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Summary

The objective of the present study was to compare preventive measures related to the Perioperative healthcare publication year 2013 with the year 2017 by the national health surveillance agency (ANVISA). The method used consisted of a literature review of the measures in the intraoperative and postoperative boom, with the aim of reducing Surgical Site Infections. The results showed two themes: the importance of following the preventive measures and the role (function) of nursing in the prevention of Surgical Site Infections, through the measures adopted. The study leads to the conclusion that to prevent surgical site infections should antibiotics be done correctly for each procedure to be performed and, in time, the patient's glycaemia control, keep it warm thermal, performing correct vestment, in addition to the proper hands. degermation It is recommended that the surgical team and the nursing staff are well trained in order to-if the reduction of Surgical Site Infection.

Keywords: ANVISA, Surgical Site Infection, Perioperative Health, nursing
Introduction

During hospitalization, the client/user, exposed to this environment, is susceptible to develop infectious processes (SOBEEC .2013).

In the context of Hospitalization, is of paramount importance to surgical site infection, conceptualized according to the Centers for disease control and prevention, the United States (CDC) as a surgical complication compromising the incision, tissues, or organs Wells handled and may be diagnosed in up to 30 days after the completion of the procedure or within one year after, in case of prosthesis implant. Your evidence may be related to the clinical condition of the patient, the duration time of the procedure and the potential for contamination of the procedures to be performed (SOBEEC, 2013).

It is estimated that every year the number of surgical procedures increases, growing number of infections and recurrent diseases procedure (ANVISA, 2017).

In the year 2013, the preventive measures related to health care were launched with the goal of presenting guidelines for patient safety and improve the quality of services in health (ANVISA .2013).

With the increase in the incidence of infections in this year of 2017, were released new guidelines and infection control measures. This work will be presented the result of the comparison between the previous and the current guidelines, showing how the care in perioperative periods and can ensure optimal results for the patient's health (ANVISA, 2017).

To be avoided this type of adverse event, are patient safety measures and preventive measures of surgical site infection along with the commitment of the national agency of sanitary surveillance (ANVISA), performing surveillance and guidance for the prevention and control of infection, by means of lectures, symposia and technical-scientific publications (ANVISA .2017)

Surgical site infection is one of the main health-related infections in Brazil (ANVISA, 2017).

The incidence of this infection related to postoperative surgical procedures is of 3% to 20%, including patient morbidity and mortality. There are contributing factors causing serious damage physical, social and/or psychological (ANVISA, 2017).

Thus, multiple risk factors that do trigger the surgical site infection whereas the pathogen (microbial load), the patient (age, existing disease, nutritional status and period of stay pre-op) and the surgical procedure ( Preoperative preparation, used for antisepsis of the hands, antimicrobial prophylaxis, oxygenation and other (RANGE, 2017; SILVIA, 2017; FLORES, 2014).
Although many risk factors, it is of great importance that the surgical team to communicate effectively, exchanging information critical to the safe conduct of the operation, saving lives (WHO, 2010).

The nursing team assumes first responsibility in relation to the prevention and control of infection cited, encompassing all perioperative periods such as: preoperative phase (physical, emotional evaluation, identification of allergies), intraoperative phase (offering emotional support, transfer to the surgical Center, aid in positioning for anesthetic induction, assessment of the patient's pain level, monitoring, referral of the patient to the hospitalization, among others), postoperative phase (assessment of the dressing, the patient's physiological status monitoring, evaluation of the patient for high). (SOBEEC, 2005; DUTRA, 2017).

Is of utmost importance that the surgical team work in Union with all nursing staff, being the main component for the entire procedure to be effectively with the objective to save lives and improve surgical outcomes for all patients (WHO, 2010).

1. Goals

Analyze and compare infection prevention measures related to health care in the year 2013 with the year 2017 by the national agency of sanitary surveillance (ANVISA), in order to present this theme in a clear, precise and clear, contributing to a better patient care by the nursing staff.

