

# National Institute for Health and Clinical Excellence

## Guidance Executive

### Surgical Site Infection guideline (SSI)

#### 1 Summary

The Guidance Executive is asked to consider options for the Surgical Site Infection guideline, which has received significant criticism about the scope of the work, make up of the GDG, and the failure of the guideline to address clinical need/practice.

#### 2 Background: remit and scope

In May 2002 the Institute received in the 7<sup>th</sup> wave the following remit which was referred to NCC NSC:

“To prepare guidance for the NHS in England on the prevention, management and treatment of wounds. The guidance should include the prevention of skin breakdown, prevention of pressure sores, prevention of diabetic foot ulceration, prevention of recurrence of venous leg ulcers and prevention of breakdown of surgical wounds”

This remit was the basis for a suite of guidelines on wounds and SSI was the last to be developed. The draft scope for consultation (entitled Surgical wounds: prevention and treatment of SSI) drew on surveillance data in the rationale for the guidance and presented the clinical management in 3 parts: preoperative; intraoperative and postoperative prevention and treatment.

The scope consultation and stakeholder meeting in January 2004 raised issues which included: the cost of SSI in hospitals; variations in clinical environment; high risk patients; prophylaxis resistance and pre-admission screening specifically in relation to MRSA colonisation.

At sign off the scope in Appendix A was agreed. Stakeholders were advised that, following advice from NICE, specific interventions for high risk patients or for types of surgery were not within the scope of the guideline. MRSA, the management of the operative environment, and antibiotic prophylaxis were listed as exclusions.

The lack of comments from surgeons on the draft was noted at sign off, and the agreed constituency of the GDG in the workplan ensured input from 2 surgeons one of whom was a paediatric surgeon.

### 3. Results of the consultation on the guidance

The draft guideline has been severely criticised and is seen as unimplementable in its current form. The critique includes the following issues:

- The absence of antibiotic prophylaxis and MRSA screening are seen as detrimental to the whole guideline
- The rationale for the guideline is unclear, for example why should perioperative warming be expected to reduce SSI rates?
- The approach to generalisability across all surgery is questioned and not consistent.
- Some recommendations fail to consider the whole clinical context. For example, 80% oxygen is recommended and stakeholders comment that this could result in severe oxidative stress to lung tissue, retinopathy in children etc.
- The restriction to RCTs and the interpretation of the evidence are questioned.
- The GDG consensus is also questioned particularly as the group does not have representation from a medical microbiologist or a surveillance expert.

### 4. Options for address the issues:

We have concluded that the guideline can not publish as it is. Options for the next steps include:

#### ***A Reassert the original vision in the scope***

- Identify a clinical lead, from outside the GDG to assess and lead a strategy to reshape the guideline within the existing scope
- Only address stakeholder comments within the agreed scope
- Issues outside scope refer to topic selection in the usual way
- Co-opt a few experts (surgeons + others) onto the GDG to assist in clinical interpretation of the evidence and have a 2 or 3 more GDGs to facilitate this
- Consider changing the name of the guidance to reflect the final content
- Reconsult on the revised guidance for 4 weeks
- Following consultation report back to the SMT on the acceptability of the revised guidance before publication is initiated.

This option will create a delay which CCP anticipate would be approximately 6 months. The NCC see this overhaul as requiring more time than this and further discussion is necessary to accurately define the timeline once an agreed strategy to reshape the guidance is in place.

***B Revise the scope and GDG***

- Acknowledge that the scope is no longer relevant and rescope the guidance
- Follow normal scope and development processes

We estimate this option would move publication back 14 -18 months.

***C Do not publish the guideline***

- No NICE version or QRG is published for this project.
- Consider reviews being published by the host organisation?
- Place the clinical issues that have arisen from the consultation into the topic selection process for evaluation and prioritisation.

**2. Recommendation**

We recommend that we peruse option A and report back to Guidance Executive following a further 4 week consultation.

**Wendy Riches**  
**Guidelines Commissioning Manager**

**Mercia Page**  
**Centre Director – Clinical Practice**  
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