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MADRID, 18 DE NOVIEMBRE DE 2015

Día Europeo
para el Uso Prudente
de los Antibióticos

Una iniciativa europea para la salud



Lo confieso, soy cirujano...

...colorrectal

Nuestro problema

- Procedimientos abdominales mayores: 30/mes
- El 40% mayores de 80 años
- Aprox. 50% laparoscopia
- Aprox. 30% infecciones nosocomiales
 - Sitio quirúrgico
 - Urinarias
 - Pulmonares
 - Vías venosas

La paranoia de la infección

- Cirujanos
 - Pacientes
 - Procedimientos quirúrgicos
 - Otros médicos
 - Microbiólogos/infectólogos
 - Bacterias
 - Antibióticos

Nuestra aportación científica

SPECIAL ARTICLES

Guideline for Prevention of Surgical Site Infection, 1999

Alicia J. Mangram, MD; Teresa C. Horan, MPH, CIC; Michele L. Pearson, MD; Leah Christine Silver, BS; William R. Jarvis, MD; The Hospital Infection Control Practices Advisory Committee

From the Hospital Infections Program
National Center for Infectious Diseases
Centers for Disease Control and Prevention
Public Health Service
U.S. Department of Health and Human Services

Hospital Infection Control Practices Advisory Committee
Membership List, January 1999

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Elaine L. Larson, RN, PhD, FAAN, CIC
Columbia University School of Nursing
New York, New York

Executive Secretary
Michele L. Pearson, MD
Centers for Disease Control and Prevention
Atlanta, Georgia

Surgical Site Infection Guideline Sponsor

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New York City Health Department
New York, New York

stratified by variables shown to be associated with increased SSI risk (e.g., NNIS risk index). *Category IB*

h. Report appropriately stratified, operation-specific SSI rates to surgical team members. The optimum frequency and format for such rate computations will be determined by stratified case-load sizes (denominators) and the objectives of local, continuous quality improvement initiatives. *Category IB*

i. No recommendation to make available to the infection control committee coded surgeon-specific data. *Unresolved issue*

REFERENCES

1. Garner JS. CDC guideline for prevention of surgical wound infections, 1985. Supercedes guideline for prevention of surgical wound infections published in 1982. (Originally published in 1995). Revised. *Infect Control* 1986;7(3):193-200.
2. Simmons BP. Guideline for prevention of surgical wound infections. *Infect Control* 1982;3:185-196.
3. Garner JS. The CDC Hospital Infection Control Practices Advisory Committee. *Am J Infect Control* 1993;21:160-2.
4. Hecht AD. Creating greater efficiency in ambulatory surgery. *J Clin Anesth* 1995;7:581-4.
5. Horwitz JR, Chwals WJ, Doski JJ, Suescun EA, Cheu HW, Lally KP. Pediatric wound infections: a prospective multicenter study. *Ann Surg* 1998;227:553-8.
6. Golub R, Siddiqui F, Pohl D. Laparoscopic versus open appendectomy: a metaanalysis. *J Am Coll Surg* 1998;186:545-52.
7. Mayol J, Garcia-Aguilar J, Ortiz-Oshiro E, De-Diego Carmona JA, Fernandez-Represa JA. Risks of the minimal access approach for laparoscopic surgery: multivariate analysis of morbidity related to umbilical trocar insertion. *World J Surg* 1997;21:529-33.
8. Lacy AM, Garcia-Valdecasas JC, Delgado S, Grande L, Fuster J, Tabet J, et al. Postoperative complications of laparoscopic-assisted colectomy. *Surg Endosc* 1997;11:119-22.

NSQIP

DISEASES OF THE
COLON &
RECTUM

**ORIGINAL
CONTRIBUTION**

Implementation of Quality Measures to Reduce Surgical Site Infection in Colorectal Patients

Elizabeth C. Wick, M.D.,¹ • Laurel Gibbs, M.A.T.,² • Lois Ann Indorf, N.P.,¹ •
Madhulika G. Varma, M.D.,¹ • Julio Garcia-Aguilar, M.D., Ph.D.¹

¹ Department of Surgery, University of California, San Francisco, California

² Department of Infection Control, University of California, San Francisco, California

CONCLUSIONS: The rate of surgical site infection after colorectal surgery is likely to be higher than that reported in national quality improvement programs. Perfect compliance with performance measures may be difficult to attain.

