

Caesarean Section Surgical Site Wound Care and Management

Training Booklet



2015

Welsh Healthcare
Associated
Infection
Programme
(WHAIP)

Public Health
Wales

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1.Introduction

This booklet is further information as provided in the training presentation on wound care management of caesarean section wounds. References are given throughout the booklet with full details at the end. These are useful as ideas for further reading.

Welsh Healthcare Associated Infection Programme (WHAIP) is part of the Public Health Wales Health Protection division. WHAIP were instructed by the Welsh Government to develop and support the implementation of surveillance following Caesarean section procedures undertaken in NHS hospitals in Wales, which was a mandatory process from January 2006. Surgical Site Infection (SSI) is an important area for surveillance and remains a complication of surgery where human and financial costs are high.

2. Surgical site infections (SSI):

This section provides an introduction to surgical site infections (SSI) after a caesarean section.

2.1 What are SSIs?

Surgical site infections occur in a wound after an invasive surgical procedure¹. The infection occurs within 30 days of the operative procedure² and there are different types of infections, depending on where the infection occurs (section 2.3).

2.2 What is the worry with them?

There are a number of concerns associated with SSIs, some are listed below:

- They are mostly preventable infections¹.
- These infections cause excess morbidity and mortality³.
- SSIs can double cost of treatment, as the patient's length of stay in hospital is increased³. In a study of an English hospital, the average additional cost of a caesarean section SSI was £3,716. The average caesarean section (with no infection) had a mean cost of £3,572 compared to a caesarean section that became infected, which had a mean cost of £7,467⁴.
- Serious patient consequences can result from SSIs. Consequences include pain, suffering, and on some occasions they require additional surgical interventions⁵.
- SSIs are the second most common infection following a caesarean section, in a group of patients that are generally considered to be fit, young and well females. The most common infection is a urinary tract infection⁶.

It is important to recognise that SSIs can range from a relatively trivial wound discharge with no other complications, to a life-threatening condition. Other clinical outcomes of SSI include poor scars that are cosmetically unacceptable, persistent pain and itching, restriction of movement, particularly when over joints, and a significant impact on emotional wellbeing.

2.3 Types of SSI

There are three different types of surgical site infection – superficial, deep and organ/space.

The WHAIP diagnostic tool uses the following definitions of surgical site infections (appendix A):

- Superficial: Infection involves only skin or subcutaneous tissue of the incision
- Deep: Infection involves only deep soft tissues (eg fascia and muscle layers) of the incision
- Organ/space: Involves any part of the body, excluding the skin incision, fascia or muscle layers that is opened or manipulated during the operative procedure

These infections must occur within 30 days of surgery.

Figure 1 is an illustration of the different types of SSI.

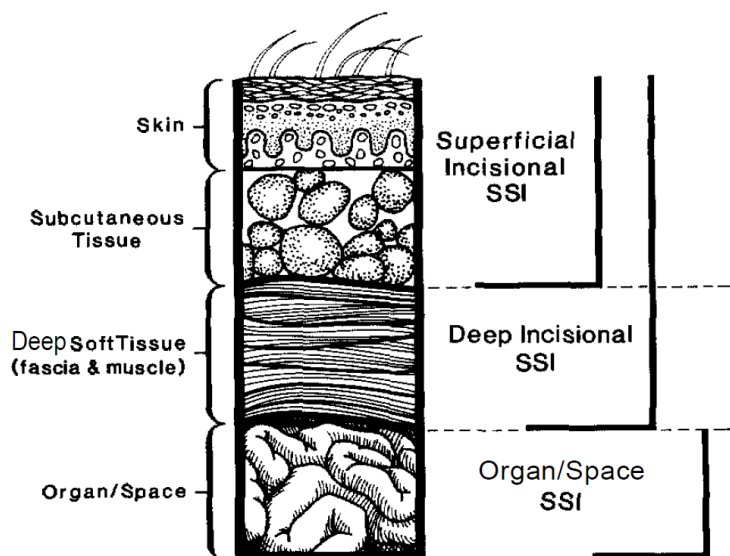


Figure 1. Classifications of the types of SSI⁷

In Welsh c-section SSI data collected for 2013, there were 7961 validⁱ procedures that took place and a total of 375 surgical site infectionsⁱⁱ, both inpatient and post-discharge. 307 (81.2%) were recorded as superficial, 35 (9.3%) as deep, 1 (0.3%) as organ/space and 32 (8.5%) had no SSI type recorded. As the Welsh data indicates, superficial infections are the most common whilst organ/space infections are incredibly rare.

ⁱ Valid forms are where IP and PD SSI field completed 'No' or IP or PD SSI field completed 'Yes'

ⁱⁱ Data from 1st January 2013 to 31st December 2013

3 Caesarean Section Wound Care pathway

3.1 What is the Wound Care Pathway?

In order to reduce the risk of infection to an absolute minimum, the following pathway should be adopted for those mothers undergoing an elective Caesarean Section (C-Section) in line with the National Institute for Health and Clinical Excellence (NICE) Guidance^{1,8}. The NICE guidelines outline three phases of the care process into preoperative, intra-operative and post-operative action. The care pathway has also been grouped into these three phases. The care pathway can be utilised as a standalone document or incorporated into any C Section pathway already in use.

A full copy of the pathway can be found in appendix B. In this section, the pathway has been broken down into the three phases.

3.2 Details on the suggested interventions in the three phases of the pathway

3.1.1 Pre-operative phase

	Signature	Date Discussed
Gestation 32-34 weeks		
1) Mother receives a local wound care leaflet?		/ /
2) Optional: Mother is screened for MRSA using local guidelines? (Universal screening in Wales has not been adopted. However, if screened and mother is found positive, decolonise using local protocol prior to surgery)		
7 days prior to planned section		
3) NO further removal of pubic hair – check on day of surgery.		/ /
4) Daily showers/baths using soap (paying attention to axillae, groins, perineum and skin folds) – check on day of surgery.		/ /
Day of surgery		
5) Bath/Shower preoperatively using soap, paying attention to axillae, groins, perineum and skin folds.		/ /

Screening and decolonisation

There is evidence to suggest that there is a reduction in MRSA infections when MRSA screening is carried out, but please note that Wales has not adopted universal screening.

