

**WOUND INFECTION AFTER CLEAN
OPERATIONS: SOME PREDISPOSING
FACTORS AND SURVEILLANCE AT
MUHIMBILI MEDICAL CENTER, DAR-
ES-SALAAM, TANZANIA.**

**BY
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CERTIFICATION


The undersigned certify that he has read and hereby recommend for acceptance by the University of Dar es Salaam a dissertation entitled: *Wound infection after clean operations: some predisposing factors and surveillance at Muhimbili Medical Centre, Dar es Salaam, Tanzania*, in partial fulfillment of the requirements for the degree of Master of Medicine, General Surgery.



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DECLARATION

I declare that, this dissertation is original work of my own that has not been submitted to any other university or academic institution for a similar or any other academic award.

Signature 

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ABSTRACT

OBJECTIVE

Dedication

To Magodi

**A shy person does not learn, nor should
a short-tempered person teach.**

Ethics of the fathers, century A.D.

ABSTRACT**OBJECTIVES:**

To determine the magnitude of postoperative clean wound infection, some predisposing factors, surveillance, their current pattern and antimicrobial susceptibility among general surgical patients undergoing clean operations.

METHODS

Patients who were scheduled for and had elective clean operations from June 1999 to January 2000 were followed for 30 days. Their demographic data were obtained, wounds examined and those who were found to have infected wounds, had pus swabs obtained for culture. Bacteriological pattern and antimicrobial susceptibility tests were conducted. A study of some predisposing factors was also done.

RESULTS

Of the 476 patients who had clean operations done during the study period, 464 were registered. They comprised of 285 (60.4%) males and 179 (37.2%) females. Sixty(12.9%) patients were clinically found to have wound infection of whom 47(10.1%) had positive cultures. Forty

(85.7%) patients had the diagnosis of wound infection made before discharge and the remaining 7(14.3%) patients were diagnosis as outpatients. Predominantly, the isolates consisted of *Staphylococcus aureas* (36.1%), *Klebsiella spp* (31.2%), *Escherichia coli* (14.8%) and other organisms were less frequently isolated.

CONCLUSION

The magnitude of surgical wound infection obtained is unacceptably high. Prolonged preoperative hospitalization and prolonged operation duration were found to significantly predispose to wound infection. The patients' age and sex, the surgeon's rank, surgical scrub, shaving, and the ward and theatre environment were not found to be statistically significant risk factors. Patients who suffered postoperative wound infection had a significantly prolonged postoperative hospitalization as well.

The operating theatre needs modifications that can suite the requirements of a standard operating suite. Laxity in adherence to the norms of the conduct in the operating theatre was found to exit and it requires emphasis of the continuing education among the theatre personnel. Also a more extensive and long-term study that will

evaluate the risk factors further as well as a surveillance plan that can be suitable in our environment is recommended.

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