full aseptic technique including gown and gloves might be regarded as best practice. It is common practice also to give additional antibiotics and a povidone-iodine washout although we could identify no studies other than uncontrolled cohort studies in support of this.

References


eComment: In the case of emergency re-sternotomy – additional antibiotics yes, but an iodine washout?

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In our experience of patients who require an emergency re-sternotomy on the intensive care unit, the incidence of a mediastinal infection is not elevated compared with the normal cardiac surgery population. In our institution we use one additional shot of antibiotics in such circumstances, but have never performed an iodine washout as suggested by the authors [1]. Of course it is possible that our patients have just been very lucky over the last twenty years. A full aseptic technique is something to recommend and to aim for, however, it can be very difficult to put into practice when a patient needs external cardiac massage.

References


eComment: The risk of wound infection after emergency re-sternotomy

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Is the risk of wound infection after emergency re-sternotomy independent of the place of re-opening in patients following cardiac surgery? Your article has a great interest as it touches on a really debated subject concerning the additional administration of antibiotics in patients who suffer an emergency re-sternotomy on the cardiothoracic ICU [1]. Re-examining your data, it is amazing the fact that only seven papers exist, documenting the incidence of infection after emergency re-sternotomy. In addition, it is also notable that only in five of these papers, the additional intravenous administration of antibiotics, except for the common povidone-iodine washout is mentioned. In our opinion, there is no doubt that for the patients who require an emergency re-sternotomy on ICU, additional antibiotics should be given. Undoubtedly, the need for additional antibiotic administration mainly depends on the place of the re-opening. According to the Practice Guideline from the Society of Thoracic Surgery, prophylactic antibiotics are recommended for every elective cardiac surgery let alone for patients undergoing emergency re-sternotomy on ICU [2]. In fact, the conditions on the ICU impose the administration of antibiotics beyond the common iodine washout. Primarily, on ICU – in contrast to the operating theater – there is a more resistant flora to the usual antibiotics, and therefore, the administration of more effective antibiotics is inevitable. On the other hand, an emergency re-opening means emergency circumstances and further decreased aseptic conditions. Moreover, the patient who must be re-opened on ICU usually is in extremis, and his host-defence will be seriously impaired. The factors mentioned above in combination with the number of people who exist on ICU, increase the possibility of an imminent infection. Indeed, the incidence of sternal wound infection or sepsis after an emergency re-sternotomy ranges between 3% [3] to 9% [4] compared with that of 1.5–1.86% [5] observed in elective patients.

References