

## SURGICAL SITE INFECTION (SSI)

## SIP/SIS – Superficial Incisional Surgical Site Infection

(Last updated June, 2008)

**DEFINITION:** A superficial incisional SSI (SIP or SIS) must meet the following criteria:**Criterion 1:**

- Infection occurs within 30 days after the operative procedure

**AND**

- Involves only skin and subcutaneous tissue of the incision

**AND**

- Patient has at least **ONE** **△** of the following:

- △** purulent drainage from the superficial incision

- △** organisms isolated from an aseptically obtained culture of **ONE** **□** of the following:

- fluid from the superficial incision

- tissue from the superficial incision

- △** must meet **THREE** **□** occurrences:

- at least **ONE** **○** of the following signs or symptoms of infection:

- pain or tenderness

- localized swelling

- redness

- heat

**AND**

- superficial incision is deliberately opened by surgeon

**AND**

- choose **ONE** **○** of the following:

- is culture positive

- not cultured

**NOTE:** A culture-negative finding does not meet this criterion**△** diagnosis of superficial incisional SSI by the surgeon or attending physician

**SURGICAL SITE INFECTION (SSI)**

**NOTE:** There are 2 specific types of superficial superficial incisional SSI:

- Choose **ONE** **△** of the following:

**△ Superficial incisional primary (SIP):** a superficial incisional SSI that is identified in the primary incision in a patient who has had an operation with 1 or more incisions (e.g., C-sections incision or chest incision for CBCB)

**△ Superficial incisional secondary (SIS):** a superficial incisional SSI that is identified in the secondary incision in a patient who has had an operation with more than 1 incision (e.g., donor site [leg] incision for CBCB)

**REPORTING INSTRUCTIONS:** (Last updated June, 2008)

- Do not report a stitch abscess (minimal inflammation and discharge confined to the points of suture penetration) as an infection.
- Do not report a localized stab wound infection as SSI, instead report as skin (SKIN), or soft tissue (ST), infection, depending on its depth.
- Report infection of the circumcision site in newborns as CIRC. Circumcision is not an NHSN operative procedure.
- Report infected burn wound as BURN.
- If the incisional site infection involves or extends into the fascial and muscle layers, report as a deep incisional SSI.
- Classify infection that involves both superficial and deep incision sites as deep incisional SSI.

**DIP/DIS – Deep Incisional Surgical Site Infection**  
(Last updated June, 2008)

**DEFINITION:** A deep incisional SSI (DIP or DIS) must meet the following criteria:

**□ Criterion 1:**

- Choose **ONE** **△** of the following:

**△** infection occurs within 30 days after the operative procedure if no implant is left in place

**△** within one year if implant is in place

**AND**

- The infection appears to be related to the operative procedure

**AND**

- Involves deep soft tissues (e.g. fascial and muscle layers) of the incision

**AND**

- Patient has at least **ONE** **△** of the following:

## SURGICAL SITE INFECTION (SSI)

△ purulent drainage from the deep incision but not from the organ/space component of the surgical site

△ choose **ONE** □ of the following:

- a deep incision spontaneously dehisces
- a deep incision is deliberately opened by a surgeon

**AND**

□ choose **ONE** ○ of the following:

- is culture-positive
- not cultured when the patient has at least **ONE** △ of the following signs or symptoms:
  - △ fever ( $>38^{\circ}\text{C}$ )
  - △ localized pain or tenderness

**NOTE:** A culture-negative finding does not meet this criterion

△ choose **ONE** □ of the following:

- an abscess is found
- other evidence of infection involving the deep incision is found **ONE** ○ of the following:
  - during direct examination
  - during re-operation
  - by histopathologic examination
  - by radiologic examination

△ diagnosis of a deep incisional SSI by a surgeon or attending physician

**NOTE:** There are 2 specific types of deep incisional SSI:

○ Choose **ONE** △ of the following:

△ **Deep incisional primary (DIP):** a deep incisional SSI that is identified in the primary incision in a patient who has had an operation with 1 or more incisions (e.g., C-sections incision or chest incision for coronary artery bypass graft with a donor site [CBCB])

△ **Deep incisional secondary (DIS):** a deep incisional SSI that is identified in the secondary incision in a patient who has had an operation with more than 1 incision (e.g., donor site [leg] incision for CBCB) secondary incision in a patient who has had an operation with more than 1 incision (e.g., donor site [leg] incision for CBCB)

**REPORTING INSTRUCTIONS:** (Last updated June 2008)

- Classify infection that involves *both* superficial and deep incision sites as deep incisional SSI.

## SURGICAL SITE INFECTION (SSI)

## ORGAN/SPACE – Organ/Space Surgical Site Infection

(Last updated June, 2008)

**DEFINITION:** An organ/space SSI involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure. Specific sites are assigned to organ/space SSI to further identify the infection. Listed below in reporting instructions are the specific sites that must be used to differentiate organ/space SSI. An example is appendectomy with subsequent subdiaphragmatic abscess, which would be reported as an organ/space SSI at the intraabdominal specific site (SSI-IAB).

An organ/space SSI must meet the following criterion:

**□ Criterion 1:**

- Choose **ONE** **△** of the following:

- △** infection occurs within 30 days after the operative procedure if no implant is left in place

- △** within one year if implant is in place

**AND**

- The infection appears to be related to the operative procedure

**AND**

- Infection involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure

**AND**

- Patient has at least **ONE** **△** of the following:

- △** purulent drainage from a drain that is placed through a stab wound into the organ/space

- △** organisms isolated from an aseptically obtained culture of **ONE** **□** of the following:

- fluid in the organ/space

- tissue in the organ/space

- △** choose **ONE** of the following:

- an abscess from **ONE** **○** of the following:

- during direct examination

- during re-operation

- by radiologic examination

- other evidence of infection involving the deep incision is found from **ONE** **○** of the following:

- during direct examination

## SURGICAL SITE INFECTION (SSI)

- during re-operation
- by histopathologic examination
- by radiologic examination

△ diagnosis of an organ/space SSI by a surgeon or attending physician

### **REPORTING INSTRUCTIONS:** *(Last updated June, 2008)*

- **Specific sites of an organ/space SSI.** (See also criteria for these sites.)

Code	Specific site
BONE	Osteomyelitis
BRST	Breast abscess or mastitis
CARD	Myocarditis or pericarditis
DISC	Disc space
EAR	Ear, mastoid
EMET	Endometritis
ENDO	Endocarditis
EYE	Eye, other than conjunctivitis
GIT	GI tract
IAB	Intraabdominal, not specified else-where
IC	Intracranial, brain abscess or dura
JNT	Joint or bursa

Code	Specific site
LUNG	Other infections of the respiratory tract
MED	Mediastinitis
MEN	Meningitis or ventriculitis
ORAL	Oral cavity (mouth, tongue, or gums)
OREP	Other infections of the male or female reproductive tract
OUTI	Other infections of the urinary tract
SA	Spinal abscess without meningitis
SINU	Sinusitis
UR	Upper respiratory tract
VASC	Arterial or venous infection
VCUF	Vaginal cuff

- Occasionally an organ/space infection drains through the incision. Such infection generally does not involve reoperation and is considered a complication of the incision; therefore, classify it as a deep incisional SSI.