If the mother is screened and found positive, ensure decolonisation takes place before surgery.

Hair removal

No routine hair removal should be undertaken pre-operatively, so as to reduce the risk of surgical site infection. More specifically, there should be no hair removal 7 days prior to surgery, ensure this is discussed with the patient (and this can form an audit trail).

If hair removal is required before surgery, use electric clippers with a single-use head. Do not use razors, as they increase the risk of SSI⁹. NICE guidelines state that where hair removal is required, to ensure that it is undertaken as close to the time of surgery as possible (therefore clipping on the day of surgery may be preferable)¹.

Preoperative showering

When skin is incised, micro-organisms that colonise the surface of the skin may contaminate the exposed tissues and subsequently proliferate, leading to an infection. Therefore, a decreased risk of an SSI may occur if an intervention is put in place to reduce the number of microorganisms on the skin surrounding the incision. Microorganisms on the skin are often acquired by touch, and easily removed (by washing with soap). NICE guidelines advise patients to shower or have a bath (or to help patients to shower, bath or bed bath) using soap, either the day before, or on the day of, surgery¹. Ensure that patients know to pay particular attention to axillae, groins, perineum and skin folds as this is where microorganisms may accumulate.

The pathway advises that, in addition to the pre-operative showering, patients wash on a daily basis from 7 days prior to surgery.

3.1.2 Intra-operative phase

The interventions in the intra-operative stage are part of the surgical list and covered by the WHO checklist.

	Yes	No	n/a
1) Remove hair if required – using clippers with a disposable head (not by shaving). Time as close to the operating procedure as possible.			
2) Administer antibiotics within 60 minutes prior to incision. Only repeat if there is excessive blood loss or prolonged operation.			
3) Patient skin is prepared with povidone iodine or 2% chlorhexidine gluconate and allowed to air dry .			
4) Maintain body temperature above 36°C in the peri-operative period.			
5) Maintain a glucose level of < 11mmol/l in diabetic patients.			

Hair removal

If hair removal is required, use electric clippers with a single-use head. Do not use razors, as they increase the risk of SSI⁹. NICE guidelines state that where hair removal is required, ensure it is undertaken as close to the time of surgery as possible¹.

Antibiotic prophylaxis

It is advised that for c-sections, prophylactic antibiotics are given before skin incision. This reduces the risk of maternal infection, more than prophylactic antibiotics that are given after skin incision and no effect on the baby has been demonstrated⁸.

Use antibiotic guidelines to determine which are the appropriate antibiotics and ensure that they are administered within 60 minutes prior to incision¹⁰. This is also detailed in the NICE guidance¹.

Skin preparation

Skin preparation is crucial so that the transient and residential flora on the skin is removed. Skin should be prepared at the surgical site immediately before incision, using an antiseptic (either aqueous or alcohol-based) – povidone-iodine or chlorhexidine are most suitable. It is important that they are allowed to air dry, and there is no specific time for this process, it is entirely dependent on the amount and load used¹¹.

Normothermia

Maintain the patient's body temperature above 36°C in the peri-operative period.

Further advice on this topic can be found under NICE guidance¹ – Inadvertent Peri-Operative Hypothermia Guideline (2008) – which includes advice such as the warming of IV fluids.

Glucose control

Complications arising from surgical site infections are an additional risk for diabetic patients, therefore the Department of Health High Impact Intervention¹¹ recommends that a glucose level of <11mmol/l should be maintained in diabetic patients.

Do not give insulin routinely to patients who do not have diabetes to optimise blood glucose postoperatively as a means of reducing the risk of SSI.

3.1.3 Post operative phase

	Yes	No
1) Cover wound with an interactive dressing at the end of surgery.		
2) Advise mother on post-operative wound care: a) Don't touch the wound unless necessary b) Ensure that hands are regularly washed, particularly before and after using the toilet c) If infection is suspected, contact local maternity unit (not GP)		
3) Remove standard, interactive dressing after 48 hours* after the procedure. Alternatively if non-standardised dressing (eg. PICO, leukomed T+) consult manufacturer's guidance.		
4) Assess wound for signs of infection. a) If the wound is clean and dry no further dressing is required and the patient may shower (or if using a transparent waterproof dressing, the patient may shower when they feel ready to). b) If the wound is displaying signs of infection (such as redness, in addition to swelling or pus) a wound swab must be taken aseptically and a fresh dressing applied daily. All assessments should be documented in the patient's record.		
5) Aseptic, non-touch techniques must be used when the wound is being redressed.		
6) Complete WHAIP SSI surveillance form	a) on discharge from hospital	
	b) Up to 30 days post operatively	

NB Throughout the period of care hands must be decontaminated before and after each episode of patient contact using the correct hand hygiene technique.

Surgical dressing

NICE guidelines^{1,11} recommend that the surgical incision is covered with an appropriate interactive dressing at the end of the operation.

*** C Section NICE guidelines recommend that the dressing should be removed 24 hours after the c section⁸. Local guidelines are more likely to state that this is 48hrs after the operation. Ensure that the dressing manufacturer's guidelines are adhered to for non-standard dressings such as PICO.**

If the mother has a waterproof dressing, she may shower as soon as she feels up to it. Alternatively, when the wound is clean and dry (and no further dressing is required), she may shower.

Hand hygiene

NICE guidelines recommend using an aseptic non-touch technique for changing or removing surgical wound dressings. This is a procedure that is discussed in more detail in section 5.2.

Advise mother that the wound should not be touched, as this increases the risk of infection. As before, ensure that the patient knows to wash her hands before and after using the toilet.

Infection

The next section of the booklet contains information on how to identify a possible infection and what actions should be taken.

