gutflix
GI learning, personalised

Summary

Surgery's invisible enemy: Outsmarting infections before they start

Yasuko Maeda

UEG Week Barcelona 2026 | Presentation

Surgery | Standards & Guidelines | Oesophagus | Colorectal

October 20, 2026

A European guideline on preoperative measures to prevent surgical site infections recommends using alcohol-based chlorhexidine gluconate for skin preparation and discontinuing corticosteroids and anti-TNF therapy before gastrointestinal surgery.

KEY POINTS

- The speaker reported that alcohol-based chlorhexidine gluconate for skin preparation was associated with 47 fewer surgical site infections per 1000 patients compared to povidone-iodine.
- Discontinuing corticosteroids before surgery was associated with 20 fewer organ-space infections per 1000 patients, which the panel deemed a moderate desirable effect that outweighed a reported increase of 32 superficial infections per 1000.
- Discontinuing anti-TNF therapy before surgery showed reductions in overall and organ-space surgical site infections that met the panel's threshold for clinically meaningful benefit.
- The guideline could not make recommendations for or against single-dose dexamethasone, other biologics, or antibiotic use in ESBL-prevalence settings due to insufficient evidence.
- The speaker acknowledged that many studies lacked detailed CDC classification of infection type and mixed gastrointestinal with non-gastrointestinal surgery, limiting data interpretation.
- In discussion, the speaker noted that ECHO guidelines recommend not stopping anti-TNF before surgery, attributing the difference to methodological approaches in guideline development.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/38aa6570-d150-11f1-96fa-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.