2. Methodological procedures

The methodology adopted in this work is an integrative review held from the analysis of infection prevention measures related to health care in the year 2013, compared to the measures adopted in 2017.

This study intends to conduct a literary review, analyze, discuss, and compare the measurements published by the national agency of sanitary surveillance (ANVISA) in the years cited, in order to promote the reduction of Surgical Site Infections and impact of healthcare-related infections.

A comparative analysis between the preventive measures of infection of surgical site of ANVISA, the year 2013 to 2017.

3. Result and discussion

After analysing and comparing met 12 (twelve) differences, which are: antibiotic prophylaxis, glycemic control, temperature control, surgical safety checklist, degermation of the hands, preoperative care, use of adornments, risks, surgical, curative surgical scrub and clean competition.
3.1 preventative measures:

3.1.1 glycemic control and temperature:

In 2013 guidelines, preventive measures of surgical site infection were of specific way in 2017 did the basic recommendations for the health service, such as: antibiotics (indication suitable for each type of surgical procedure, administer effective doses in up to 60 minutes before surgery, administer full dose prior to tourniquet and discontinue in 24 hours, dose adjustment in obese patients, prolonged surgery repeat dose of the drug, for colorectal surgery associate orally and intravenously), Trichotomy (only if necessary and do not use blades), blood glucose control in pre and postoperatively with result < 180 mg/dl), keep patient warm thermal ? 35.5° C, optimum oxygenation pre-and postoperative tissue, use alcohol or iodine clorexidenia to prepare the skin, using Surgical Safety Checklist, use plastic protectors of gastrointestinal and biliary surgery wound, carry out active search of Surgical site infections and, if so, disclose results, guide the family and/or responsible for patient on prevention measures of ISC.

3.1.2 tissue Oxygenation:

Special recommendations to patients with Staphylococcus aureus nasal the should be investigated in pre-op and be recommended intranasal, chlorhexidine baths mupirocin for five days (twice a day), constant update on CC, CME and practice pós-anestésicas and hand hygiene, rigorous care and surgical wounds with drains (ANVISA, 2017)

3.1.3 preoperative care:

In relation to the bath for elective surgery, small and medium-sized businesses, was recommended in 2013 to use chlorhexidine 2%, what has changed in 2017 using neutral SOAP all over body before forwarding to the CC. For patients with orotracheal intubation forecast can perform oral hygiene with chlorhexidine 0.12%.

3.1.4 Degermaçao hands:

When used for antisepsis of the hands used in 2013 with chlorhexidine detergent only in 2017 being technique also used with Chlorhexidine 2% and also alcohol-based product (PBA), and follow the manufacturer's guidelines on the length of time of the technique, on average 60 seconds.

3.1.5 the use of decorations:

In 2013 not presented recommendations on the use of embellishments. The new 2017 recommendations
require that the ornaments must be removed before starting the surgical degermation of the hands, keep the nails short, removing dirt with trowels, brushes must be single-use degermante and sterile.

3.1.6 risk factors:

In the year 2013 the risk factors were: obesity, age, diabetes mellitus, malnutrition, smoking and patients using steroids. As early as 2017 the main risk factors of Surgical Site Infection-related are: obesity, diabetes mellitus, smoking and patients using steroids. Is recommended in patients with risk factors that the prophylactic antibiotic dosage is adjusted, diabetic patient should have blood glucose controlled, as explained, and, in the case of smoking, it is ideal that the patient fulfils a period of 30 days of abstinence before the surgical procedure. The use of steroids and immunosuppressants avoided in the perioperative period.

