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Infection prevention

Guidelines for the prevention of infection (which is one of the perioperative complications) were issued by the World Health Organization (WHO) in 2016, ¹⁾ updated and published in a new edition in 2018, ²⁾ and the Centers for Disease Control and Prevention (CDC) in 2017 ³⁾. However, they are broad recommendations for surgery in multiple surgical fields, and it is not feasible to apply them directly to the neurosurgical field

The objective of this study was to describe trends in the utilization of infection prevention techniques (standard care, intrathecal antibiotics, antibiotic-impregnated catheters [AICs], and a combination of IT antibiotics and AICs) among participating hospitals over time.

Methods: This retrospective cohort study at six large children's hospitals between 2007 and 2015 included children \leq 18 years of age who underwent initial shunt placement between 2007 and 2012. Pediatric Health Information System + (PHIS+) data were augmented with chart review data for all shunt surgeries that occurred before the first shunt infection. The Pearson chi-square test was used to test for differences in outcomes.

Results: In total, 1723 eligible children had initial shunt placement between 2007 and 2012, with 3094 shunt surgeries through 2015. Differences were noted between hospitals in gestational age, etiology of hydrocephalus, and race and ethnicity, but not sex, weight at surgery, and previous surgeries. Utilization of infection prevention techniques varied across participating hospitals. Hydrocephalus Clinical Research Network hospitals used more IT antibiotics in 2007-2011; after 2012, increasing adoption of AICs was observed in most hospitals.

Conclusions: A consistent trend of decreasing IT antibiotic use and increased AIC utilization was observed after 2012, except for hospital B, which consistently used AICs ⁴⁾.

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