C-Section SSI surveillance

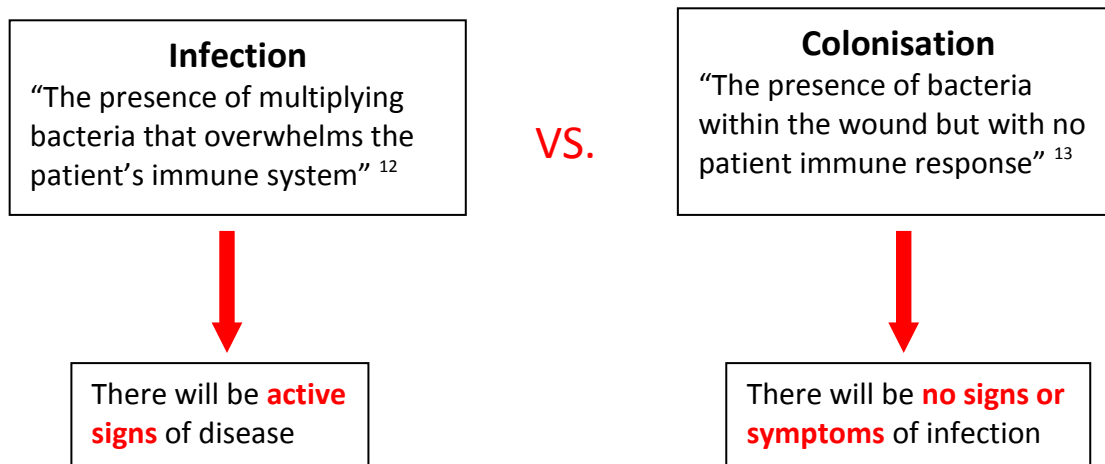
Public Health WHAIP surveillance and its importance are discussed in further detail in section 6.

4 Wound infection

4.1 How does a wound become infected?

Surgical site infections (SSIs) occur as a result of contamination of the wound site. Skin acts as a natural, physical barrier that prevents contamination, but when broken and a wound created, that natural protection is lost and bacteria may enter. Micro-organisms can gain access via a number of sources including from the skin before surgery, surgical instruments and from the environment during surgery, as well as during the provision of care post surgery (NICE, 2008).

It is important to understand the difference between 'infection' and 'colonisation' of the wound:



4.2 How can a wound infection be recognised?

The 'classic' signs of infection are pus and cellulitis¹⁴. Cellulitis is an infection of the deeper layers of the skin and the underlying tissue¹⁵.

Two of the most accurate signs and symptoms of wound infection are increasing pain and wound breakdown¹⁶.

The SSI diagnostic tool (appendix A) has been developed as an aid to be utilised with determining the type of SSI.

4.3 Examples of wounds

Below is a series of wound images that detail a healthy wound, in addition to the three types of infections.

4.3.1 Healthy wound

Insert image

4.3.2 Superficial infection

Insert image

Image* is an example of a superficial SSI.

4.3.3 Deep infection

Insert image

Image* is an example of a deep SSI.

[4.3.4 Organ/Space infection](#)

Insert image

Image* is an example of an organ/space SSI.

[4.4 Suspected infection](#)

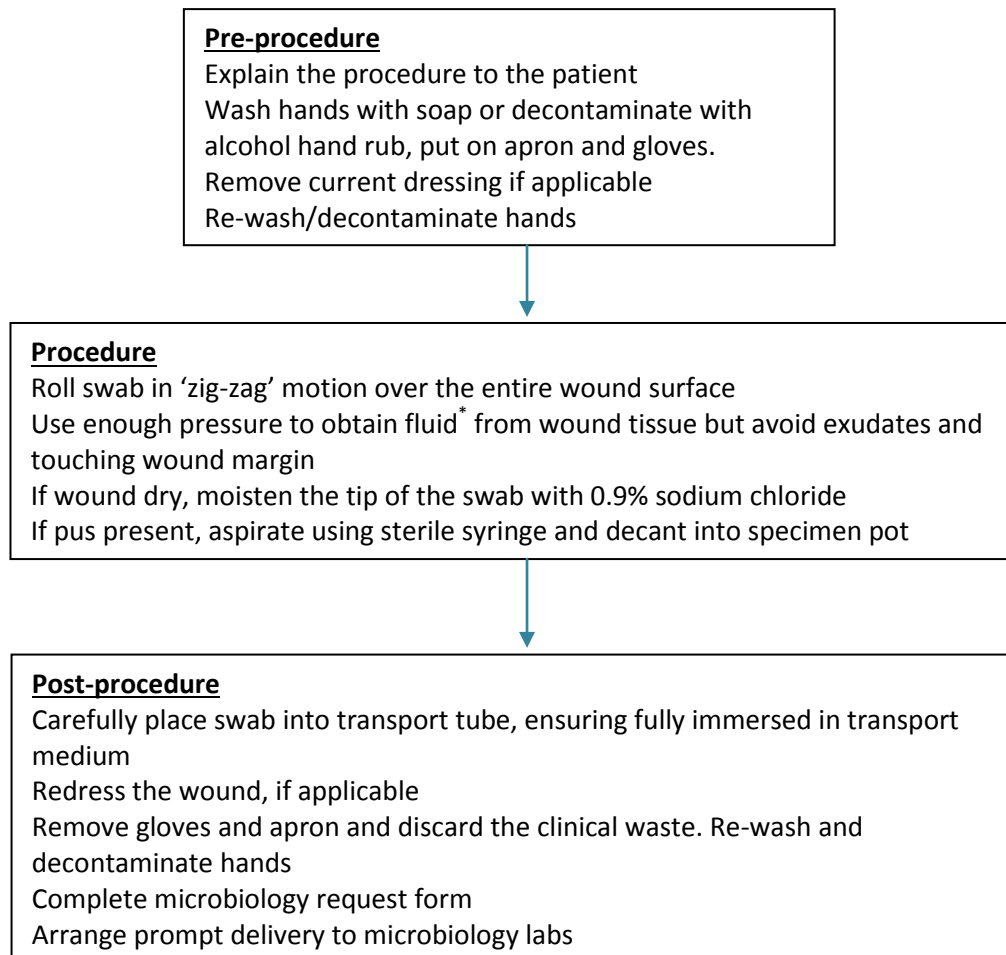
If an infection is suspected, take a wound swab, using the aseptic procedure in section 5.1.

