Is There a Connection Between Postsurgical Infections after Cardiac Surgery and the Sort of Anesthesia Used?

To the Editor: A connection was found between intravenous propofol anesthesia and postsurgical infections in several American clinics based on a study in MMWR¹. A contamination of the solution by the user is seen as the cause. We studied the incidence of infections in our hospital following two different methods of anesthesia.

We operated on 1091 patients using balanced anesthesia (isoflurane, N₂O and supplements of fentanyl) and on 163 patients using total intravenous anesthesia during the last 15 months. The intravenous techniques were a combination of propofol and fentanyl in 63 cases and a combination of flunitrazepam and opiods in a 100 cases. All these agents were given with syringe pumps. We carried out a retrospective analysis on the patients who were operated again because of wound infection. In this period wound infection was treated surgically in 35 patients. 34 of these patients previously had a balanced anesthesia, this means a 3.1% rate of infection in this group. One patient with wound infection had an intravenous propofol anesthesia during the first operation, this means a 0.6% rate of infection in the intravenous group and respectively 1.5% in relation to the 63 propofol anesthesias.

These results do not give any indication (Qui-square-test, P > 0.05) that intravenous anesthesia is connected with a higher incidence of postoperative wound infections in our patients. We could not find any connection between the sort of anesthesia and the incidence of postsurgical wound infections.

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References

 Postsurgical Infections Associated with an Extrinsically Contaminated Intravenous Anesthetic Agent - California, Illinois, Maine and Michigan, 1990. MMWR 29:426-433, 1990

(Received Feb. 19, 1992, accepted for publication Mar. 3, 1992)