

CASE 1 INGUINAL HERNIA

1. As an elective procedure could this patient be pre operatively optimized in a better way?

How to collect a sample for pus culture?

Which organisms are more commonly seen in this type of patients?

Were there any preoperative precautions that could be taken to prevent Superficial SSI in an elective

What is Superficial SSI?

What are first line antibiotics to be started while awaiting culture reports?

Was mesh salvaging the right decision?

What are the best operative room practices to prevent SSI?

Case 2 ACUTE CHOLECYSTITIS

1. If you were the anesthetist for this patient what precautions you would have taken to prevent SSI intra operatively?

What specimen and which test will you prefer to diagnose NTM?

What are risk factors for SSI in this patient?

Is this superficial SSI ?

Which antibiotics would you prefer to start with ?

Treatment of NTM infection.

What can be procedural related factors responsible for SSI in this patient?

What infection are seen specifically with laparoscopic Procedure ?

How to prevent NTM infection?

How to clean and sterilize laparoscopic instruments?

Case 3 exploratory laparotomy + bowel perforation

1. What are risk factors in this patient to develop SSI? To what extent can this patient be optimised before surgery?

What are the common pathogen seen in such cases?

How to diagnose SSI in this case?

Was antibiotic use adequate ?

Is meroperem the right choice ?

What can be procedure related risk factors for SSI in this case ?

How to manage this patient ?

When is reexploration indicated?

How to clean and sterilize laparoscopic instruments?