Ensure that the mother knows to attend a maternity unit as opposed to visiting the GP surgery if she suspects an infection.

5 Wound Swab

5.1 Aseptic swab procedure

Below is the procedure for taking an aseptic wound swab. The information has been taken from the Royal Marsden Hospital Manual of Clinical Nursing Procedures (9th edition), procedure guideline 10.22, swab sampling: wound¹⁷.



*Expressed tissue fluids are likely to contain the true infective organisms and less likely to contain surface contaminants. Local practice often advocates cleaning with saline prior to taking the swab to minimise collection of the surface contaminants.

To take a wound swab, the key points to remember are:

- Take swab from wound tissue fluid (if required, clean wound with saline to remove dry exudate or other surface contaminants)
- Ensure sterile swab is used
- Use a sterile container to collect and transport the specimen
- Following hand hygiene protocols before and after

5.2 Hand hygiene

The WHO has developed a 5 point process – 5 Moments for Hand Hygieneⁱⁱⁱ – that defines the key moments for hand hygiene, overcoming misleading language and complicated descriptions¹⁸. It aligns with the evidence base concerning the spread of health care associated infections (HAI), and is interwoven with the natural workflow of care. It is designed to be easy to learn, logical and applicable in a wide range of settings. These are suggested actions that are aimed at helping to protect the patient, yourself and the health-care environment from any harmful germs:

- 1) Before **patient contact** - clean your hands before touching a patient when approaching him/her (examples: shaking hands, helping a patient to move around, clinical examination)
- 2) Before **an aseptic task** - Clean your hands immediately before any aseptic task (examples: oral/dental care, secretion aspiration, wound dressing, catheter insertion, preparation of food, medications)
- 3) After **body fluid exposure risk** - Clean your hands immediately after an exposure risk to body fluids and after glove removal (examples: oral/dental care, secretion aspiration, drawing and manipulating blood, clearing up urine, faeces, handling waste)
- 4) After **patient contact** - Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side (examples: shaking hands, helping a patient to move around, clinical examination)
- 5) After **contact with patient surroundings** - Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched (examples: changing bed linen, perfusion speed adjustment)

The importance of hand hygiene should also be communicated to the mother. The patient should ensure that hand washing takes place before and after using the toilet, and that she does not touch the wound.

ⁱⁱⁱ See Appendix C for WHO 5 moments diagram

6 WHAIP C-Section SSI surveillance

The definition of surveillance is the 'ongoing systematic collection, analysis and interpretation of health data'¹⁹. The surveillance scheme for following SSIs in caesarean sections was made mandatory in Wales in January 2006, and uses internationally recognised definitions. Therefore, Welsh data can be compared with and incorporated into other international databases. It should also be noted that the potential to improve infection rates by carrying out surveillance has been demonstrated²⁰.

6.1 What is the purpose of the surveillance?

The aim of the SSI surveillance programme for c-sections is to:

- Collect surveillance data on SSI following caesarean section surgery to permit estimation of the magnitude of post operative caesarean section SSI risks in hospitalised patients
- Analyse and report caesarean section SSI surveillance data and describe trends in infection rates
- Provide timely feedback of caesarean section SSI rates to assist surgical units in minimising the occurrence of SSI
- Contribute to an increased understanding of the risk factors for SSI associated with caesarean section procedures

Health boards are able to obtain an insight into their local infection rates and therefore use the surveillance scheme as a basis for further investigations.

6.2 How is the surveillance undertaken?

C-section SSI surveillance has two aspects to it:

- 1) In-patient
- 2) Post-discharge

This double aspect monitoring enables recognition of an SSI, were it to happen during any part of a patient's journey.

It is undertaken through the filling in of a questionnaire (pink forms) which is done in the theatre/ward and post-operatively, up to 30 days after procedure. Appendix D shows an example inpatient and post-discharge form. It is important to note that there is a unique serial number that identifies that specific procedure and forms should therefore not be photocopied.

The forms are read by an optical mark reader package at WHAIP, so forms should be filled in following these instructions:

- Use a dark ink pen or biro
- Place a cross in the appropriate box
- Correct errors by completely filling the box where the incorrect response is
- Be thorough in completion
- Write clearly
- Write within the boxes, without writing onto the box lines.

DON'T use light pens, leave gaps or photocopy forms (due to the unique serialisation of forms).

6.3 Who is responsible for the surveillance?

Surveillance primarily involves clinical staff at each hospital or health board and includes infection control teams as support. It is overseen by WHAIP (Public Health Wales) who act as a point of contact for queries.

The local SSI surveillance group should include representation of some or all of the following:

- Surgeons (from relevant disciplines)
- Midwives
- Theatre staff
- Ward Nurses

- Surveillance Nurses
- Clinical Nurse Specialists
- Infection Control Nurses
- Community staff
- Infection Control Doctors/Microbiologists
- Managers
- Clinical Effectiveness teams
- Clinical Audit staff
- IT staff
- Clerical and Secretarial staff

6.4 Data management

Data must be anonymised before being sent to WHAIP, which is achieved by removing the front page of the surveillance form. WHAIP centrally manage the surveillance data that is collected by each hospital. It is then imported into a caesarean section database which is held centrally and managed by WHAIP, but each hospital has access. WHAIP also perform quality checks of completed forms and data entry and analysis. Locally, forms should be collected and collated and data quality checks should be undertaken as well as infection rates monitored. WHAIP also feedback to surgical, midwifery and infection control teams on a quarterly basis and through an annual report.

7 Summary

Key points to remember from this training booklet (and the training presentation).

