

**A care bundle of evidenced based best practices is recommended to reduce surgical site infections.**

Class (Strength) of Recommendation	<b>Class I (Strong)</b>
Level (Quality) of Evidence	<b>Level B-R (Randomized)</b>

### Main Points

- Sternal wound infection (SWI) and donor site infection (DSI) were diagnosed in 4.7% and 1.5% of patients during hospitalization, 6.8% and 4.6% at 30 days postoperatively, and 9.0% and 7.3% at 90 days postoperatively.
- Care bundles have reduced the incidence of infections in ICUs, providing an ideal framework for adoption in cardiac surgery. A care bundle is between 3-5 evidence-based interventions performed together, with better results than if performed individually in a non-structured fashion.
- Topical mupirocin or betadine pre-operatively can reduce surgical site infection by eradicating staphylococcal colonization in patients undergoing heart surgery.
- Cefazolin or cefuroxime should be administered 30-60 minutes before skin incision and continued for no longer than 48 hours after completion of surgery.
- Additional measures, such as showers with chlorhexidine, standardization of surgical field preparation, use of a wound protector, or daily washing of the incision with chlorhexidine require additional research to determine efficacy.

### Key References

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