Template Letter

**Evidence-based recommendations for preventing surgical site infections**

This is a template letter that can be used to provide feedback on prescribing habits to individual surgical teams as well as advise of the evidence-based recommendations for preventing surgical site infections.

Consider who in your facility/Local Health District/Specialty Health Network this correspondence would have the most impact coming from. Ideally it should be someone with authority and credibility with the target audience. Examples of who this letter can be sent from:

* Chair of Antimicrobial Stewardship Committee
* Head of Infectious Diseases and Microbiology Department

We recommend attaching the article referenced in the letter, which is freely available to all NSW Health staff via CIAP or a link to the article: <http://jamanetwork.com/journals/jamasurgery/fullarticle/2623725>

Berrios-Torres S.I. et al. (2017) Centers for Disease Control and Prevention guideline for the prevention of surgical site infection, 2017. JAMA Surgery. 152 (8) (pp 784-791)

*<Insert facility/Local Health District/Specialty Health Network letterhead>*

*<Date>*

*<Name>*

*<Position>*

Dear *<Name>*

**Re: Evidence-based recommendations for preventing surgical site infections**

Audit results of your unit’s prescribing of antimicrobials for the prevention of surgical site infections (SSIs) identify that *<prolonged post-operative antimicrobial dosing, topical antimicrobial use and antimicrobials being used for procedures not requiring antimicrobial prophylaxis>* are issues *<include data>*. These practices are significant drivers for antimicrobial resistance and are not evidence-based.

The Centers for Disease Control and Prevention conducted a systematic review *<attach article or link to article>* of the best available evidence on SSI prevention (over 5000 titles and abstracts published between 1998 and 2014 were screened) and recommend the following strategies:

* Advise patients to have a full-body shower or bath with soap (antimicrobial only as needed) or an antiseptic agent on at least the night before the day of surgery.
* Administration of antimicrobial prophylaxis should be timed such that effective concentration of the antimicrobial is established in the serum and tissues at incision time.
* Use an alcohol-based antiseptic agent for skin preparation in the operating theatre, unless contraindicated.
* It is not necessary to use plastic adhesive drapes with or without antimicrobial properties to prevent SSIs.
* For clean and clean-contaminated procedures, do not give additional prophylactic antimicrobial doses after the surgical incision is closed, even if the patient has a drain in place.
* Do not apply topical antimicrobial agents to the incision site postoperatively.

These recommendations are consistent with the Therapeutic Guidelines *<and locally developed guidelines>.* These guidelines are available from *<link>,* wards and in operating theatres and reinforce good evidence-based prescribing practice.

It is important that all surgical units review and monitor their surgical antimicrobial prophylaxis practices to stop unnecessary intravenous, oral and topical antimicrobial use. The Antimicrobial Stewardship Committee and *<Clinical Governance Unit or Quality Manager>* would appreciate acknowledgement of receipt and plan for improvement with respect to this letter from your surgical unit by *<date response to be received by>*.

If you have any queries or would like further information, please contact *<name and contact details>*

Yours sincerely

*<Name>*

*<Position>*