3.1.7 antibiotic prophylaxis:

In 2013 the antimicrobial prophylaxis was chosen by the less expensive and less toxic, with the correct dose within 30 to 60 minutes before the surgical incision and patients allergic to beta-lactam antibiotics (e.g. penicillin), used Clindamycin 600 mg and Vancomycin 1 g IV of 12/12 hours. In 2017, to conduct antimicrobial prophylaxis, must seek the specific dose for each surgical procedure, being administered from 0 to 60 minutes prior to the surgical incision, Vancomycin and cipro start with 1 to 2 hours in advance of the incision. In patients allergic to beta-lactam antibiotics can use Clindamycin 600 mg/6/6 hour or iv Vancomycin 15 mg/kg/iv of 12/12 hours for gram-positive, and before the recommendation was of Vancomycin 1 g iv/12/12 hours.

In the surgical Center staff intraoperative should be trained so that during the movement of people to ensure the safety of the patient, taking care to connect the phone, do not carry food into the operating room, while respecting the rules of each institution, in 2013 there wasn't this kind of recommendations.

3.1.8 Surgical Vestment:

On the recommendations of the year 2013, has not been cited the importance of surgical, surgical scrub, in 2017, she was appointed as the main barrier to protect the surgical staff in contact with the patient. Must be accomplished by the use of Individual protection equipment (IPE) as: apron, sterile gloves, caps, sunglasses and a surgical mask. Before the vestment, as already mentioned, it is necessary to remove all adorners.

3.1.9 dressing:
The dressing is a procedure that performs the cleaning of a wound being operative or not, with the goal of relieving the pain, comfort and facilitate healing, preventing the infection. There are several types of coverage to the dressing in the year 2013, as: papain, essential fatty acids, non-adherent gauze, silver calcium alginate, activated charcoal and silver, hidrocoloide, hidropolímeros with silver and non-silver, hidrofibra silver, Hydrogel, transparent film, sulfatodiazina, 1% silver, collagenase and polyurethane foams that have been released this year from 2017, aiming to accelerate wound healing, and can be used in shallow and deep lesions with exudate and granulation phase.

The wound healing by first intention should remain sterile of 24 to 48 hours, only being replaced in the case of wet, dirty or if there is a medical indication and the Exchange be done by the nurse or the doctor. In the year 2013 was recommended to use saline or alcohol 70%, so in 2017 the material to be used should be only 0.9% saline solution. The incision should be evaluated, if there is a signal, you can let flogistic exposed and should be washed with water and SOAP and dry with towels.

3.1.10 Cleaning competitor:

In 2013 and 2017 the operating room should be kept clean, performing terminal cleaning of the floor on the last day surgery, perform the cleaning and disinfection procedures competitor, most played surfaces and clean the equipment.

3.1.11 Surgical Safety Checklist:

In the year 2013 the nursing staff was not responsible for verifying surgical site on the patient. With the estimated increase of surgical site infections and increased damage to the patient, was prepared at the surgical Safety Checklist. This list is checked by the nursing staff from the intraoperative and postoperative boom, with the goal of reducing errors in surgery.

I wish in this manual of preventative measures in the year 2017 was courage prevailed also systematization of nursing (SAE), there was no recommendation on this subject.

According to the Regulatory Standard 32 of 2005 aims to establish basic guidelines for the implementation of security protection measures and the health of health care workers, but little quoted being a strict standard to be followed by professionals and are not charged. The surgical safety checklist had no guidelines as to the obligation of all institutions, with the aim of avoiding errors in surgical procedures.

Final considerations
The aim of this study was to compare the preventive measures of surgical site infections (2013) with the current (2017), presenting with clarity and ease to the surgical and nursing team stay abreast of current events.

The nursing staff has the important role for prevention of ISC, failures happen, but can be prevented by putting into practice the Surgical Infection prevention measures at each stage. That way, should be carried out trainings, discussions and continuing education for Perioperative professionals, with the goal of implementing good practices, increasing patient safety and labour and, consequently, reducing the rates of ISC.

References


[1] Dissertation submitted to the graduate Lato Sensu in nursing, Centre for nursing and nutrition, in Seal with the Pontifical Catholic University of Goiás, to obtain the title of specialist in the surgical Block and CME under the guidance of the (a) teacher Shashank Edmond.

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