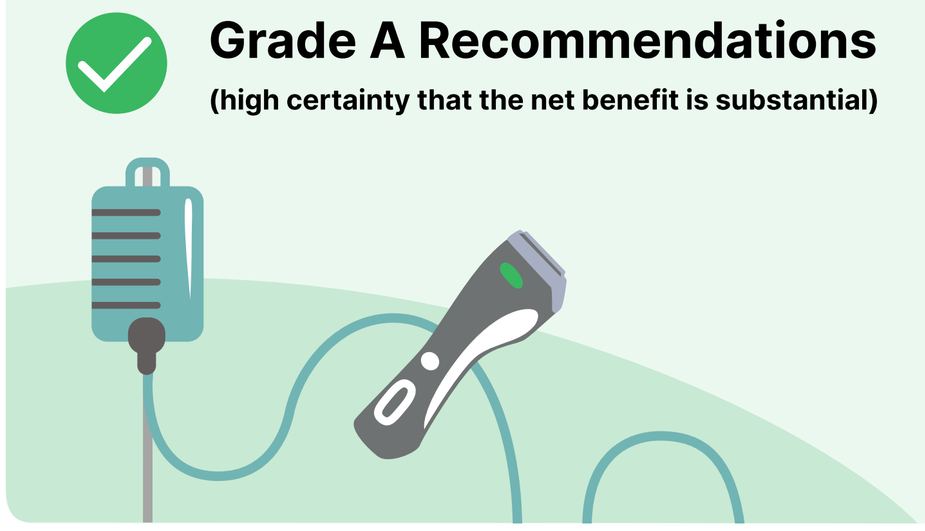
Preprocedural Recommendations for Reducing Surgical Site Infections (SSI's)

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

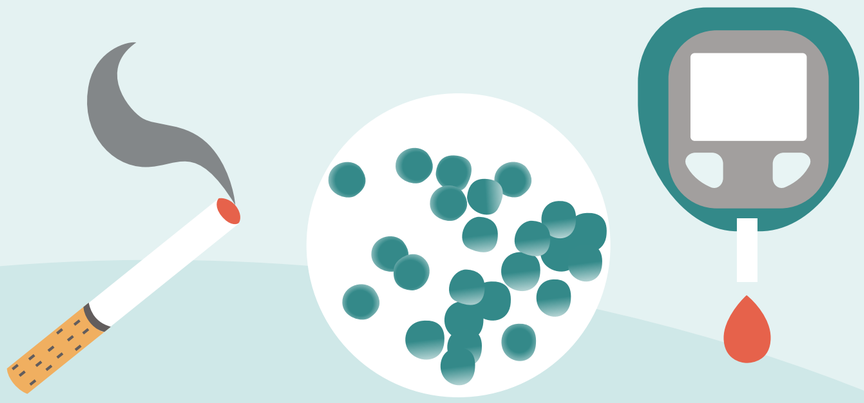
(high certainty that the net benefit is substantial)



- Appropriate preoperative IV antibiotic prophylaxis administered within 1 hour prior to surgical incision (2 hours for vancomycin).[C,D]
- Vancomycin should only be used in patients colonized with MRSA or who are at high risk for MRSA.[C,D]
- Do not perform hair removal routinely prior to procedures.[A,B,C,D]
- If hair is removed, use electric clippers immediately before surgery.[A,B,C,D]

Grade B Recommendations

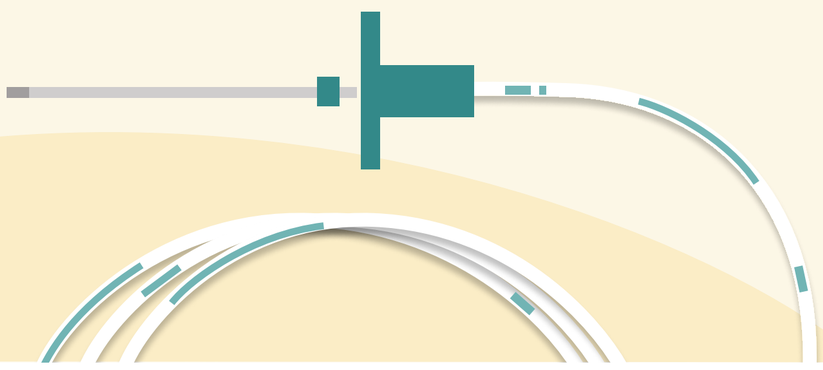
(high certainty that the net benefit is moderate, or moderate certainty that the net benefit is substantial)



- Identify and optimize patient risk factors (e.g., tobacco use, diabetes mellitus) prior to implantable device therapy surgeries).[C,D]
- Perioperative blood glucose should ideally be maintained at ≤150 mg/dL for implantable device surgeries.[D]
- Externalized neuraxial catheters beyond 2 weeks should be avoided, when possible, to reduce the risk of meningitis.[C]
- Patients should be tested for Staphylococcus aureus (MRSA and MSSA) using a nasal swab, and decolonization should be performed in colonized patients prior to pain device implantation.[C,D]

Grade C Recommendations

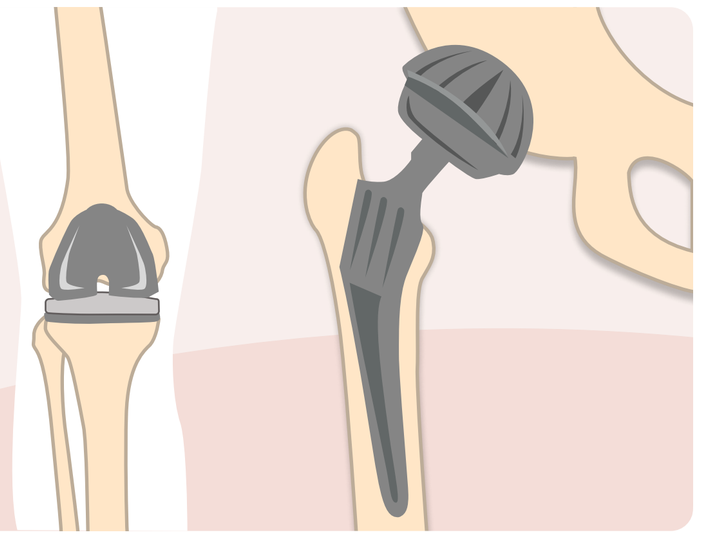
(moderate certainty that the net benefit is small)



- In individuals known previously to be MSSA or MRSA carriers, decolonization should be repeated prior to additional procedures beyond 10 days from initial decolonization.[C,D]
- Prolonged use of regional nerve block catheters may increase the risk of infection. Extended use beyond 4–5 postprocedure days should be decided based on the risk-to-benefit profile of continuing such therapies while carefully monitoring for any signs and symptoms of infection.[B,C]

Grade D Recommendations

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



- Avoid intra-articular steroid injections within 1 month of planned replacement surgery for that joint.[A]
- Intra-articular steroid injections should not be offered following total knee arthroplasty or total hip replacement.[A]

Glossary

IV - Intravenous
MRSA - Methicillin resistant Staphylococcus aureus
MSSA - Methicillin sensitive Staphylococcus aureus

ASRA PAIN MEDICINE

Provenzano DA, Hanes M, Hunt C, et al. ASRA Pain Medicine consensus practice infection control guidelines for regional anesthesia and pain medicine. Reg Anesth Pain Med. Published online February 11, 2025. http://www.doi.org/10.1136/rapm-2024-105651