- 1) Know the Wound Care Pathway and follow it
- 2) Ensure that good communication with the mother is established and maintained
- 3) Follow hand hygiene and asepsis techniques
- 4) Complete Public Health Wales surveillance (the inpatient and post-discharge pink forms)

8 References

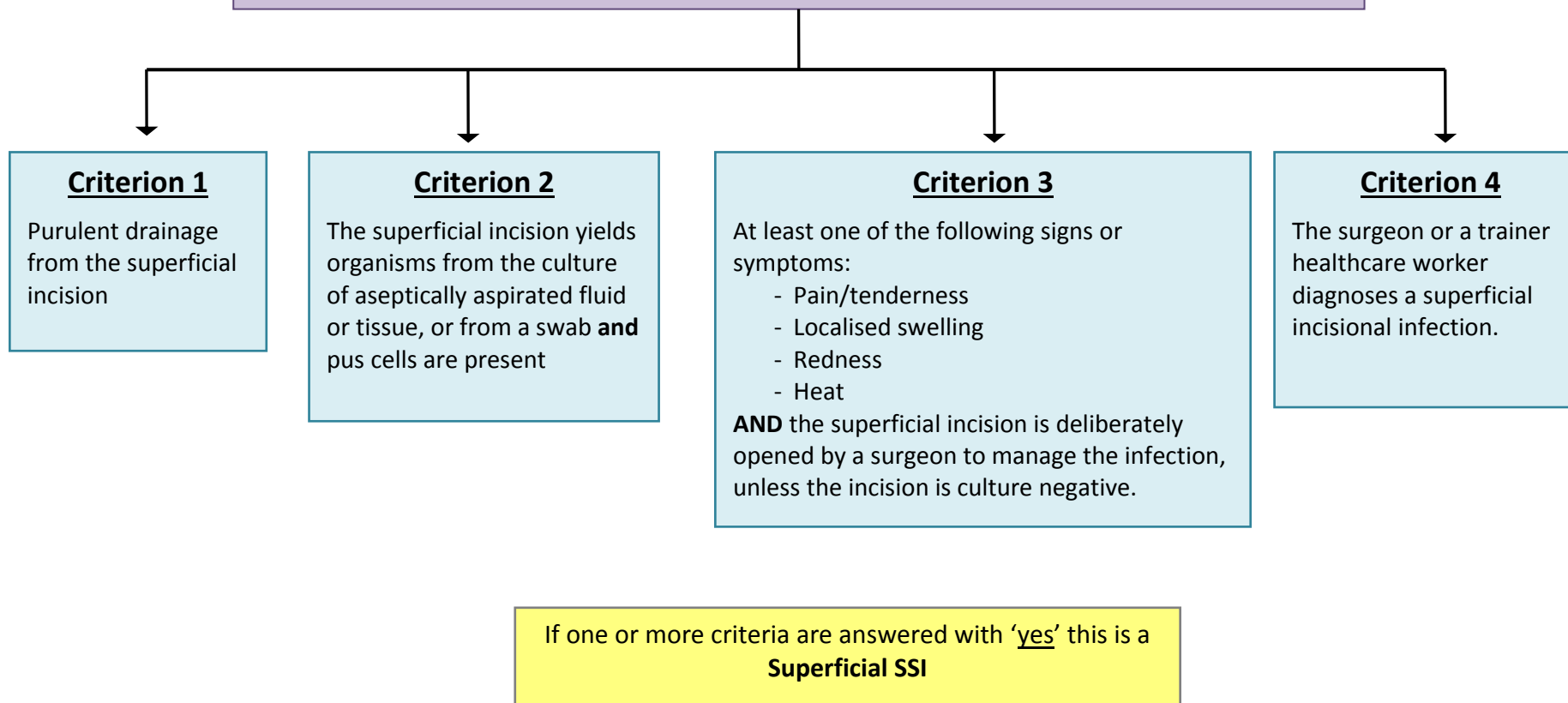
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Appendix A – WHAIP Diagnostic Tool

Superficial surgical site infection

An infection that occurs within 30 days of surgery and involves only the skin or subcutaneous tissue of the incision **and** meets at least one of the criteria below