Consecuencias

Creciente dificultad para diagnosticar y tratar la infección

- Mortalidad
- Morbilidad perioperatoria
- Estancia
- Discapacidad
- Impacto económico
- Impacto social

Preguntas

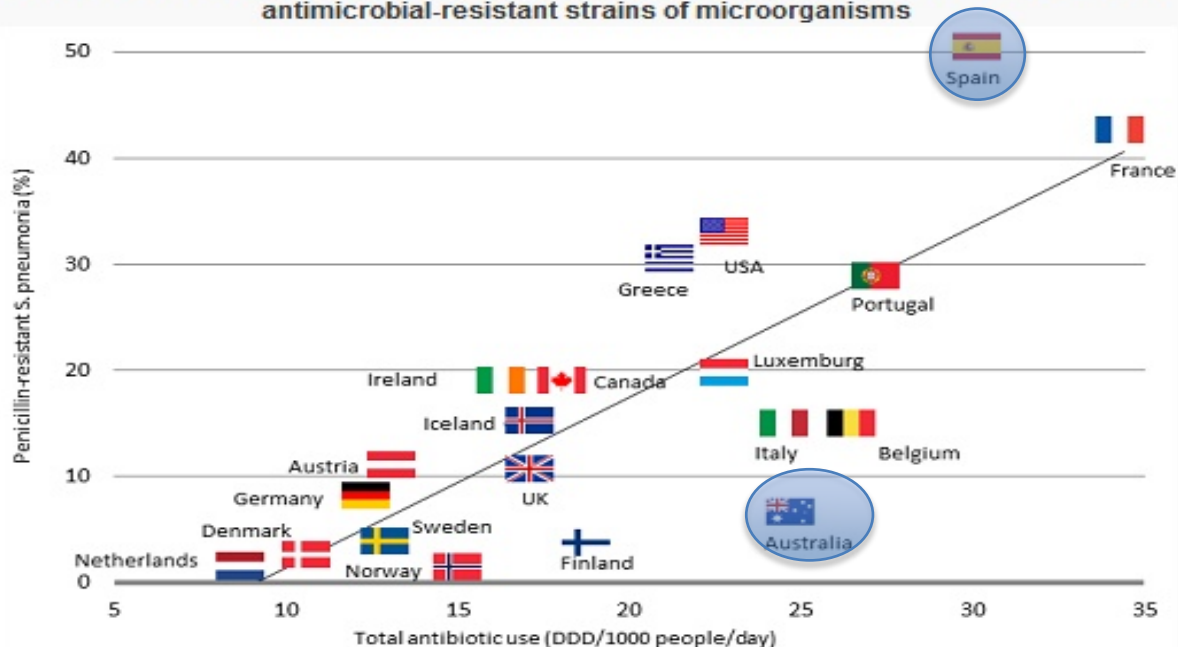
- ¿Dónde estamos?
- ¿Qué resultados tenemos?
- ¿Dónde queremos ir?
- ¿Qué resultados queremos obtener?
- ¿Quién obtiene resultados mejores?
- ¿Por qué?
- ¿Cómo se miden?
- ¿A quién se los cuento?
- ¿Cuánto nos podemos gastar?



In God we trust. All
others must bring
data.

