

**National Institute for Clinical Excellence**

**The management of surgical wounds scope - Stakeholder Consultation Table**

These comments will be published on the web at publication

**20 January – 17 February 2004**

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
The Association of the British Pharmaceutical Industry (ABPI)	1	Section 4.3(d)	The ABPI believes that it would be entirely appropriate to consider the management of antibiotic resistance in this guideline. We believe that the scope needs to define what is meant by antibiotic resistance. If it is resistance to some antibiotics then an alternative antibiotic may be appropriate but if it is pan-resistance, then other measures such as isolation of the patient may be appropriate. We believe that antibiotic resistance must be addressed.	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline. The guideline will focus on the management of the surgical wound.
The Association of the British Pharmaceutical Industry (ABPI)	2	General	We apologise for the slightly late response but hope that our views will be considered.	
BAPEN	1	4.3 c Patient specific	We think that nutrition and hydration issues are also important in the post operative period including both indications for appropriate nutritional support AND problems relating to wound healing problems if patients are fluid overloaded.	These issues will be covered in principles of care but not as specific interventions as the guideline will focus on the management of the surgical site.
British Association of Oral and Maxillofacial Surgeons	1	4.1.2	What about intraoral operations – wisdom teeth, facial fractures etc. These wounds are not visible from outside. Suggest definition needs tightening so as not to exclude majority of our work	The guideline will focus on the management of an observable surgical site. Many principles of care will be generalisable to other types of surgery.
British Association of Oral and Maxillofacial	2	General	Good document – considers parameters thought to be of importance - timely	Thank you.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Surgeons				
British Dietetic Association	1	General	The British Dietetic Association welcomes this scope and are pleased to see that it acknowledges the importance of nutrition in hospital and the role it has within wound care.	These issues will be covered in principles of care but not as specific interventions as the guideline will focus on the management of the surgical site.
Changing Faces	1	4.3 a	Preoperative: Information needs of patient needs to be included e.g. patient preparation, expectations, timescales	This information will be specific to the prevention and treatment of infection of the surgical site.
Changing Faces	2	4.3 e	Adjustment to altered body image and living with a visible difference to be included	General principles of care will include the psychosocial aspects of wound management.
Changing Faces	3	General	References: <ul style="list-style-type: none"> <li>- Clarke, A &amp; Cooper, C (2000). Psychosocial rehabilitation after disfiguring injury or disease: investigating the training needs of specialist nurses. <i>Journal of Advanced Nursing</i>, 33 (6), 1-9</li> <li>- Dropkin, M. (1989). Coping with disfigurement and dysfunction after head and neck cancer surgery: a conceptual framework. <i>Seminars in Oncology Nursing</i>, 5, 213-219.</li> <li>♦ Partridge J (1998) Taking up Macgregor's challenge: the work of Changing Faces. <i>Journal of Burn Care and Rehabilitation</i>, March 1998</li> </ul>	Many thanks for these references.
Cochrane Wounds Group	1	3a	The National Prevalence Survey (1996) is now very outdated. Suggest if possible that a new survey takes place alongside the development of these guidelines in order to inform them.	This appears to be the most current source of information. The commissioning of National surveys is not part of the guideline development process.
Cochrane Wounds Group	2	3a	? Healthcare Associated Infection now	Thank you.
Cochrane Wounds Group	3	3a	Prosthetic surgery, ie hips and knees, can develop infection up to a year post surgery	This will be referred to in the scope of the guideline.
Cochrane Wounds Group	4	3b	"in addition, the incidence of infected surgical wounds may be influenced by factors such as" etc Add care in the community to the list of factors.	Noted with thanks.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Cochrane Wounds Group	5	3b (and General)	It is surprising that SSI only cost an average of £409 to treat. Does this cover nurses time, dressings etc, as well as drugs?	We will provide a breakdown of costs where available in the scope.
Cochrane Wounds Group	6	4.1.1a	? Emergency or elective surgery.	Both will be included. Many principles will be generalisable.
Cochrane Wounds Group	7	4.1.1a	Surgical implants and drains have been selected for special mention and the reason for this is unclear, since both of these require an incision.	These are surgical interventions as they require a surgical incision.
Cochrane Wounds Group	8	4.1.1a	Prosthetic implant	We are unclear on the reference here.
Cochrane Wounds Group	9	4.1.2a	What about surgery to existing wounds, eg laceration following RTA?	If an existing wound requires a surgical intervention then this will be included.
Cochrane Wounds Group	10	4.2b	? timescale ? 30 days	Infection occurring within 30 days is considered to be a standard definition (CDC 1999) and one year following prosthetic surgery.
Cochrane Wounds Group	11	4.3	What about audit/feedback systems?	Audit criteria will be developed based on guideline recommendations.
Cochrane Wounds Group	12	4.3	Suggest an addition in this section that marks out patients who undergo more than one incisional intervention on the same site during the study period, since this adversely affects SSI rates.	This will be considered.
Cochrane Wounds Group	13	4.3a	"Other interventions targeted at high risk patients" needs clarifying with examples giving eg special skin prep or bowel prep.	Following advice from NICE, specific interventions for high risk patients or for types of surgery will not be within the scope of the guideline.
Cochrane Wounds Group	14	4.3a	Does pre-operative clinical management include fasting?	No, this is not a specific intervention for the prevention of surgical site infection.
Cochrane Wounds Group	15	4.3a	Hair removal: – non removal has been shown to give the lowest rate of infection	Thank you.
Cochrane Wounds Group	16	4.3b	If using a tourniquet, how long was the limb without blood supply?	We are not sure to what this comment is referring.
Cochrane Wounds Group	17	4.3b	What about clinician skill/expertise/training?	This will be addressed in recommendations for education and

