

Postprocedural Recommendations for Reducing Surgical Site Infections (SSI's)

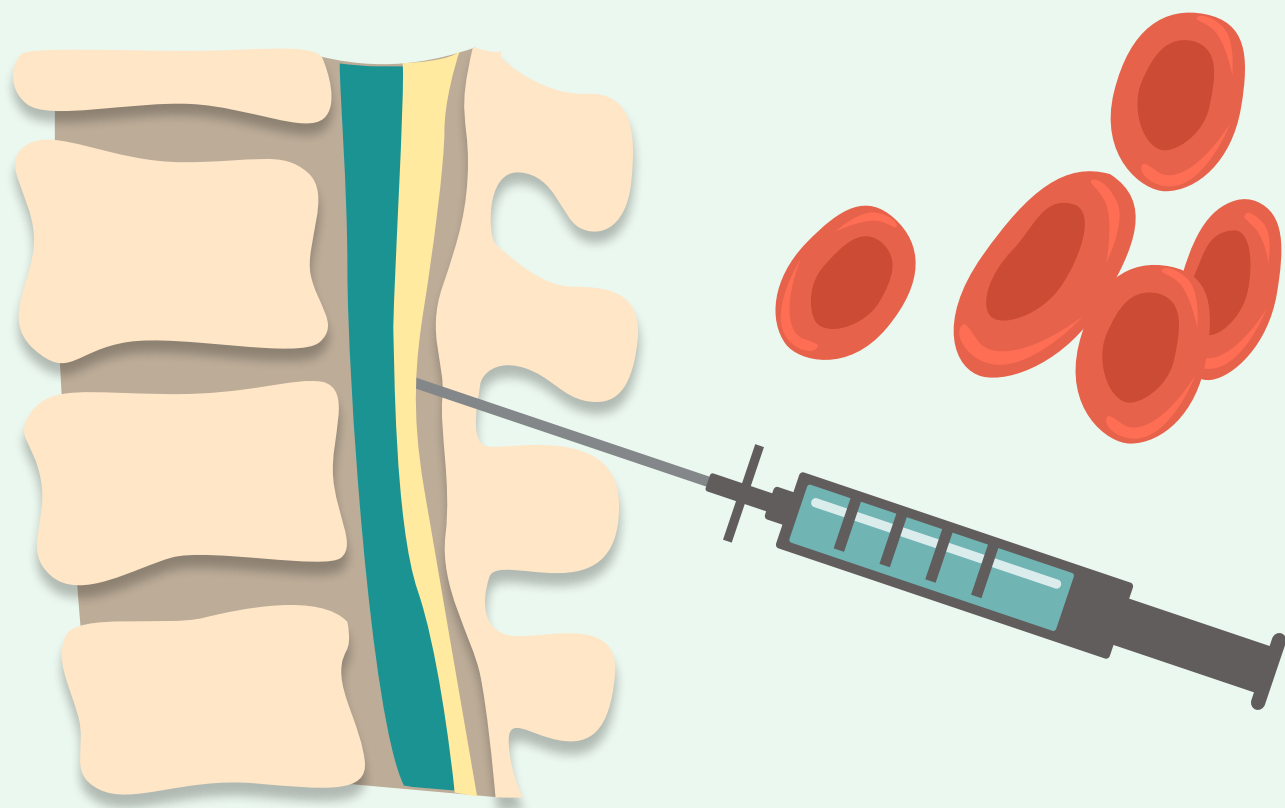
The American Society of Regional Anesthesia and Pain Medicine (ASRA Pain Medicine) consensus recommendations for infection control based on pain procedure classifications ([refer to table 3 in the article](#)).

Procedure Type Classifications: A B C D



Grade A Recommendations

(high certainty that the net benefit is substantial)



- Cerebrospinal fluid analysis (if not contraindicated) is the diagnostic method of choice for suspected meningitis.^{B,C,D}
- Complete blood count with differential, erythrocyte sedimentation rate, and C reactive protein should be obtained and monitored for trends when SSI is suspected.^{A,B,C,D}
- Indwelling catheter use should be discontinued at the earliest signs of infection followed by appropriate early medical/surgical management.^{B,C}
- Antibiotic therapy should be guided by preoperative or intraoperative culture results when possible.^{A,B,C,D}
- Complete system explantation should be considered in cases of device-related SSI, particularly for deep (subfascial) and/or complicated device-related SSI.^{C,D}



Grade B Recommendations

(high certainty that the net benefit is moderate, or moderate certainty that the net benefit is substantial)



- Use bio-occlusive dressings for a minimum of 24 hours.^D
- An antibiotic therapy plan should be developed with the help of an infectious disease specialist in cases of complicated SSI (including any involvement of neuraxial structures), systemic infection, multidrug-resistant infection, or for patients with pertinent medication allergies, chronic kidney disease, and/or with comorbidities placing them at elevated risk for resistant infection.^{A,B,C,D}



Grade C Recommendations

(moderate certainty that the net benefit is small)

- A trial of oral antibiotics may be considered in cases of superficial SSI with close clinical monitoring. This is typically offered for 7–10 days and should include an agent with activity against staphylococcal and streptococcal species.^{A,B,C,D}
- Educate patient and family on proper incision care, symptoms of SSI, and importance of reporting symptoms.^{A,B,C,D}



Grade D Recommendations

(moderate or high certainty that there is no net benefit)

- Antibiotics should not be continued beyond 24 hours for implantable pain therapy cases.^{C,D}