W. Edwards Deming

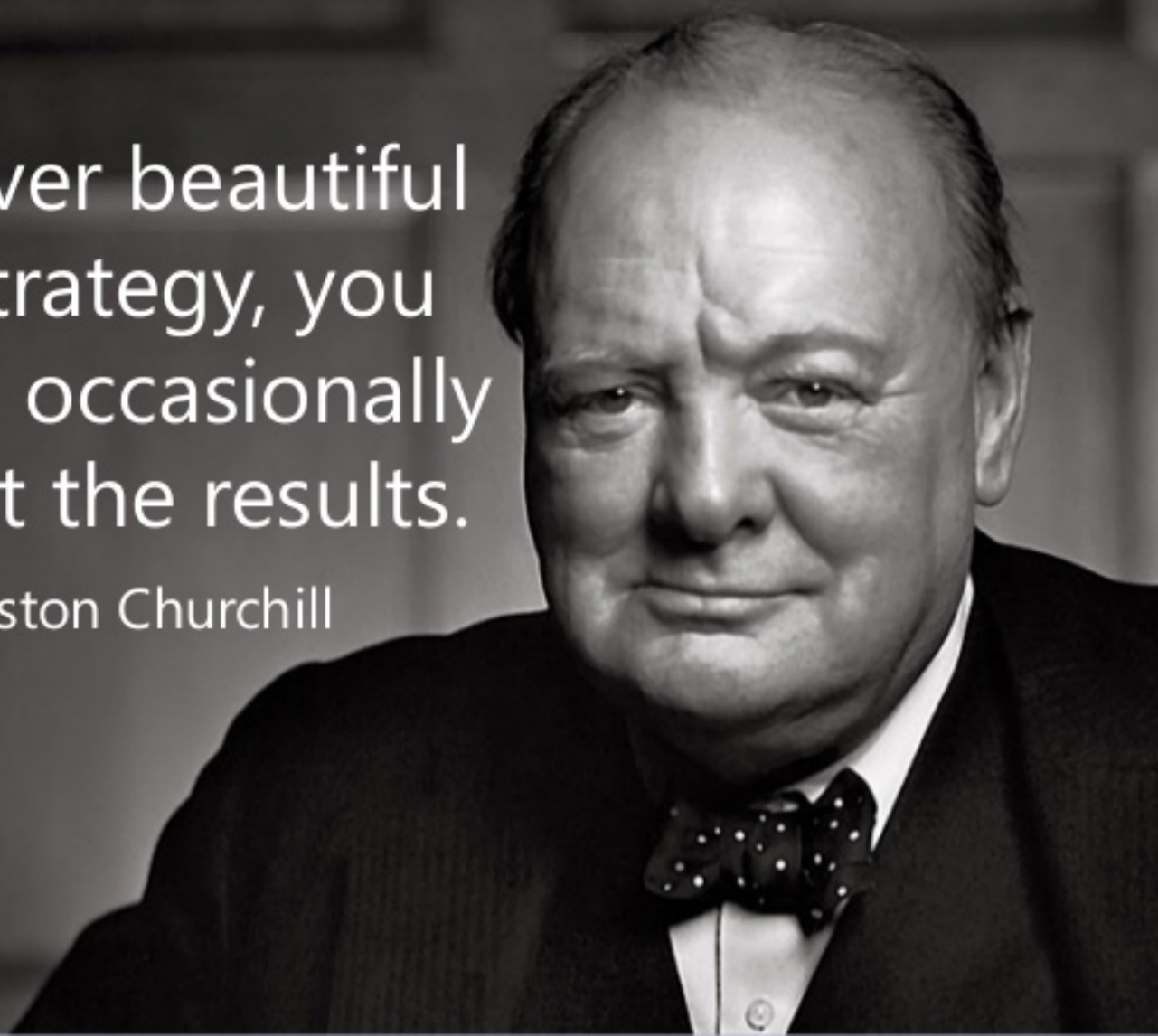
There is a clear association between consumption of antibiotics and the development of antimicrobial-resistant strains of microorganisms



Guías, recomendaciones y más guías

However beautiful
the strategy, you
should occasionally
look at the results.

Winston Churchill





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Why Most Published Research Findings Are False

