

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/managing-postoperative-infections-when-and-how-to-use-antibiotics/36426/>

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Managing Postoperative Infections: When and How to Use Antibiotics

Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Paul Kim, who's a Professor in the Departments of Plastic Surgery and Orthopaedic Surgery at UT Southwestern Medical Center in Dallas, Texas. He's also the Medical Director of the UTSW Wound Program. He'll be discussing the use of antibiotics in post-surgical wound care. Here's Dr. Kim now.

Dr. Kim:

So the question about antibiotics and whether to use them post-surgically is really kind of a difficult one to answer. Many of my patients are compromised. They have multiple comorbidities. They're prone to infection. They have poor blood flow. And some of them have poor access to healthcare in general. I will say in general, though, I think that if you're seeing during the post-operative period any signs of localized or systemic infection, I think that's a good clue. What I mean by systemic infection is if they feel sick, they look sick, they report nausea, vomiting, fevers, chills, or flu-like symptoms, I think that's a good indication. Secondly, locally, along the incision area, if there's increased redness, swelling, drainage, tenderness, or increase in temperature in that area, I think that's also a good indicator, then you would employ oral antibiotics. I do prescribe prophylactic antibiotics on many of these patients because they're such high-risk patients with host compromise, including my diabetics and my transplant patients, because typically they're more prone to infection.

But the selection is based on multiple criteria. If the patient's been to the OR, I take cultures, both before I excisionally debride the area and after. And the after cultures are really the critical piece, because that tells you how well you did it as far as the excision debridement was performed. Based on those culture results, it will take several days to grow out. You can get some quick results using gram stain, but otherwise, you may have to wait two or three days. And for anaerobic bacteria that may take longer, and for other types of pathogens like fungus and yeast, it takes even longer. So in the interim, again, depending on what your host factors are—the patient's comorbidities, for example—you may select a more broad spectrum. And then once the culture and sensitivities come back, then you can specify and be more targeted in your approach to the different types of bacteria in that area.

Announcer:

That was Dr. Paul Kim talking about how we can optimize antibiotic use in post-surgical wound care. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!