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My Number

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30.09.2015

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No: 01 - 41 / 2015

Provincial Directors of Health Services  
Regional Directors of Health Services  
Directors and Medical Superintendents of Hospitals

Post Lower Segment Caesarean Section - Surgical Site Infection Rates  
(Post-LSCS Infection Rate)

Ministry of Health, Nutrition and Indigenous Medicine in collaboration with relevant stakeholders has made the initiative to introduce a mechanism of calculating 'Post Lower Segment Caesarean Site Infection Rates (Post-LSCS Infection Rate)' to all health institutions of the country. The aim of this initiative is to establish a proper link between health institutions and the Line Ministry on statistical data related to Post-LSCS infections with a view of identifying the most likely causes of infections, mechanisms of prevention and economics related to treatment of patients with such infections.

Therefore, Ministry of Health and Indigenous Medicine requests you to make necessary actions to assure that data relevant to all indicators described in the attached document are collected and records are maintained properly in all Line Ministry Institutions with effect from **October, 2015**. Each institution is requested to present this data at Quarterly Performance Review Meetings conducted by the Directorate of Healthcare Quality & Safety of the Ministry of Health, Nutrition and Indigenous Medicine.

Diagnostic criteria of Post Surgical Infection and the Data Extraction Sheet are annexed herewith. You are kindly advised to implement this circular simultaneously with previous similar circulars 01 - 13/2015 on 'Quality Indicators related to Hospital Acquired Infections' and 01 - 23/2015 on 'Hand Hygiene Compliance - Introduction of Hand Hygiene Tools'.

For any clarifications, please contact the Directorate of Healthcare Quality & Safety on T.P. 0112678598 or via dhquality@gmail.com.

Thank you.

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**Dr. P G Mahipala**  
Director General of Health Services

## Post LSCS surgical site infection rate

### Post-Caesarean Surgical Site Infection Rate

Number of Cases with confirmed Post-Caesarean Surgical Site Infection  
----- X 100  
Total number of Caesarean Sections Performed (in each quarter of the year)

### Post-Caesarean Surgical Site Infection Rate (EMERGENCY)

Number of Cases with confirmed Emergency Post-Caesarean Surgical Site Infection  
----- X 100  
Total number of Emergency Caesarean Sections performed (in each quarter of the year)

### Post-Caesarean Surgical Site Infection Rate (ELECTIVE)

Number of Cases with confirmed Elective Post-Caesarean Surgical Site Infection  
----- X 100  
Total number of Elective Caesarean Sections performed (in each quarter of the year)

Data extraction form is attached.

MO/MCH will inform the hospital administrator of the relevant hospital on a monthly basis on surgical site infections noted in patients at their day 30 visit to MOH. The infection control nurse of the hospital needs to obtain this data from the Director's office.

Request calculating the rates for each quarter at hospital level AND send to the Directorate of Health Care, Quality & Safety (E.g. by 10th April, July, October and January following year).

In case of transfer following LSCS with SSI, the receiving hospital needs to inform the hospital where the initial LSCS was carried out about the SSI in the particular patient.

Improved data extraction form with all the risk factors etc. can be used by the Microbiologists who want to get all the data for their analysis.

## Diagnostic criteria of Surgical Site Infection

### Superficial Incisional Surgical Site Infection

Infection within 30 days after the operation and only involves skin and subcutaneous tissue of the incision and at least one of the following:

- A. Purulent drainage with or without laboratory confirmation, from the superficial incision.
- B. Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision.
- C. At least one of the following signs or symptoms of infection: pain or tenderness, localised swelling, redness, or heat and superficial incision is deliberately opened by surgeon, unless incision is culture-negative.
- D. Diagnosis of superficial incisional surgical site infection (SSI) made by a surgeon or attending physician.

### Deep Incisional Surgical Site Infection

Infection occurs within 30 days after the operation and the infection appears to be related to the operation and infection involves deep soft tissue (e.g. fascia, muscle) of the incision and at least one of the following:

- A. Purulent drainage from the deep incision but not from the organ/space component of the surgical site.
- B. A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever ( $>38^{\circ}\text{C}$ ), localised pain or tenderness, unless incision is culture-negative.
- C. An abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination.
- D. Diagnosis of deep incisional SSI made by a Obstetrician or attending physician.

### Organ/Space Surgical Site Infection

Infection occurs within 30 days after the operation and the infection appears to be related to the operation and infection involves any part of the anatomy (e.g., organs and spaces) other than the incision which was opened or manipulated during an operation and at least one of the following:

- A. Purulent drainage from a drain that is placed through a stab wound into the organ/space.
- B. Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space

- C. An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination.
- D. Diagnosis of organ/space SSI made by an Obstetrician or attending physician.

A stitch abscess alone (minimal inflammation and discharge confined to the points of suture preparations) does not meet criteria for definition of SSI.

## DATA EXTRACTION SHEET FOR POST-LSCS SURGICAL SITE INFECTIONS

Name of the Patient:	
Age (years):	
Contact Number:	
Date of Admission:	
BHT:	
Date of LSCS:	
Patient's MOH Area:	
Details of Surgery:	Elective LSCS / Emergency LSCS
Surgical Site Infection Data:	

### Ward Visits for Case Review:

Date of the Visit	Post-operative Day	Signs and Symptoms	Presence of other criteria in favour of Infection

Date of Discontinuation of In-patient follow up:	
Reason for Discontinuation of Follow up:	Discharged/Follow up Completed/Transferred to another hospital/Left against medical advice/Other
Presence of Surgical Site Infection:	YES / NO
Detected or Reported by :	In-patient / Readmission / Patient reported / MOH / Midwife / Physician treating the patient
Date of Onset of Surgical Site Infection:	