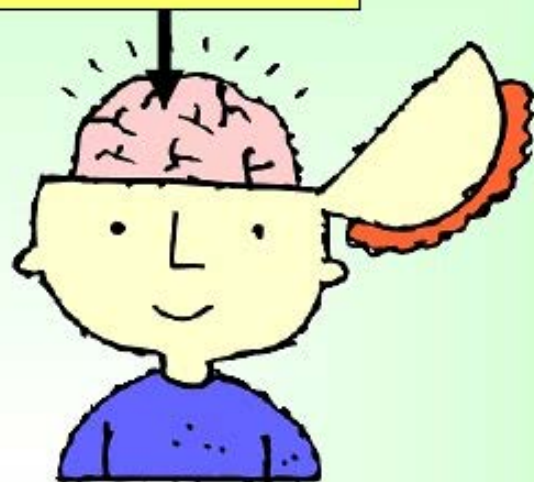
John P. A. Ioannidis

Published: August 30, 2005 • DOI: 10.1371/journal.pmed.0020124



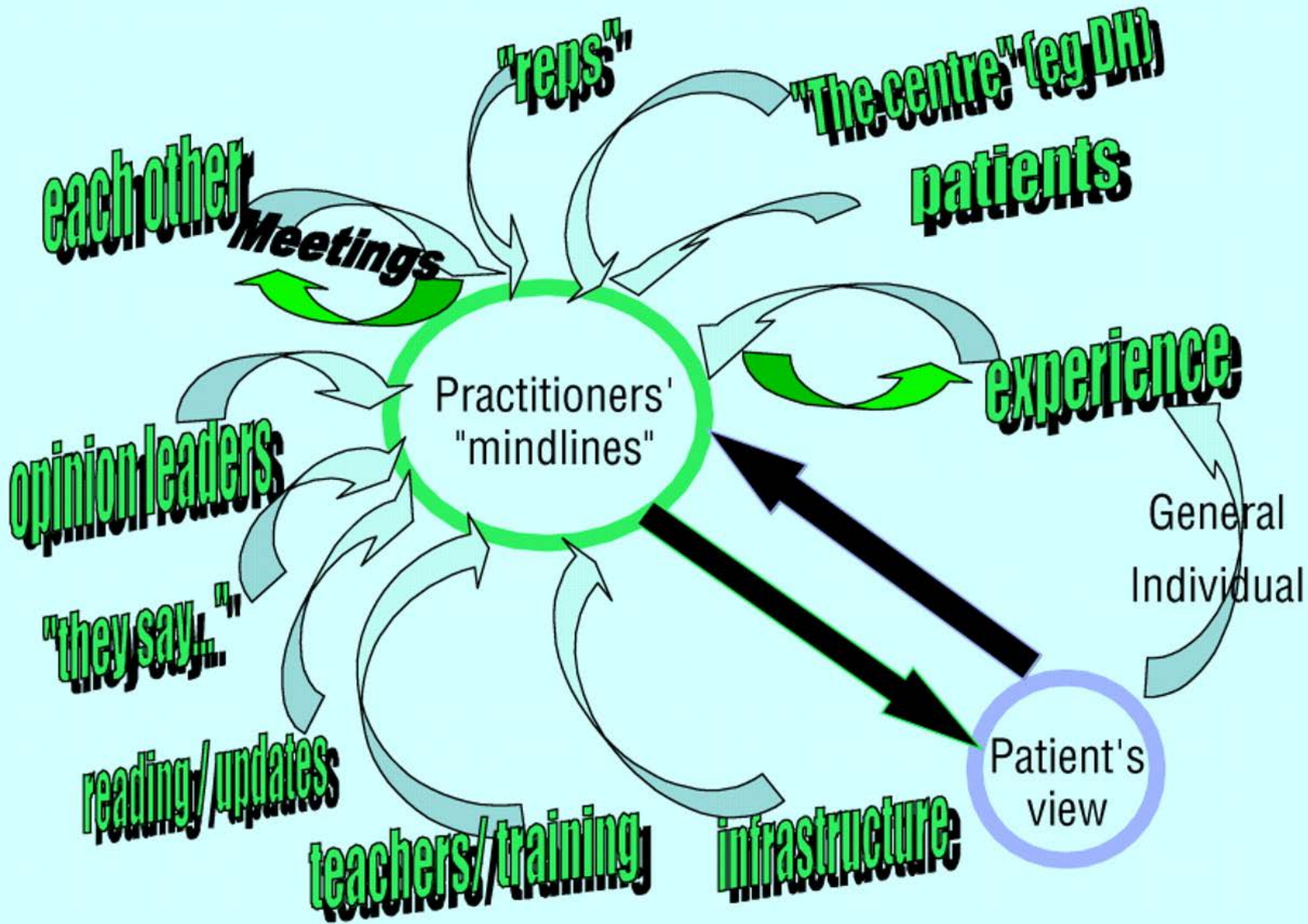
Guide-lines

Mind-lines



Evidence based guidelines or collectively constructed “mindlines?”
Ethnographic study of knowledge management in primary care
John Gabbay, Andrée le May

BMJ 2004;329:1013 (30 October)



Qué queremos

- Una estrategia global innovadora
- Mejores métodos de prevención
- Diagnóstico y caracterización point-of-care
- Real World Data: simulación y emulación
- Ayuda a la toma de decisión
- Nuevos y mejores antibióticos

Si queremos obtener resultados
diferentes...

No podemos seguir haciendo lo mismo