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
				information giving.
Cochrane Wounds Group	18	4.3b	Patient specific: what about cooling?	This may be considered following advice from the guideline development group panel.
Cochrane Wounds Group	19	4.3b	Management of environment: (i) should include a section that records how many people are present throughout the procedure, since this is traditionally said to be the single most important factor influencing SSI rates. (ii) Position of patient on table	Following advice from NICE, the management of the environment will not be included within the scope.
Cochrane Wounds Group	20	4.3b	Distance of drain from surgical incision site effects rate of infection	This may be considered following advice from the GDG.
Cochrane Wounds Group	21	4.3c	Management of infection: (i) requires more work on 'surveillance' since the word alone does not convey meaning. (ii) Use of devices, eg vacuum devices	(i) This refers to the National Surveillance Scheme currently in operation (ii) This will be referred to the GDG.
Cochrane Wounds Group	22	4.3e	Pain/mobility. Quality of life measures.	It is unclear how this affects infection rates.
Cochrane Wounds Group	23	General	An excellent initiative and much needed.	Many thanks.
Cochrane Wounds Group	24	General	Rationale for non-inclusion of non-incision surgery needs to be made plain.	The guideline is concerned with the management of surgical site infection where an observable incision or surgical site is present.
Cochrane Wounds Group	25	General	More detail will be required for each section in order to develop guidelines more fully. Assume this will follow.	Thank you.
Cochrane Wounds Group	26	General	References missing	References were deleted in the web version of the scope.
ConvaTec	1	General	In 2001 NICE conducted a Technical Appraisal on the use of debriding agents and specialist wound care clinics for difficult to heal surgical wounds. This was given a review date of March 2004. NICE are now	NICE to advise on best way forward.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
			developing guidelines on the prevention and treatment of surgical site infection and the Technical Appraisal is due to be updated as part of this work. However as the Appraisal and the Guidelines do not cover the same patient population some clarification of the process is required.	
ConvaTec	2	General	There are concerns that the scope of the guidelines may be too broad	Yes, this is currently being addressed with NICE.
ConvaTec	3	Section 4.3	Intraoperative environment should include dressings (patient specific, and management of the environment)	Following advice from NICE, the management of the environment will not be included in the scope but dressings will be included.
ConvaTec	4	Section 4.3	Patient specific, this should include antiseptics agents as well as antibiotics	This will be considered.
Department of Health	1	General	It is our understanding that the scope excludes the management of antibiotic resistant bacteria. Could you clarify whether it will address the implications of prophylaxis for resistance?	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline. The guideline will focus on the management of the surgical wound.
Department of Health	2	3a Clinical need for the guideline – <b>(1<sup>st</sup> sentence) page 2</b>	To our knowledge infections post-implant surgery can be diagnosed up to a year after surgery.	Thank you for this information. This will be referred to in the guideline.
Department of Health	3	3b	In our view £409 for the cost of an SSI is an underestimate. Could you	This is being addressed.

Stakeholder	No.	Section number	<p style="text-align: center;"><b>Comments</b></p> <p style="text-align: center;">Please insert each new comment in a new row.</p>	<p style="text-align: center;"><b>Institute's Response</b></p> <p style="text-align: center;">Please respond to each comment</p>
		Clinical need for the guideline – <b>(2<sup>nd</sup> sentence) page 2</b>	please consider checking this against the figure given in ' <i>The socio-economic burden of hospital acquired infection</i> ' document, which can be downloaded from the Department of Health's website: <a href="http://www.doh.gov.uk/pub/docs/doh/phls.pdf">www.doh.gov.uk/pub/docs/doh/phls.pdf</a> ?	
Department of Health	4	4.1.1 Groups that will be covered <b>page 4</b>	Could you be more specific regarding ' <i>groups that will be covered</i> '? For instance, endoscopic procedures may not cause a visible surgical incision, but some advanced techniques could be regarded as an equivalent?	The guideline is concerned with the management of surgical site infection where an observable incision is present. General principles will be generalisable to other types of surgery.
Department of Health	5	4.3a Preoperative <b>(1<sup>st</sup> bullet) page 4</b>	Could you please clarify whether this technique refers specifically to the surgical team?	Handwashing or hand hygiene refers specifically to the hospital team prior to surgery.
Department of Health	6	4.3a Preoperative <b>(2<sup>nd</sup> bullet) page 4</b>	Would you consider specifying whether this section will be expanded upon in the draft guideline? It is our view that the following points would benefit from consideration: <ul style="list-style-type: none"> <li><input type="checkbox"/> The agent and its pharmacodynamic activity.</li> <li><input type="checkbox"/> The microbial spectrum of its use.</li> <li><input type="checkbox"/> Pharmacokinetics.</li> <li><input type="checkbox"/> The route of administration.</li> <li><input type="checkbox"/> The timing of the first dose.</li> <li><input type="checkbox"/> The number of doses given; and</li> <li><input type="checkbox"/> The duration of prophylaxis.</li> </ul>	The SIGN guideline 'Antibiotic prophylaxis in surgery' is currently being updated. The current version does not specify antibiotic types, dosage or duration. It also only considers intravenous antibiotics.  'Antibiotic prophylaxis in surgery' will not be included in the NICE guideline.