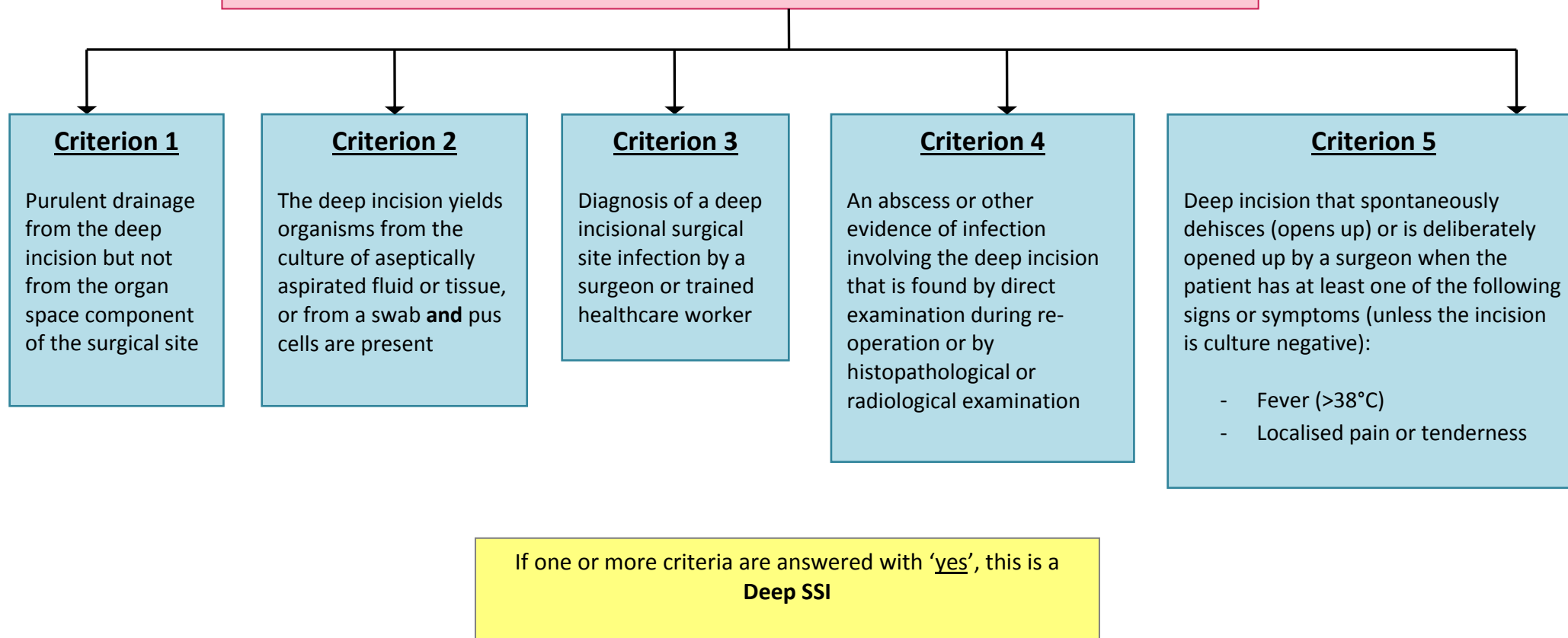


From:

- 1) CDC (2014) Surgical Site Infection (SSI) Event. Available: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>
- 2) PHE (2013) Protocol for the surveillance of surgical site infections. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364412/Protocol_for_surveillance_of_surgical_site_infection_June_2013.pdf

Deep surgical site infection

An infection that occurs within 30 days of surgery **and** involves deep soft tissues (i.e. fascial and muscle layers) of the incision **and** meets at least one of the criteria below



From:

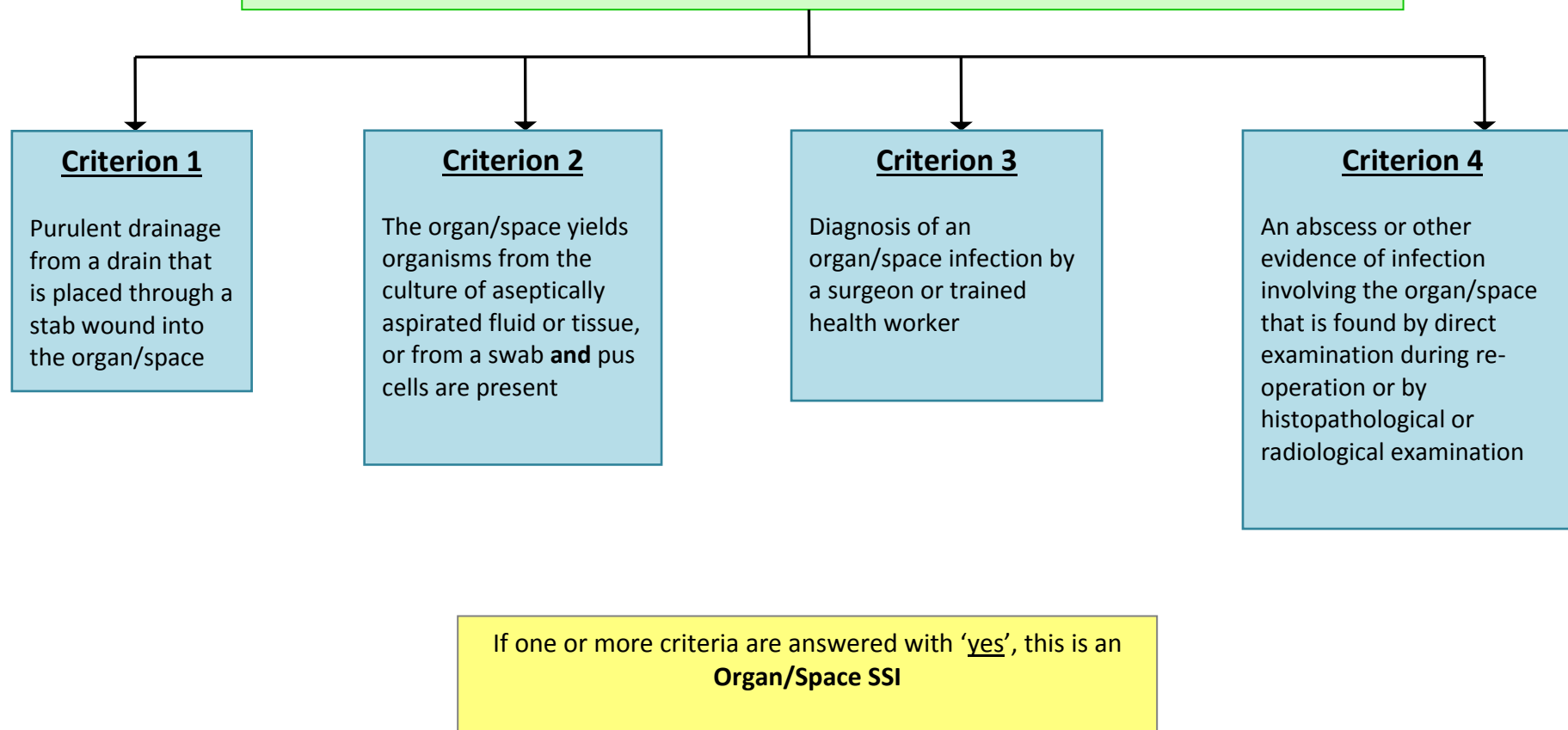
3) CDC (2014) Surgical Site Infection (SSI) Event. Available: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf>

4) PHE (2013) Protocol for the surveillance of surgical site infections. Available:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364412/Protocol_for_surveillance_of_surgical_site_infection_June_2013.pdf

Organ space surgical site infection

An infection that occurs within 30 days of surgery **and** involves any part of the anatomy (i.e. organ/space) other than the incision that has been opened/manipulated during the surgical procedure **and** meets at least one of the criteria below



From:

- 5) CDC (2014) Surgical Site Infection (SSI) Event. Available: <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>
- 6) PHE (2013) Protocol for the surveillance of surgical site infections. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364412/Protocol_for_surveillance_of_surgical_site_infection_June_2013.pdf

Appendix B – Wound Care Pathway

Below is a full version of the Wound Care Pathway, to be used across Wales.

