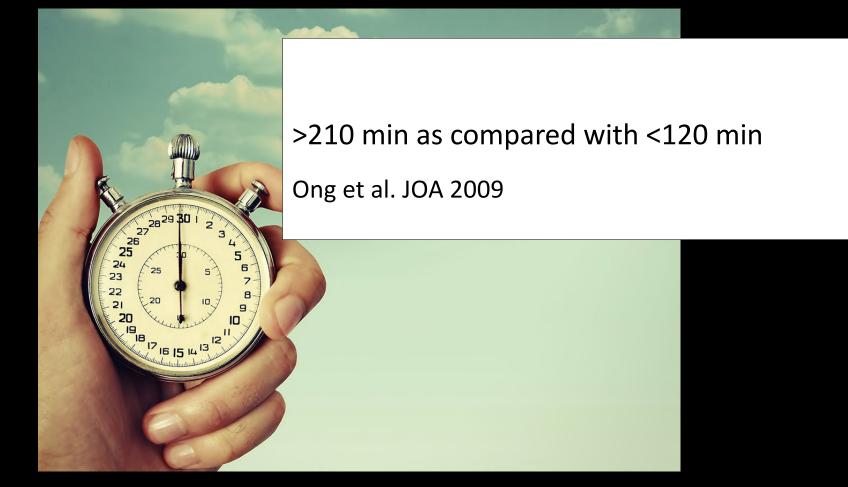
## Nb of surgeons participating in procedure







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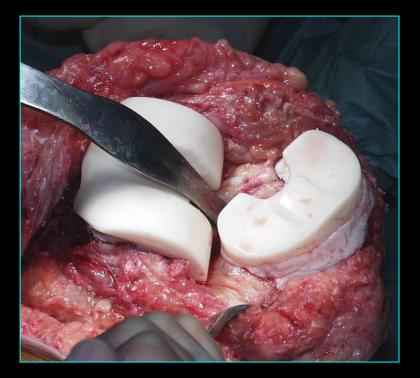
## The Use of Erythromycin and Colistin-Loaded Cement in Total Knee Arthroplasty Does Not Reduce the Incidence of Infection

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