Stakeholder	No.	Section number	<p style="text-align: center;"><b>Comments</b></p> <p style="text-align: center;">Please insert each new comment in a new row.</p>	<p style="text-align: center;"><b>Institute's Response</b></p> <p style="text-align: center;">Please respond to each comment</p>
Department of Health	7	4.3a Preoperative <b>(final bullet)</b> <b>page 5</b>	Could you please clarify whether this section would include the control of underlying morbid conditions (e.g. diabetes) as these could affect management strategies?	Patient-specific underlying conditions will not be addressed as this will broaden the scope of the guideline.
Department of Health	8	4.3c Postoperative prevention and treatment <b>Page 5</b>	Would you consider inserting a final bullet: <i>'closure technique'</i> ?	Yes, this will be considered.
Department of Health	9	Appendix B: Surgical wound classification <b>Page 9</b>	We note that the classification dates from 1964. Would you consider using a more up-to-date version? For example, Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR, <i>'Guideline for prevention of surgical site infection, 1999. Hospital Infection Control Practices Advisory Committee.'</i> Infect Control Hosp Epidemiol. 1999 Apr;20(4):250-78;  <u>Table 7. Surgical Wound Classification</u>	This reference is referred to in the HTA 'The measurement and monitoring of surgical adverse events' (2001) as the frequently used classification of wounds and used for assigning risk status. The CDC guidelines (1999) refer to definitions of surgical site infection.

Stakeholder	No.	Section number	<p style="text-align: center;"><b>Comments</b></p> <p style="text-align: center;">Please insert each new comment in a new row.</p>	<p style="text-align: center;"><b>Institute's Response</b></p> <p style="text-align: center;">Please respond to each comment</p>
			<p><i>Class I/Clean:</i> An uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital, or uninfected urinary tract is not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage. Operative incisional wounds that follow nonpenetrating (blunt) trauma should be included in this category if they meet the criteria.</p> <p><i>Class II/Clean-Contaminated:</i>An operative wound in which the respiratory, alimentary, genital, or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina, and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.</p> <p><i>Class III/Contaminated:</i>Open, fresh, accidental wounds. In addition, operations with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from the gastrointestinal tract, and incisions in which acute, nonpurulent inflammation is encountered are included in this category.</p> <p><i>Class IV/Dirty-Infected:</i> Old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.</p>	
Hospital Infection Society	1	General / 4.3b	<p>There is a well-established theatre working party of our Society, who have published extensively on evidence base and peri-operative infections. They have considerable expertise on airflow and theatre environment. Most recently they have carried out a National survey of minimally invasive surgery. This is, as yet unpublished. Please let me know if you would like to collaborate with them.</p>	Thank you for this. Collaboration will be undertaken.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Hospital Infection Society	2	General	Similarly there is a multiprofessional joint working group with the British Society of Antimicrobial Chemotherapy who are reviewing guidance on MRSA.	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline. The guideline will focus on the management of the surgical wound.
Hospital Infection Society	3	3a	In your definition of SSI you make no mention of post-op complications with regards to prosthetic devices, which required long term post discharge surveillance(1 year)	Surveillance will be referred to in the guideline.
Hospital Infection Society	4	3b	The Cruse classification, is somewhat dated (40 years). It is more appropriate to classify surgery according to procedure nowadays	This reference is referred to in the HTA 'The measurement and monitoring of surgical adverse events' (2001) as the frequently used classification of wounds and used for assigning risk status. Please advise of current classification systems.
Hospital Infection Society	5	4.1.1a	You need to define "incisional surgical procedure"	Involving an incision in the skin, etc. It is observable and excludes surgical interventions such as vaginal hysterectomy or TURP, where there is not a visual wound. However, many of the principles of asepsis and preventative measures will apply. Most of the definitions of SSI use the term 'wound' but state that a 'wound' is a break in an epithelial surface which may be surgical or accidental. Burns, ulceration and pressure sores are excluded.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Hospital Infection Society	6	4.3a	It would be useful to look at pre-operative antibiotic use too.	This will be addressed within antibiotic prophylaxis.
Hospital Infection Society	7	4.3a	"hand washing technique" : Technique is only one element. Type of hand hygiene agent is important, as is level of compliance. NB: We note you list "hand washing solutions and technique" under 4.3b : Is there intended to be a subtlty in the different wording?	Handwashing technique and solutions will be considered.
Hospital Infection Society	8	4.3b	Antibiotic prophylaxis is not prescribed for "prolonged surgery" but according to nature of surgery and the risk of infection. If you include this, you must define it.	This will be defined.
Hospital Infection Society	9	4.3b	Surgical Intervention could be much more useful if you included duration of surgery, seniority of surgeon etc.	Please advise of published evidence of prevention interventions related to duration of surgery and seniority of surgeons.
Infection Control Nurses Association (ICNA)	1	4.3 Clinical Management a) Preoperative - Patient Specific	Would like to see recommendations for pre-admission screening so that correct antibiotic prophylaxis can be given in light of results e.g. MRSA colonisation, in addition to those encompassed by "other interventions targeted at high risk patients"	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline. The guideline will focus on the management of the surgical wound.
Infection Control Nurses Association (ICNA)	2	4.3 Clinical Management b) Intraoperative - Management of	Add in section on instrument tray traceability	Following advice from NICE, the management of the environment and related issues will not be included in the scope.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
		environment		
Infection Control Nurses Association (ICNA)	3	4.3 Clinical Management c) Postoperative - prevention and control Patient Specific	Guideline on the environment best suited for dressings to be done – bedside versus clean clinical room in the acute care environment. Guideline on appropriate specimen collection methods/samples including relevant clinical details Guideline for management of patient with open wound – cubicle with additional positive ventilation system versus open bay bed.	Following advice from NICE, the management of the environment will not be considered within the scope.
Johnson & Johnson Medical Ltd	1	4.3 b – Surgical Intervention – Type of Surgery	We suggest that the guideline also consider the issue of Single Patient Use compared with Multiple Patient Use in minimally invasive surgery, as well as minimally invasive & invasive techniques	This is not within the scope of the guideline.
Johnson & Johnson Medical Ltd	2	4.3 b – Surgical Intervention - Wound closure techniques	We presume this will include the use of topical skin adhesives such as Dermabond. Please confirm.	All types of topical skin adhesives will be considered.
Johnson & Johnson Medical Ltd	3	4.3 g	This section indicates that the existing technology appraisal number 24 ( <i>referenced as no.45 in scope</i> ) will be updated as part of the guideline. As a stakeholder in the original appraisal we have the following questions:	The NCC-NSC will be updating this HTA. Please contact reviewers for details of the methodology used.

Stakeholder	No.	Section number	<p style="text-align: center;"><b>Comments</b></p> <p style="text-align: center;">Please insert each new comment in a new row.</p>	<p style="text-align: center;"><b>Institute's Response</b></p> <p style="text-align: center;">Please respond to each comment</p>
			<ul style="list-style-type: none"> <li>• Was there any consultation with stakeholders on incorporating the TA in to the guideline, rather than the guideline cross-referencing the TA?</li> <li>• Will the Technology Appraisal Committee be involved in the update or will it be the GDG who update?</li> <li>• If the TA is included in the guideline, does the existing TA become obsolete?</li> <li>• If the TA's become obsolete, how does the status of the recommendations change, the TA's being 'mandatory' and the clinical guidelines not?</li> <li>• Does this set a precedent for all TA's which overlap with clinical guidelines?</li> </ul>	
Molnlycke Health Care	1	4.3 Clinical Management	<p>Comment relates to the items listed under the headings 'preoperative', 'intraoperative' and 'postoperative'.</p> <p>The 'preoperative' section includes hand-washing, but not preparation of the theatre environment and theatre staff for the procedure including theatre wear which is listed under 'Intraoperative'</p> <p>Dressings are listed under 'postoperative', which, could infer that the responsibility for dressing selection occurs after the patient leaves the theatre. Inappropriate dressing selection directly after wound closure may result in an additional dressing change being necessary, increased exposure of the wound and hence potential for SSI.</p>	There will be considerable overlap between pre-, intra- and postoperative interventions.
Molnlycke Health Care	2	4.3 Management of the environment	A clearer definition of the term 'theatre wear' is needed. For example, Scrub Suits, Clean Air Suits, Surgical Gowns, Headwear and Facemasks.	This will be addressed.
Nutricia Ltd	1	4.3 (a) Preopera	Can we assume that the review of the role of pre-operative nutrition will include nutritional support as well as nutrition in general?	Following advice from NICE, these issues will be covered in principles of care but not as specific interventions as

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
		tive		the guideline will focus on the management of the surgical site.
Nutricia Ltd	2	(c) Postoperative prevention and treatment  - Patient specific	There is evidence to support the benefit of nutrition / nutritional support throughout the peri-operative period and we would therefore suggest that this section also includes nutrition as part of post-operative patient care.	These issues will be covered in principles of care but not as specific interventions as the guideline will focus on the management of the surgical site.
Pembrokeshire and Derwen NHS Trust	1	General	Please ensure the Guideline includes a clear and concise definition of wound infection.	There are various definitions of a 'wound' and 'wound' infection as reported in the HTA Measuring and Monitoring of surgical adverse events (2001). Work is being carried out by Birmingham University (SSI: Risk factor analysis) and part of this will include assessing the agreement of definitions – in particular, the CDC definition and ASEPSIS. Validation work is also proposed. The assessment instruments incorporate definitions and criteria for identifying a SSI.
Pembrokeshire and Derwen NHS Trust	2	4.1.1	Will this include wounds due to insertion of chest drains / central lines etc.?	Chest drains will be included in combination with surgical interventions. Central venous lines are not within the scope of the guideline
Pembrokeshire and Derwen NHS Trust	3	4.1.2	Does this mean that procedures such as vaginal hysterectomy, tonsillectomy, etc. will not be included because the wound is not immediately visible?	Surgical interventions that involve an incision in the skin and that are observable will be included. Surgical

Stakeholder	No.	Section number	<p style="text-align: center;"><b>Comments</b></p> <p style="text-align: center;">Please insert each new comment in a new row.</p>	<p style="text-align: center;"><b>Institute's Response</b></p> <p style="text-align: center;">Please respond to each comment</p>
				<p>interventions such as vaginal hysterectomy and TURP, where there is not a visual wound, will not be included. However, many of the principles of asepsis and preventative measures will apply. Most of the definitions of SSI use the term 'wound' but state that a 'wound' is a break in an epithelial surface which may be surgical or accidental. Burns, ulceration and pressure sores are excluded.</p>
Pembrokeshire and Derwen NHS Trust	4	4.3 a)	<p>Consideration will need to be given to potential differences between elective preoperative preparation and emergency preoperative preparation and their impact on rates of infection.</p>	<p>Principles of management will be generalisable.</p>
Pembrokeshire and Derwen NHS Trust	5	4.3 a)	<p>Please include conclusive guidance re whether hair removal is appropriate and if so, when and how it should be carried out.</p>	<p>This will be examined during the review process.</p>
Pembrokeshire and Derwen NHS Trust	6	4.3 a)	<p>Other issues for consideration within the <b>Patient Specific</b> section might include:</p> <ul style="list-style-type: none"> <li>◆ The impact of patient hygiene preoperatively</li> <li>◆ Guidance on the use of alcohol handrubs pre-operatively and intraoperatively.</li> </ul>	<p>Thank you. These will be considered.</p>
Pembrokeshire and Derwen NHS Trust	7	4.3 a)	<p>Other issues for consideration within the <b>Service/environment</b> section might include:</p> <ul style="list-style-type: none"> <li>◆ Cleanliness of the ward environment</li> <li>◆ Type of ward (due to emergency pressures, often Surgical and Medical patients are based in the same wards. This may have an impact on quality of preoperative preparation which may increase risk of infection.)</li> </ul>	<p>Following advice from NICE, the management of the environment will not be within the scope of the guideline.</p>
Pembrokeshire and Derwen NHS Trust	8	4.3 a)	<p>Will reference be made to the management of jewellery?</p>	<p>It is likely that this will be considered within interventions for surgical personnel.</p>

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Pembrokeshire and Derwen NHS Trust	9	4.3 b)	<b>Patient specific</b> Consideration of impact of intra-operative hydration may be useful.	This may be referred to in general principles of care.
Pembrokeshire and Derwen NHS Trust	10	4.3 b)	<b>Patient specific</b> "Antibiotic prophylaxis for prolonged surgery" – additional antibiotic prophylaxis is also required for extensive bleeding since the first pre-op dose may be leached out.	The SIGN guideline 'Antibiotic prophylaxis in surgery' is currently being updated. The current version does not specify antibiotic types, dosage or duration. It also only considers intravenous antibiotics.  'Antibiotic prophylaxis in surgery' will not be included in the NICE guideline.
Pembrokeshire and Derwen NHS Trust	11	4.3 b)	<b>Management of the environment</b> "Theatre wear and masks" - need to consider whether gowning techniques have an impact on infection rates.	This may be considered following advice from the GDG.
Pembrokeshire and Derwen NHS Trust	12	4.3 b)	<b>Management of the environment</b> "Drapes" needs to include a comparison of disposable vs. washable drapes.	This will be considered.
Pembrokeshire and Derwen NHS Trust	13	4.3 b)	<b>Management of the environment</b> Consideration should also be given to the impact of excessive (and often unnecessary) traffic through theatre during a procedure.	Following advice from NICE, the management of the environment will not be included within the scope of the guideline.
Pembrokeshire and Derwen NHS Trust	14	4.3 b)	<b>Management of the environment</b> Will the guidance specify airflow requirements/maintenance and indications for bacterial air sampling?	Following advice from NICE, the management of the environment will not be included within the scope of the guideline.
Pembrokeshire and Derwen NHS Trust	15	4.3 b)	<b>Management of the environment</b> Impact of composition/order of procedures on lists.	This relates to delivery of service and will not be included.
Pembrokeshire and Derwen NHS Trust	16	4.3 b)	<b>Management of the environment</b> Will theatre cleaning frequencies be referred to and also cleaning methods required post decorating/maintenance procedures?	This is beyond the scope of the guideline.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Pembrokeshire and Derwen NHS Trust	17	4.3 b)	<b>Management of the environment</b> Will there be recommendations with regard to staff dress code in Theatre (Uniform/jewellery/false nails/home laundering of theatre blues/wearing blues outside theatre complex etc.	This will be considered.
Pembrokeshire and Derwen NHS Trust	18	4.3 c)	<b>Patient specific</b> Consideration of impact of postoperative hydration may be useful.	This may be referred to as general principles of care.
Pembrokeshire and Derwen NHS Trust	19	4.3 c)	<b>Patient specific</b> Will "Use of drains" cover irrigation issues?	This will be referred to GDG when setting the review questions.
Pembrokeshire and Derwen NHS Trust	20	4.3 c)	<b>Patient specific</b> "Dressings and cleansing" - Need to consider need for seamless transfer into community to ensure most appropriate dressings continue to be used.	This will be referred to.
Pembrokeshire and Derwen NHS Trust	21	4.3 c)	Other issues for consideration might include: <ul style="list-style-type: none"> <li>◆ Cleanliness of the ward environment</li> <li>◆ Type of ward (due to emergency pressures, often Surgical and Medical patients are based in the same wards. This may have an impact on risk of infection.)</li> </ul>	This relates to service delivery and is not within the scope.
Pembrokeshire and Derwen NHS Trust	22	4.3 c)	<b>Management of Infection</b> What emphasis will be given to the clinical diagnosis of infection rather than diagnosis by laboratory results alone (colonisation vs. infection)?	Existing methods of identifying the presence of infection will be referred to.
Pembrokeshire and Derwen NHS Trust	23	4.3 d)	◆ Although management of antibiotic resistant bacteria will not be included, will recommendations refer to pre-operative screening for specific patients e.g. past MRSA patients/staff) as this may have an impact on infection rates?	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline. The guideline will focus on the management of the surgical wound
Pembrokeshire and Derwen NHS Trust		CLINICAL QUESTIONS		

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Pembrokeshire and Derwen NHS Trust	24	4.3 a) <b>Preoperative</b>	Is pre-op Betadine skin prep effective in reducing wound infection?	This will be reviewed during the process of the guideline development.
Pembrokeshire and Derwen NHS Trust	25	4.3 a) <b>Preoperative</b>	Are pre-op Chlorhexidine showers/baths effective in reducing wound infection?	This will be reviewed during the process of the guideline development.
Pembrokeshire and Derwen NHS Trust	26	4.3 a) <b>Preoperative</b>	Is a pre-operative single dose antibiotic as effective as multidose antibiotics at reducing risk of infection?	No recommendations will be made of dosage of antibiotics. NICE to advise re update.
Pembrokeshire and Derwen NHS Trust	27	4.3 a) <b>Preoperative</b>	Does repeated fasting due to repeated cancellations have an impact on wound healing and infection?	The guideline will not be reviewing the evidence of factors impacting on infection rates, but intervention aimed at preventing infection.
Pembrokeshire and Derwen NHS Trust	28	4.3 b) <b>Intraoperative</b>	Is double gloving appropriate / necessary for reduction of risk of infection in orthopaedic surgery?	Double gloving will be considered.
Pembrokeshire and Derwen NHS Trust	29	4.3 b) <b>Intraoperative</b>	What impact does intraoperative hydration have on rates of wound infection?	This may be referred to as general principles of care.
Pembrokeshire and Derwen NHS Trust	30	4.3 b) <b>Intraoperative</b>	Are people with allergies / sensitive skin / eczema / psoriasis more at risk of infection due to skin irritation caused by skin preps and dressings, and if so, are special guidelines required?	Patients with specific underlying conditions will not be considered but referral to existing guidelines will be made.
Pembrokeshire and Derwen NHS Trust	31	4.3 b) <b>Intraoperative</b>	Do peritoneal washouts reduce the risk of wound infection and if so when should they be used?	This may be reviewed during the guideline development process following advice from the GDG.
Pembrokeshire and Derwen NHS Trust	32	4.3 b) <b>Intraoperative</b>	Do re-incisions through pre-existing scars leads to an increased risk of healing failure, wound breakdown and subsequent wound infection due to the 20-30% reduction in tensile strength at the scar site in 'healthy' individuals after 2 years?	Is this offered as a suggestion for a review question?
Pembrokeshire and	33	4.3 b)	Will there be an assessment of surgeon specific infection rates?	This is not within the scope of the

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Derwen NHS Trust		<b>Intraoperative</b>		guideline.
Pembrokeshire and Derwen NHS Trust	34	4.3 b) <b>Intraoperative</b>	Does the wearing of Theatre masks have an impact on infection rates?	This will be considered.
Pembrokeshire and Derwen NHS Trust	35	4.3 c) <b>Post-operative</b>	Is use of Betadine to irrigate wounds effective in reducing risk of infection?	This will be considered.
Pembrokeshire and Derwen NHS Trust	36	4.3 c) <b>Post-operative</b>	What factors should be considered in assessing length of time a drain remains in situ?	This may be considered if it directly impacts on infection risk. Advice will be sought from the GDG.
Pembrokeshire and Derwen NHS Trust	37	4.3 c) <b>Post-operative</b>	What impact does post-operative hydration have on rates of wound infection?	This may be referred to as general principles of care.
Pembrokeshire and Derwen NHS Trust	38	4.3 c) <b>Post-operative</b>	What effect do transfer and demarcation zones have on infection rates?	This will be referred to the GDG.
Pembrokeshire and Derwen NHS Trust	39	4.3 c) <b>Post-operative</b>	What impact does length of post-operative stay have on infection rates?	This will be considered when setting the review questions.

Stakeholder	No.	Section number	Comments Please insert each new comment in a new row.	Institute's Response Please respond to each comment
Royal College of Nursing	1	General	<p>We have some concerns about the problems nurses had when undertaking the original National Surveillance of surgical site infection which the Public Health Laboratory Service set up quite a few years ago.(NINSS)</p> <p>There was no extra funding and Trusts struggled to collect and complete data. It was collected in a variety of ways i.e.</p> <ul style="list-style-type: none"> <li>• trusts were employing surveillance nurses so that all wounds were audited by the same well trained staff, so were consistent</li> <li>• nurses on the wards were being encouraged to collect with the subjectivity that went with this and the difficulty of training so many staff</li> <li>• Some even had infection control nurses collecting the data which obviously was not very cost effective.</li> </ul>	These issues will not be addressed in the guideline and should be addressed with the NINSS.
Royal College of Nursing	2	General	<p>There was also great difficulties in collecting post operative infection data once the patient was discharged or transferred to another hospital/Nursing Home or their own home. <b>Is this surveillance going to follow up patients for the 30 days post-operative mentioned as part of the period that wound infection are classed as Hospital Acquired Infection?</b> This will have <b>huge resource implications</b> and very well defined guidance on how it is to be carried out.</p>	As above.
Royal College of Nursing	3	General	<p>We suggest that the scope should include pre operative bowel preparation as there are considerable inconsistencies and this may affect infection rates post operative.</p>	Following advice from NICE, the prevention of infection for specific types of surgery will not be included.
Royal College of Nursing	4	General	<p>There is also an issue with pre operative urine testing, which seemed to be common place but now patchy. Is there an evidence base here?</p>	How does this affect infection risk?
Royal College of Nursing	5	General	<p>We suggest clarification on whether or not the scope includes laparoscopic surgery.</p>	Yes; this will be included as there will be a surgical incision and subsequent wound.
Royal College of Nursing	6	4.1	<p>If the patient population includes children there would need to be a Paediatric input because the issues may be different.</p>	The guideline will apply to all patients and a nominee will be sought from an

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
				appropriate stakeholder professional group.
Royal College of Nursing	7	4.1.2	What is a 'conventional surgical wound'? There will need to be very concise definitions.	There are various definitions of a 'wound' and 'wound' infection as reported in the HTA Measuring and Monitoring of surgical adverse events (2001). Work is being carried out by Birmingham University (SSI: Risk factor analysis) and part of this will include assessing the agreement of definitions – in particular, the CDC definition and ASEPSIS. Validation work is also proposed. The assessment instruments incorporate definitions and criteria for identifying a SSI.
Royal College of Nursing	8	4.3	Time on table needs to be included either under 'patient specific' or 'management of environment'	We are unclear what this is referring to.
Royal College of Nursing	9	4.3	Under 'management of infection', We are concerned that antibiotic resistant bacteria are to be excluded. This will waste an opportunity to collect very important data that trusts need and will be difficult to exclude at source because once data has started to be collected the antibiogram of the 'bugs' may not always be known until later. Surely this will skew results especially in areas where there are bigger problems with antibiotic resistance than in others. If there are plans to look at antibiotic resistant surgical site infections separately it will get very confusing.	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline. The guideline will focus on the management of the surgical wound.
Royal College of Nursing	10	Appendix C	The American Society of Anesthesiologists (ASA) score is not always widely used by all Surgeons/Anaesthetists and work will need to be done in this area.	Please advise of other risk indices.
Royal College of Obstetricians and Gynaecologists	1	4.1 Population	Will vaginal hysterectomies and vaginal repairs be included? Important areas for gynaecology.	Surgical interventions that involve an incision in the skin and are observable will be included. Surgical interventions

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
				such as vaginal hysterectomy and TURP, where there is not a visual wound, will not be included. However, many of the principles of asepsis and preventative measures will apply. Most of the definitions of SSI use the term 'wound' but state that a 'wound' is a break in an epithelial surface which may be surgical or accidental. Burns, ulceration and pressure sores are excluded.
Royal College of Obstetricians and Gynaecologists	2	4.3 Clinical management -	Include thromboprophylaxis and haematoma	Further information required to consider comment (ie. rationale for considering these factors and what relationship they have to the scope).
Royal College of Paediatrics and Child Health	1	General	The guideline scope generally appears to cover relevant factors adequately.	Thank you for your comments.
Royal College of Paediatrics and Child Health	2	3b)	The scope includes the statement that 'patient-related conditions and operation characteristics may influence the risk of SSI development.'  Host factors are potentially important in determining the risk of infection, and should be included in considering the rate of wound infection.	Thank you, this will be considered.
The Royal College of Pathologists	1	4.1.2	Will endoscopic surgery be covered? I assume Day Surgery is included, ?this needs to be made explicit	Any surgery that results in a surgical wound will be considered. Endoscopic surgery will not be included but general principles may apply.
The Royal College of Pathologists	2	4.3 b	Under management of environment –  Please change;	Thank you, this will be changed.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
			Handwashing to handhygiene which is the official term now used in literature  Please add;  Cleaning procedures Decontamination procedures	
The Royal College of Pathologists	3		Under management of Infection –  Please add;  <b>Accountability arrangements</b>	This is not within the scope of the guideline.
Royal College of Physicians / British Association of Dermatologists	1		Thank you for inviting the Royal College of Physicians and British Association of Dermatologists to comment on this draft scope. We do not wish to make any comments on the scope but would like to suggest that the British Association for Dermatological Surgery be included as a stakeholder for this guideline.	The BADS should register as a stakeholder.
Scottish Centre for Infection and Environmental Health (SCIEH)	1	3a	SSI in procedures with implants occurs within 1 year of surgery, the reference for this and the 30 day in non implant wounds is the NNIS definitions (1999), CDC, Atlanta, USA	Thank you for this information.
Scottish Centre for Infection and Environmental Health (SCIEH)	2	3a	The report referred to is the NINSS report and should be referenced as such	Thank you, this will be addressed.
Scottish Centre for Infection and Environmental Health (SCIEH)	3	3b	Cost of SSI is £3246 per case on average (Plowman et al 1999) this is a key reference recognised as the best estimate of the costs of HAI	This will be amended. Thank you.
Scottish Centre for Infection and	4	3b	This is the classification of surgical site infection- this term is used in preference over surgical wound infection in the literature now.	Thank you for this information.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Environmental Health (SCIEH)				
Scottish Centre for Infection and Environmental Health (SCIEH)	5	3c	The risk index described was <u>Not</u> produced by NINSS in England- it was developed by NNIS, CDC, Atlanta USA and should be referenced as such.	Thank you for this information. This will be amended.
Scottish Centre for Infection and Environmental Health (SCIEH)	6	4.1.1b	Again this should be NNIS not NINSS risk index	Thank you.
Scottish Centre for Infection and Environmental Health (SCIEH)	7	4.3a	Skin cleansing pre-op should be included (there are variations in practice with regard to the use of Chlorhexadine (Hibiscrub) or ordinary soap for a pre-op shower	This will be reviewed during the guideline development process.
Scottish Centre for Infection and Environmental Health (SCIEH)	8	4.3b	Theatre dressing choice should be included as this is an important risk factor	This will be referred to the GDG.
Scottish Centre for Infection and Environmental Health (SCIEH)	9	4.3c	Could drains include removal technique and length of time they should be left in situ	This is beyond the scope of the guideline.
Scottish Centre for Infection and Environmental Health (SCIEH)	10	4.3c	Could dressings and cleansing include type of dressing and also focus on the time period in which a theatre dressing should remain on the wound (i.e. at least 24 hours)	This will be addressed in the guideline development process.
Scottish Centre for Infection and Environmental Health (SCIEH)	11	4.3c	Removal of sutures should be included (technique and length of time they should be in situ)	This will be reviewed during the guideline development process.
Scottish Centre for	12	4.4	Can we ensure that any audit or surveillance work is considered within the	This will be referred to within the

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
Infection and Environmental Health (SCIEH)			framework for mandatory national surveillance of SSI in the UK.	guideline.
Southern Alliance of Tissue Viability Nurses	1	General	We welcome guidance that this guideline will bring however we are concerned that if the guidelines cover wounds healing by secondary intention there will be a large cross over with the guidelines for treatment of pressure ulcers. There should be consistencies in the guidance given.	There will be overlap with both guidelines, but there may be significant differences in the debridement of a pressure ulcer and debridement of a surgical wound healing by secondary intention.
Southern Alliance of Tissue Viability Nurses	2	4.3c	Guidance on personal hygiene of the patient e.g armpit washing following breast lump excision.	Please provide published reference for this type of intervention.
Southern Alliance of Tissue Viability Nurses	3	4.1.1	Would it also be appropriate to include Pin sites following insertion of external fixators.	This may be considered and will be referred to the GDG.
SSL International plc	1	3 b	The clinical need for the guideline was attributed to hospital cost due to surgical site infection (SSI) estimated at £409/infection.  There is no reference given for this figure or extent of the costs that are taken into account when considering the total costs due to an SSI.  Please can you provide the reference and the extent of the costs being considered. This may be of relevance in determining 'value for money' treatments.	The reference was deleted from the web version. NICE to advise.
SSL International plc	2	4.1.1 a	"The guideline will consider people undergoing an incisional surgical procedure."  What will constitute an "incisional surgical procedure"? Will this include minimally invasive procedures, such as cannulation (where the use of pre injection site cleansing may be considered to reduce infection)?	Where there is an observable surgical entry site.
SSL International plc	3	4.1.2 a	Similarly, what constitutes a "conventional surgical wound"?	There are various definitions of a

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
			Please provide a more thorough definition of a "conventional surgical wound".	'wound' and 'wound' infection as reported in the HTA Measuring and Monitoring of surgical adverse events (2001). Work is being carried out by Birmingham University (SSI: Risk factor analysis) and part of this will include assessing the agreement of definitions in particular the CDC definition and ASEPSIS. Validation work is also proposed. The assessment instruments incorporate definitions and criteria for identifying a SSI.
SSL International plc	4	4.3 a	"Patient Specific – Hand washing technique" – Will this analysis also take into account the use of antiseptic products for pre-operative skin preparation? In addition, will the use of emollients/creams be considered for their emollient/moisturising benefits in relation to healthcare professionals regular usage of antiseptics?	Hand washing techniques will be considered. The management of healthcare professionals' regular use of antiseptics and emollients is not within the scope of the guideline.
SSL International plc	5	4.3 a	Will the use of antiseptic hand rubs be included, which do not require the use of 'washing' with water?	These may be considered and referred to the GDG.
SSL International plc	6	4.3 a	Will pre-operative body washing be considered, as a prophylactic means of reducing the number of SSIs?	This will be reviewed during the guideline development process
SSL International plc	7	4.3 b	"Theatre wear" – Will this include an evaluation of medical gloves?	This will be considered.
SSL International plc	8	4.3 c	Will the use of antiseptics be included in patient specific post-operative wound/SSI management?	This will be reviewed during the guideline development process.
SSL International plc	9	4.3 c	Will post-operative patient body washing be considered as a means of reducing post-operative SSIs?	This may be considered.
SSL International plc	10	4.3 c	Under patient specific post-operative prevention and treatment, will topical intra-wound ointments/gels/solutions be considered, as means of treating SSIs?	These will be reviewed during the guideline development process.
Tissue Viability Society	1	4.3 Clinical	Suggest the inclusion of skin cleansing and preparation which would include any work done on preoperative disinfection of the skin to prevent	This will be reviewed during the guideline development process.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
		Management a] Preoperative Patient specific	postoperative infection	
Tissue Viability Society	2	General	? is there any work done on changing linen prior to theatre  ? is there any information on the cleansing of theatre transport trolleys	This is not within the scope.  Following advice from NICE, the management of the environment will not be included within the guideline.
Tissue Viability Nurses Association	1	General	TVNA would strongly suggest that there is reference and consultation with the Scottish Centre for Infection and Environmental Health (SCIEH) as they are the UK experts in the UK on this topic and Surgical Site Surveillance is mandatory in Scotland	SCEIH are registered stakeholders for this guideline.
Tyco Healthcare	1	4.1.1	Will there be a distinction between large surgical incisions and smaller wounds?	This may be considered by the GDG.
Tyco Healthcare	2	4.3 b	Will tissue adhesive also be covered?	This will be considered.
Tyco Healthcare	3		Will braided vs monofilament sutures be covered?	Suture types may be considered and will be referred to the GDG.
Tyco Healthcare	4	4.3c	Will antimicrobial dressings be covered?	These will be reviewed during the guideline development process.
Tyco Healthcare	5	General	Will paediatrics be covered?	Advice from NICE.
Welsh Assembly Government	1	General	It is important that surveillance approach is highlighted. Surveillance is not included within the list of issues to be dealt with.	Surveillance will be referred to, in particular the NINSS.
Welsh Assembly Government	2	General	It is surprising that there is no intention to include guidelines on multi-resistant organisms in view of their impact on delayed hospital discharge and mortality.	Resistance to antibiotics is relevant to all hospital acquired infections and not specific to surgical sites. Whilst it is acknowledged that this is an important area of management, it is too broad and large to be considered in this guideline.

<b>Stakeholder</b>	<b>No.</b>	<b>Section number</b>	<b>Comments</b> Please insert each new comment in a new row.	<b>Institute's Response</b> Please respond to each comment
				The guideline will focus on the management of the surgical wound.
Welsh Assembly Government	3	4.2 (a)	I am interested to note that they are providing guidelines on management of surgical wound created in primary care, but I am not sure that there are many good studies to accurately estimate the true extent of the problem of infection caused by wounds created in this sector. My own interest in surgical wound healing is more in wounds that are left to heal by secondary intention or wounds that have been sutured, become infected and then breakdown and are left to heal by secondary intention. Again, no mention of this aspect of surgical wound healing is being included.	Management will include both primary and secondary are.  Debridement is included within the scope.
Welsh Assembly Government	4	4.2 (b)	However, the biggest challenge I see faced is the use of an agreed, accurate and practical diagnostic system for wound infection. Particularly in view of their definition which states it is any wound that become infected up to 30 days post-surgery. This is a particularly difficult situation to monitor in view of the rapid discharge of patients from hospital.	These issues will be referred to. The HTA report 'The measurement and monitoring of surgical adverse events' (2001) addresses some of the issues surrounding definition.