PRE-OPERATIVE PHASE

	Signature	Date Discussed
Gestation 32-34 weeks		
1) Mother receives a local wound care leaflet?		/ /
2) Optional: Mother is screened for MRSA using local guidelines? (Universal screening in Wales has not been adopted. However, if screened and mother is found positive, decolonise using local protocol prior to surgery)		
7 days prior to planned section		
3) NO further removal of pubic hair – check on day of surgery.		/ /
4) Daily showers/baths using soap (paying attention to axillae, groins, perineum and skin folds) – check on day of surgery.		/ /
Day of surgery		
5) Bath/Shower preoperatively using soap, paying attention to axillae, groins, perineum and skin folds.		/ /

INTRA OPERATIVE PHASE

	Yes	No	n/a
1) Remove hair if required – using clippers with a disposable head (not by shaving). Time as close to the operating procedure as possible.			
2) Administer antibiotics within 60 minutes prior to incision. Only repeat if there is excessive blood loss or prolonged operation.			
3) Patient skin is prepared with povidone iodine or 2% chlorhexidine gluconate and allowed to air dry .			
4) Maintain body temperature above 36°C in the peri-operative period.			
5) Maintain a glucose level of < 11mmol/l in diabetic patients.			

POST OPERATIVE PHASE

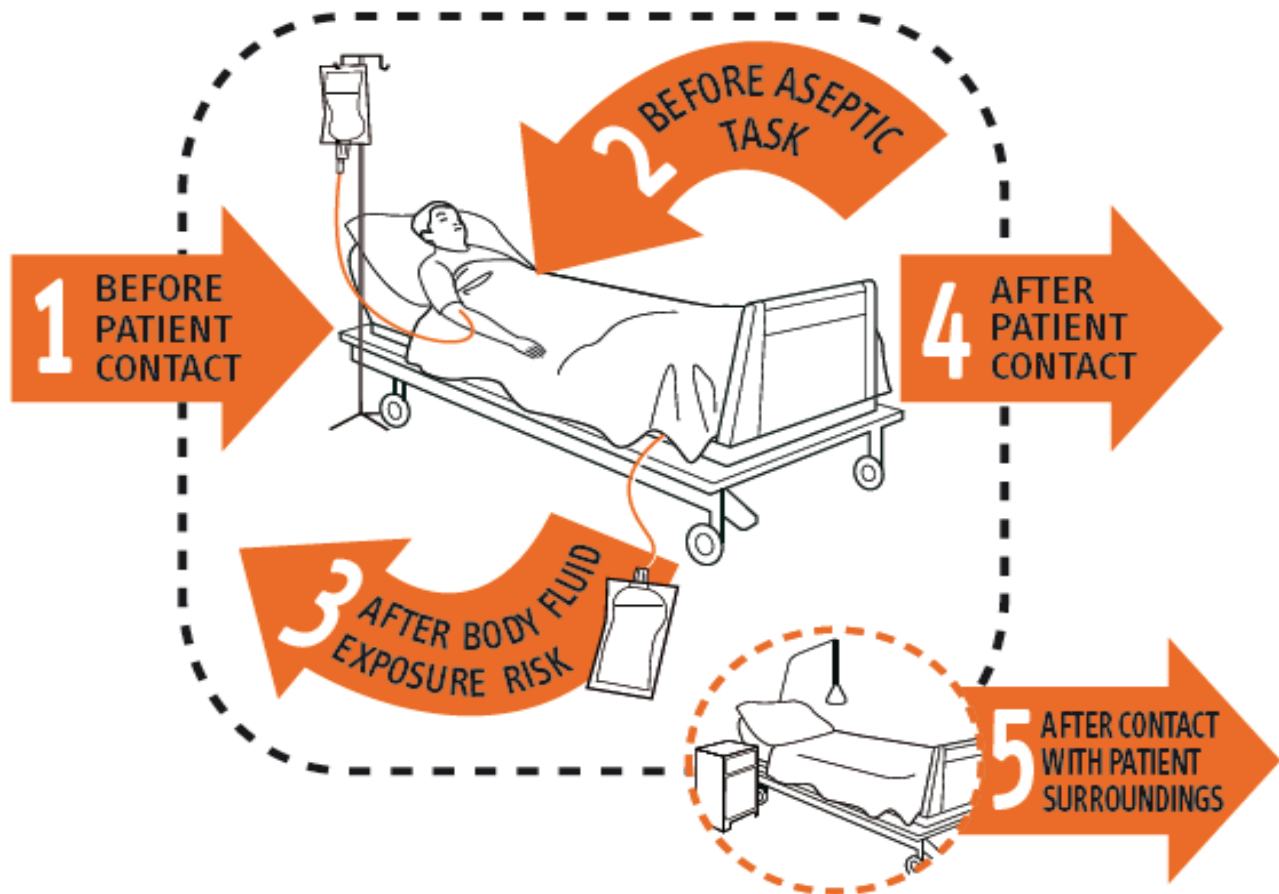
	Yes	No
1) Cover wound with an interactive dressing at the end of surgery.		
2) Advise mother on post-operative wound care: a) Don't touch the wound unless necessary b) Ensure that hands are regularly washed, particularly before and after using the toilet c) If infection is suspected, contact local maternity unit (not GP)		
3) Remove standard, interactive dressing after 48 hours* after the procedure. Alternatively if non-standardised dressing (eg. PICO, leukomed T+) consult manufacturer's guidance.		
4) Assess wound for signs of infection. a) If the wound is clean and dry no further dressing is required and the patient may shower (or if using a transparent waterproof dressing, the patient may shower when they feel ready to). b) If the wound is displaying signs of infection (such as redness, in addition to swelling or pus) a wound swab must be taken aseptically and a fresh dressing applied daily. All assessments should be documented in the patient's record.		
5) Aseptic, non-touch techniques must be used when the wound is being redressed.		
6) Complete WHAIP SSI surveillance form		
a) on discharge from hospital		
b) Up to 30 days post operatively		

NB Throughout the period of care hands must be decontaminated before and after each episode of patient contact using the correct hand hygiene technique.

