

Preventing Surgical Site Infections: Is It Just Too Sweet? Reply

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We thank Dr. Ng and coworkers [1] for their interest in our article and for the insights about the importance of nutritional screening as a way to prevent surgical site infections (SSIs). We totally agree with the suggestion of Ng et al. that nutritional counseling should be completed with screening for early detection of insulin resistance before major digestive surgery.

Overt diabetes is strongly associated with a higher rate of SSIs [2]. The hyperglycemic postsurgical stress response has been associated with an increased risk of SSIs in nondiabetic patients also [3]. Intensive postoperative glycemia control has been shown to improve outcomes in nondiabetic cardiovascular patients [4], general surgery patients [5], and critically ill patients [6]. We could speculate that patients with metabolic syndrome and insulin resistance might probably benefit from a stringent protocol of glycemia control initiated in the early postoperative phase. As outlined in the recent Cochrane Review [7], there is insufficient evidence to support the use of strict glycemic

control in the intra- and postoperative periods for the prevention of SSIs. Nevertheless, it is our current practice to apply strict glycemic control to all patients who spend the first 24–48 h in the ICU after major operations (e.g., esophagectomy, pancreatic resection, and major hepatectomy).

Our survey has shown an overall low adherence of surgeons to using measures to prevent SSIs irrespective of the level of scientific evidence. Thus, should a preoperative screening for insulin resistance be part of the presurgery workup by the operating surgeon or should it be the role of the general practitioner taking care of the patient?

The lack of stringent evidence about the protective role of early detection of metabolic syndrome and other factors specifically connected to health-care reimbursement policies might hamper its implementation. Prospective assessment of the cost effectiveness of a systematic presurgery insulin resistance workup and systematic glycemic control on the SSI rate could be a valuable tool, provided that well-known risk factors and confounders are controlled.

Today's surgical practice is mainly developed outside the OR to improve quality of care and offer patients a tailored postoperative management. Enhanced surgical community attention to preoperative nutritional status assessment is a rather difficult task but one that we consider worthy. We recently published a meta-analysis on the role played by immunonutrition on the postoperative outcomes, and results favor the liberal use of this measure [8]. Furthermore, a prospective randomized clinical trial on the effects of immunonutrition on SSIs is currently ongoing at our General and Visceral Surgery Department.

To conclude, although blood sweetness appears deleterious for the surgical patient, it would, without doubt, be sweet to reduce SSI rates.

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