*C Section NICE guidelines recommend that the dressing should be removed 24 hours after the c section⁸. Local guidelines are more likely to state that this is 48hrs after the operation. Ensure that the dressing manufacturer's guidelines are adhered to for non-standard dressings such as PICO.

Appendix C - 5 Moments for Hand Hygiene (WHO, 2006)

Section 5.2 provides a full explanation of the WHO's 5 moments.



Appendix D – WHAIP Example SSI surveillance forms

Below is an example SSI surveillance form, as referred to in section 6.2.

Please remove
staple before
returning from
[redacted]

CAESAREAN SECTION SURGICAL SITE SURVEILLANCE

Hospital/Trust

Please write clearly inside the date and number frames or place a cross in the appropriate box

SERIAL NUMBER:	<input type="text" value="S"/> <input type="text" value="S"/> <input type="text" value="S"/> <input type="text" value="S"/> <input type="text" value="S"/>	Each form is uniquely serialised & is intended for single use only. <u>Do not use a photocopy</u>
Age: (in years)	<input type="text"/> <input type="text"/>	
Procedure date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
BMI:	<input type="text"/> <input type="text"/> . <input type="text"/>	
Previous caesarean sections?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	
Duration patient in active labour before procedure:	<input type="checkbox"/> 0 hrs <input type="checkbox"/> Up to 12hrs <input type="checkbox"/> >12 hrs	
Ruptured membranes before procedure?	<input type="checkbox"/> Yes, less than 24hrs <input type="checkbox"/> Yes, more than 24hrs <input type="checkbox"/> No	
Wound class:		
<input type="checkbox"/> Clean-contaminated - Operative wounds in which the genital or urinary tracts are entered under controlled conditions without unusual contamination. Specifically, includes caesarean section procedures , operations involving the biliary tract, appendix, vagina, and oropharynx, provided no evidence of infection or major break in sterile technique is encountered.		
<input type="checkbox"/> Dirty or infected - Includes caesarean section procedures where prolonged membrane rupture of 24hrs or more occurs or the presence of an abscess.		
ASA classification: an assessment by the anaesthetist of the patient's physical condition.		
<input type="checkbox"/> Normally healthy <input type="checkbox"/> Severe systemic disease <input type="checkbox"/> Moribund		
<input type="checkbox"/> Mild systemic disease <input type="checkbox"/> Incapacitating systemic disease		
Operation type:	<input type="checkbox"/> Elective <input type="checkbox"/> Emergency	
Prophylactic antibiotics given?	<input type="checkbox"/> Yes, prior to incision <input type="checkbox"/> Yes, after incision <input type="checkbox"/> No	
Time of incision:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Time of closure:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Type of skin closure used:	<input type="checkbox"/> Removable suture <input type="checkbox"/> Dissolvable suture <input type="checkbox"/> Staples <input type="checkbox"/> Glue	
Operating surgeon's code: (4 letter code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Did the patient have an Inpatient Surgical Site Infection (SSI)?		
PLEASE COMPLETE THIS QUESTION CONFIRMING WHETHER OR NOT THE PATIENT HAS AN INPATIENT SSI		
<p>If the patient does not have an SSI cross the 'No' box</p> <p style="text-align: center;"><input type="checkbox"/> No</p> <p style="font-size: small;">If the patient does not have an SSI it still important that the 'No' box is crossed to clearly indicate that there is no inpatient SSI</p>	<p>If the patient has an SSI cross the 'Yes' box</p> <p style="text-align: center;"><input type="checkbox"/> Yes</p> <p style="font-size: small;">If Yes please complete all below</p>	
<p style="font-size: small;">If No please complete date of discharge from hospital below only</p>	<p>Infection date: (Date infection <u>recognised</u> not confirmed)</p> <p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> </p> <p>Type of SSI: Please refer to SSI diagnostic tool for definitions</p> <p> <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ/Space </p>	
<p>Date of discharge from hospital:</p> <p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> </p>		
Caesarean Section Surgical Site Surveillance		Page 3

CAESAREAN SECTION SURGICAL SITE SURVEILLANCE

Post Discharge Surveillance Form

Please write clearly inside the date and number frames or place a cross in the appropriate box

SERIAL NUMBER:	«S	«S	«S	«S	«S	Each form is uniquely serialised & is intended for single use only. <u>Do not use a photocopy</u>
Did the patient have a Post-Discharge Surgical Site Infection (SSI)? ***PLEASE COMPLETE THIS QUESTION CONFIRMING WHETHER OR NOT THE PATIENT HAS AN POST-DISCHARGE SSI***						
If the patient does not have an Post-discharge SSI cross the ' No ' box <div style="text-align: center;"> <input type="checkbox"/> No </div> <p style="font-size: small;">If the patient does not have an Post-discharge SSI it still important that the 'No' box is crossed to clearly indicate that there is no Post-discharge SSI</p>			If the patient has an Post-discharge SSI cross the ' Yes ' box <div style="text-align: center;"> <input type="checkbox"/> Yes </div>			
If No please complete date of discharge from midwifery care below only			If Yes please complete all below			
			Infection date: (Date infection <u>recognised</u> not confirmed) <div style="text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div>			
			Type of Post-discharge SSI: Please refer to SSI diagnostic tool for definitions <div style="display: flex; justify-content: space-around; font-size: small;"> <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ/Space </div>			
Date of discharge from midwifery care:			<div style="text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> / <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div>			

Please return completed form to: