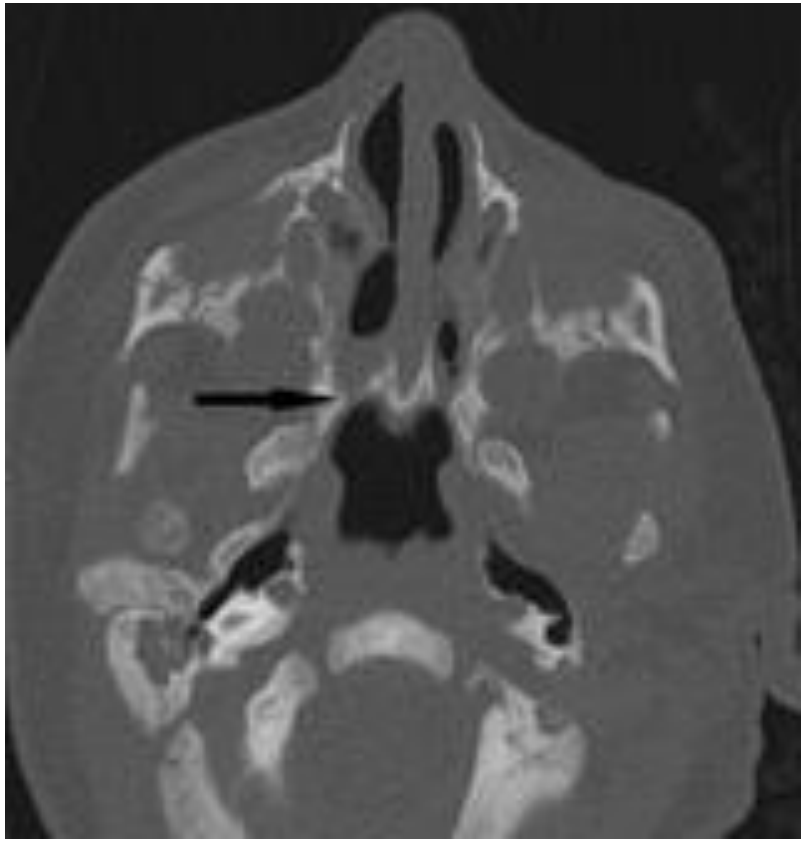
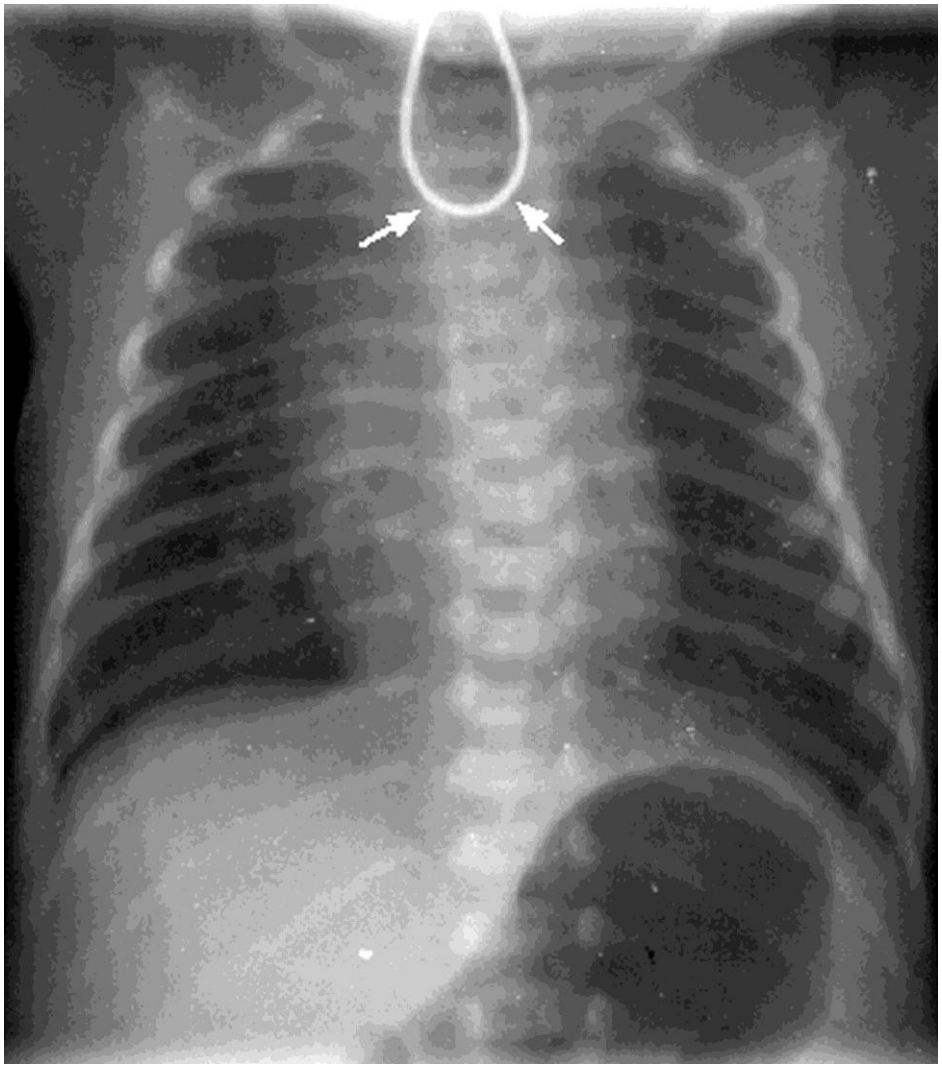
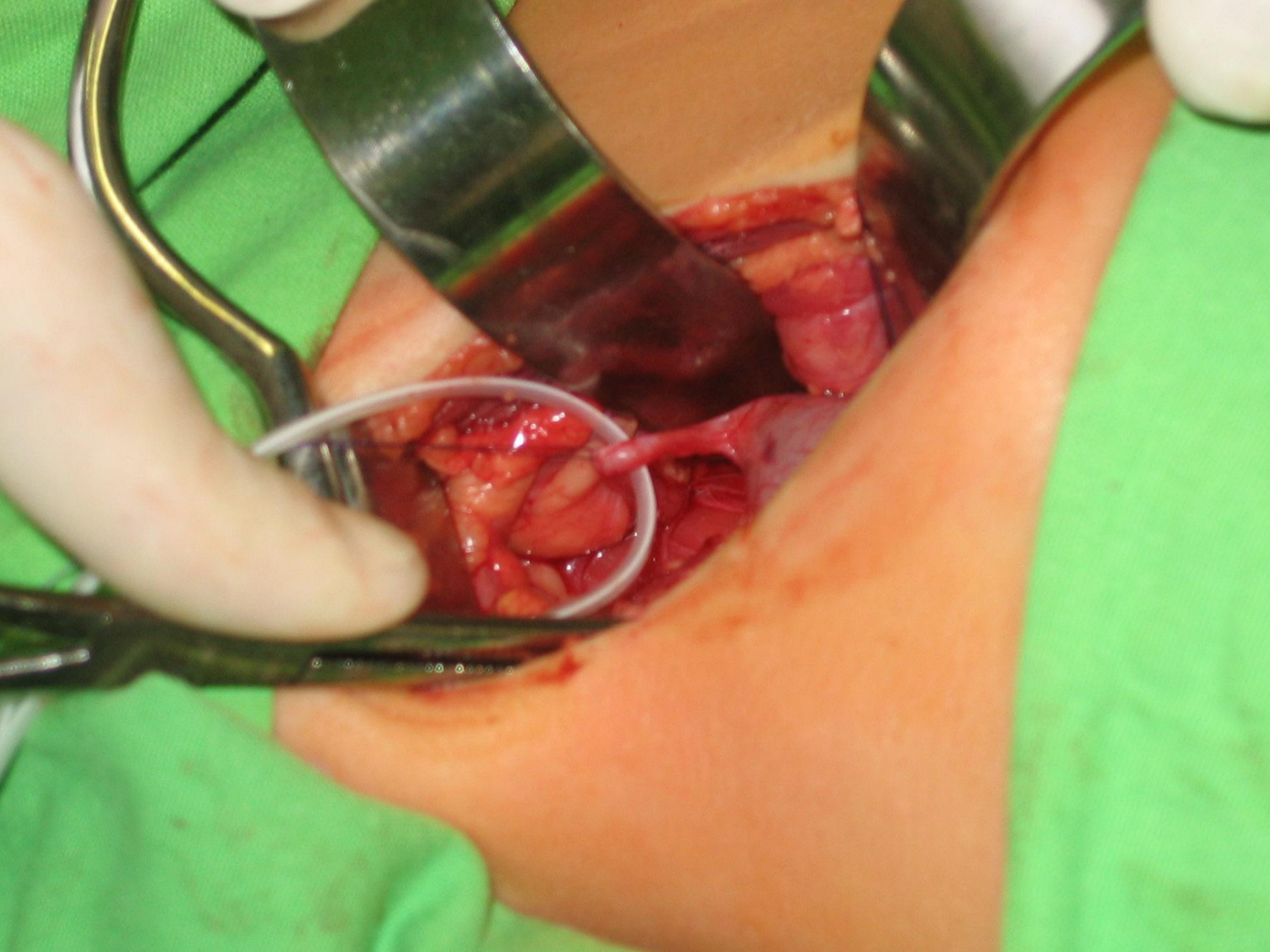
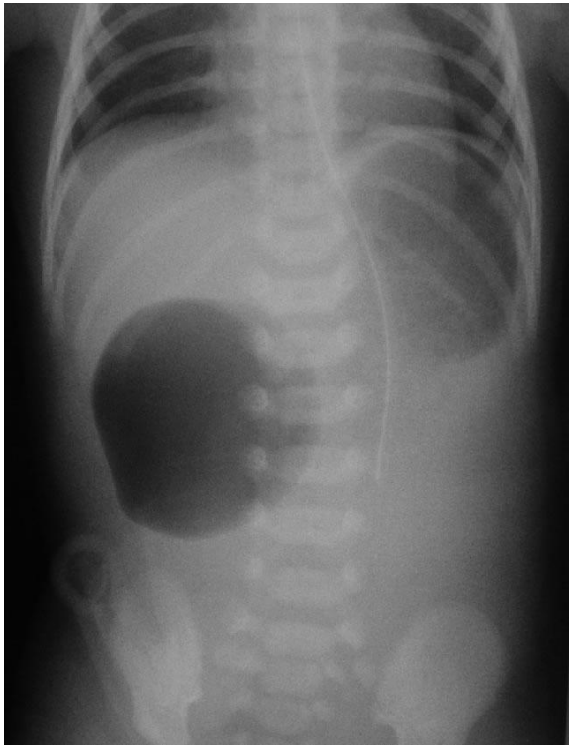
Gyermeksebészet

- fejlődési rendellenességek (asszociációk)
- szerzett betegségek
- évente 50-60 ezer műtét
- nem szervspecifikus sebészet, teljes embert (családot) kezel







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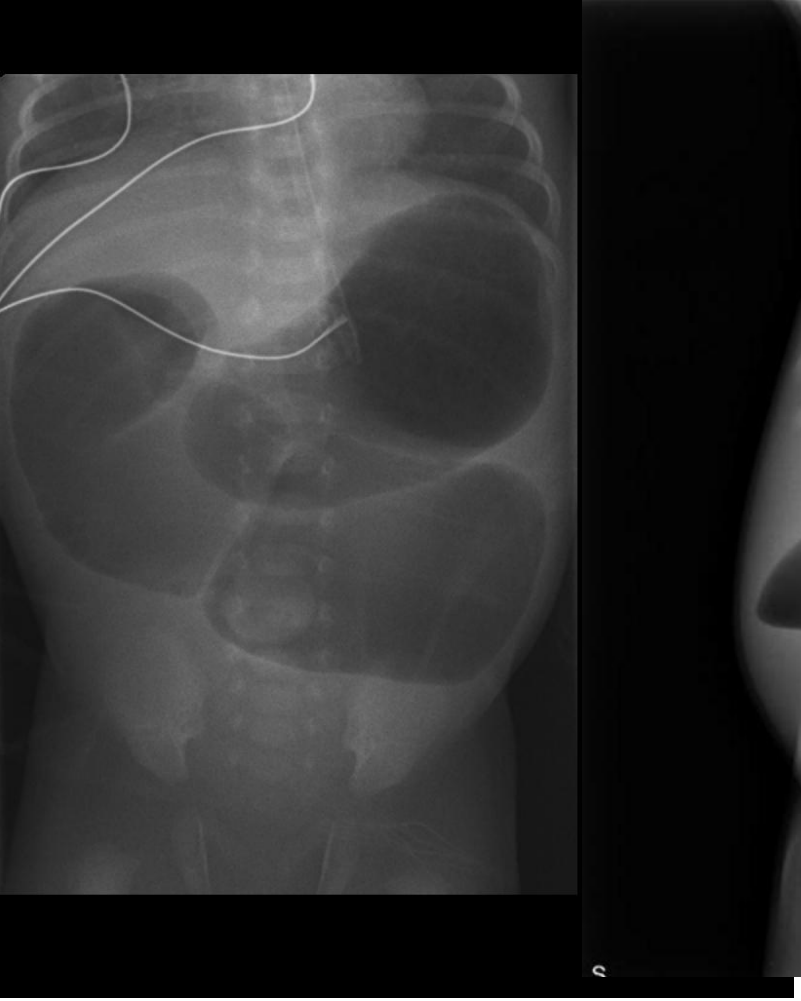


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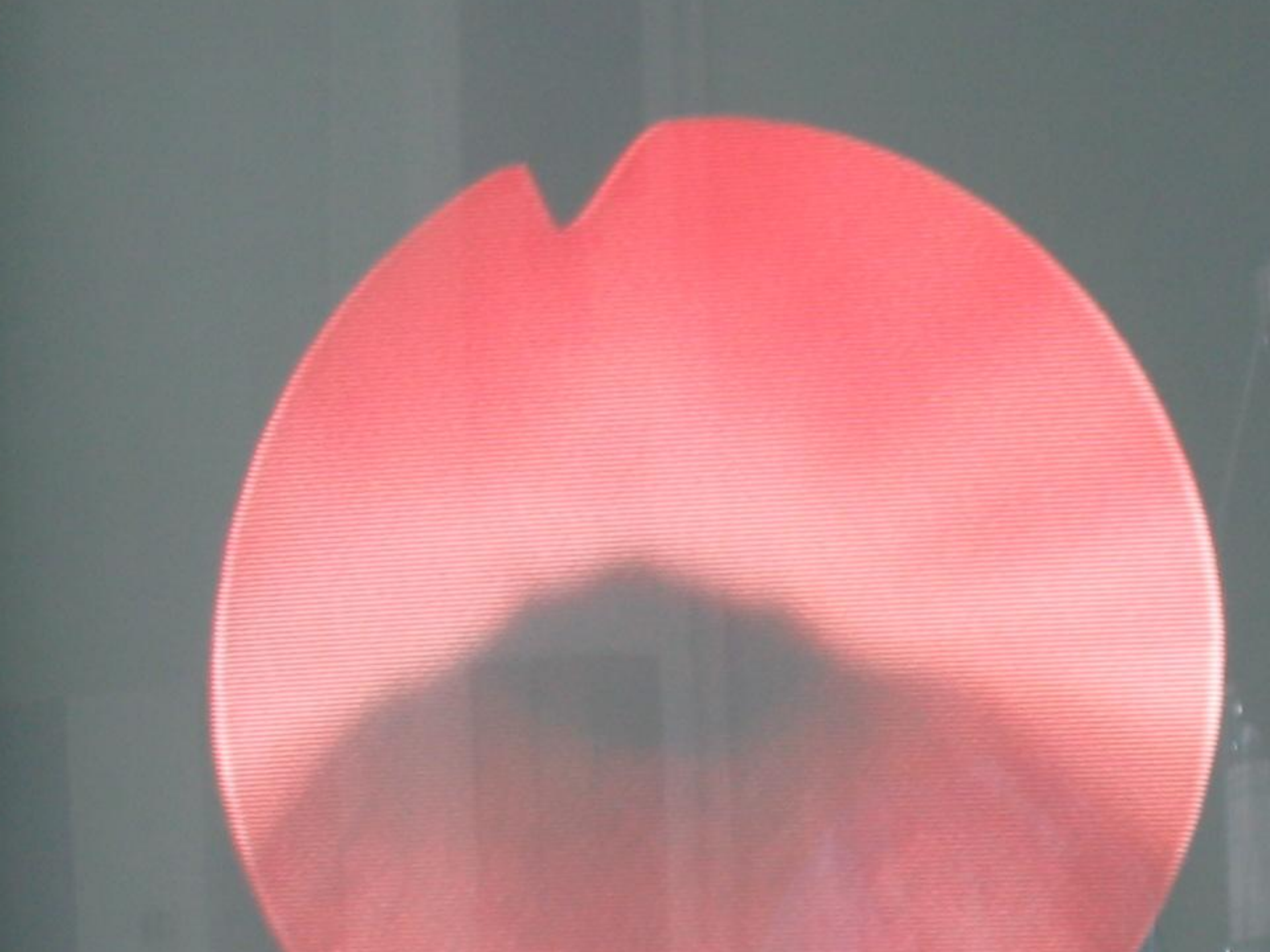
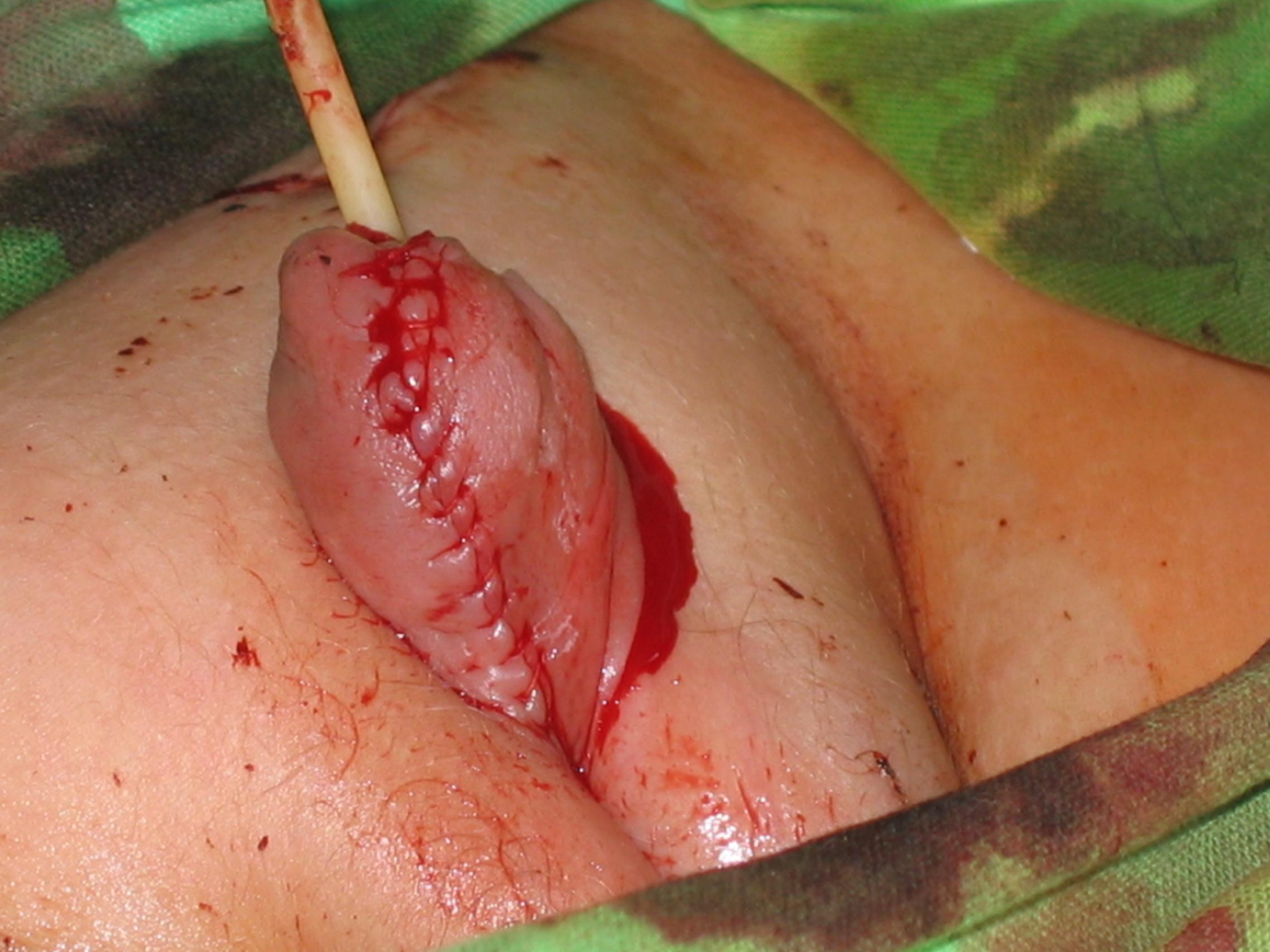
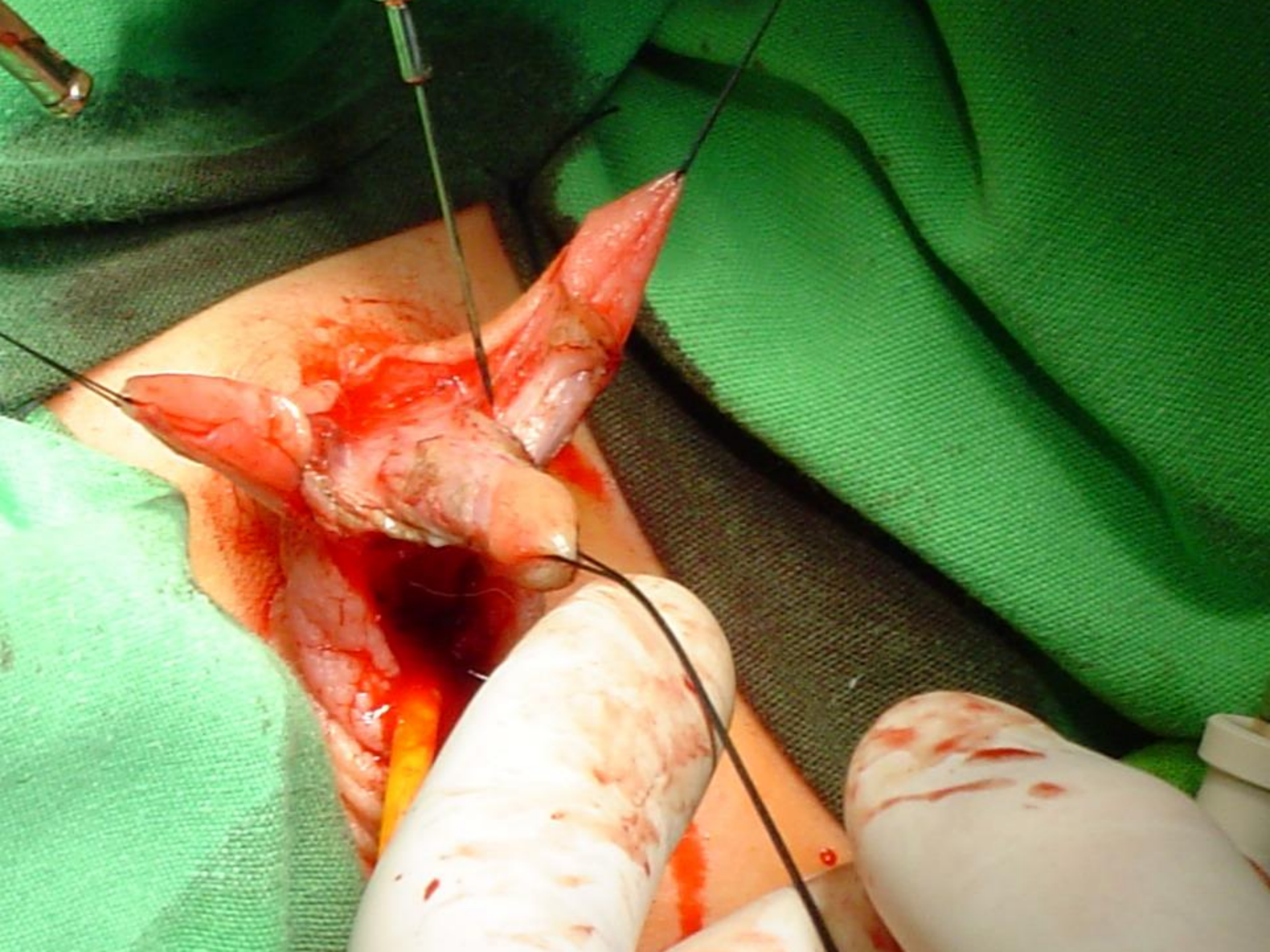
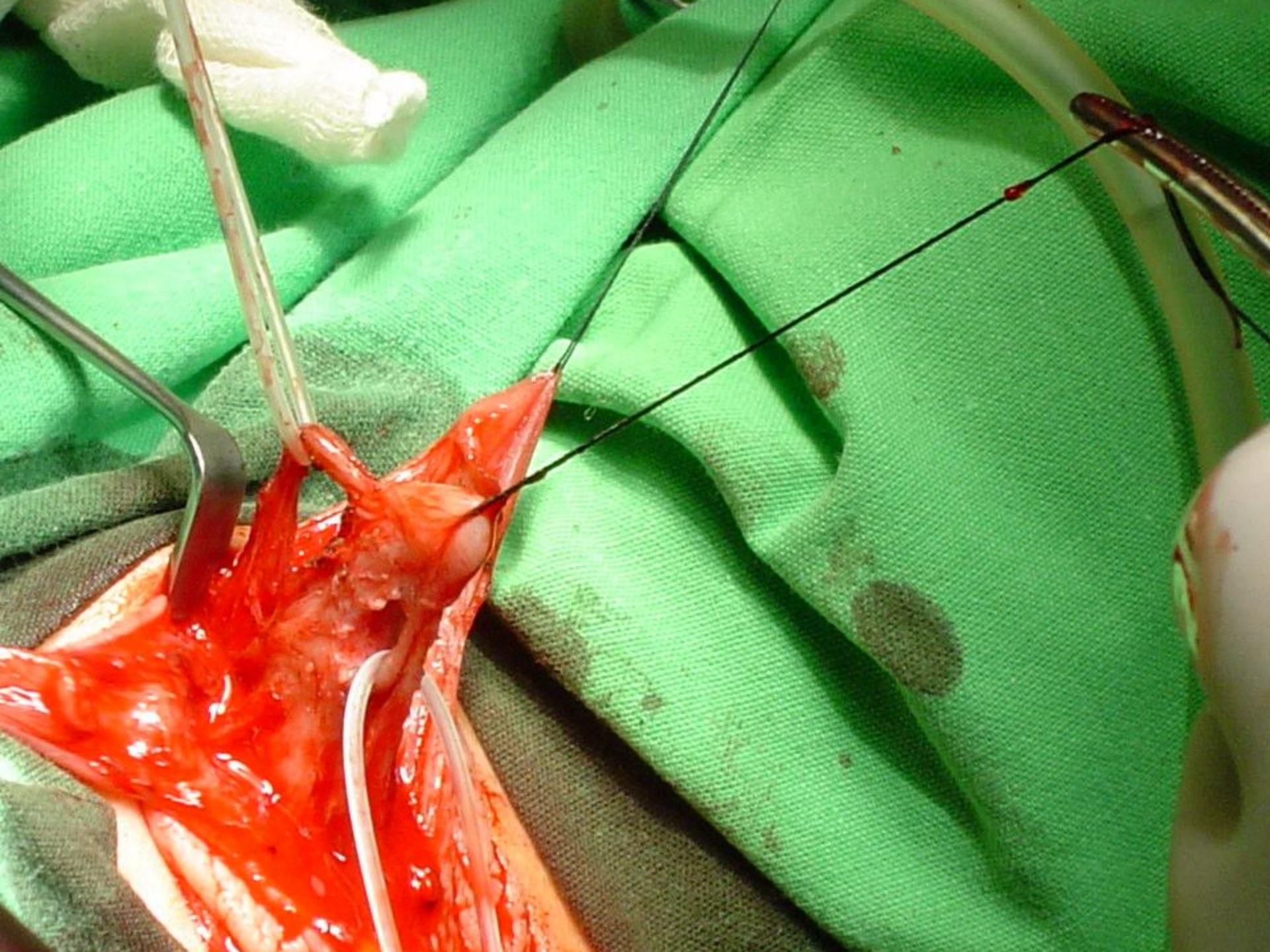
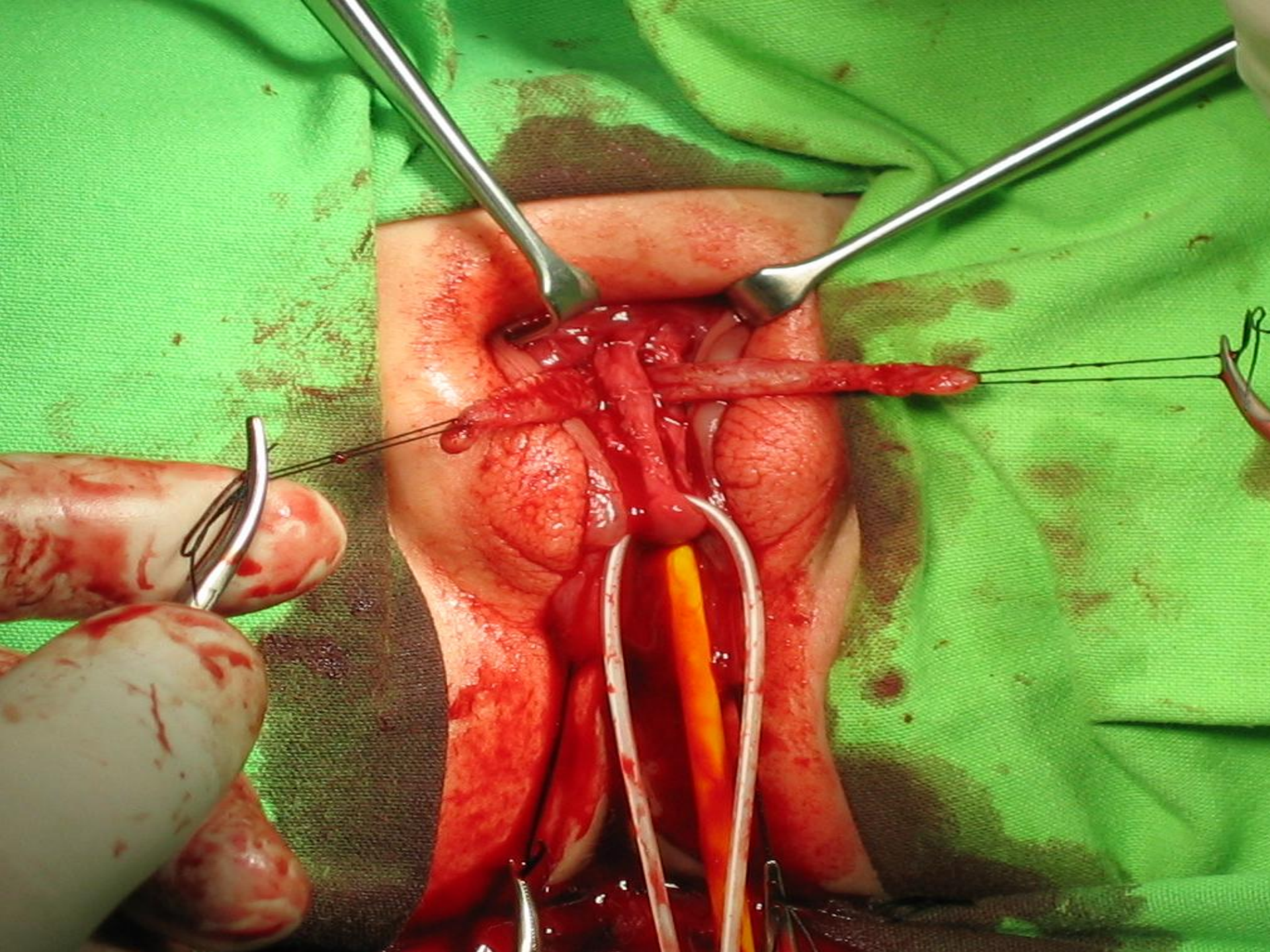
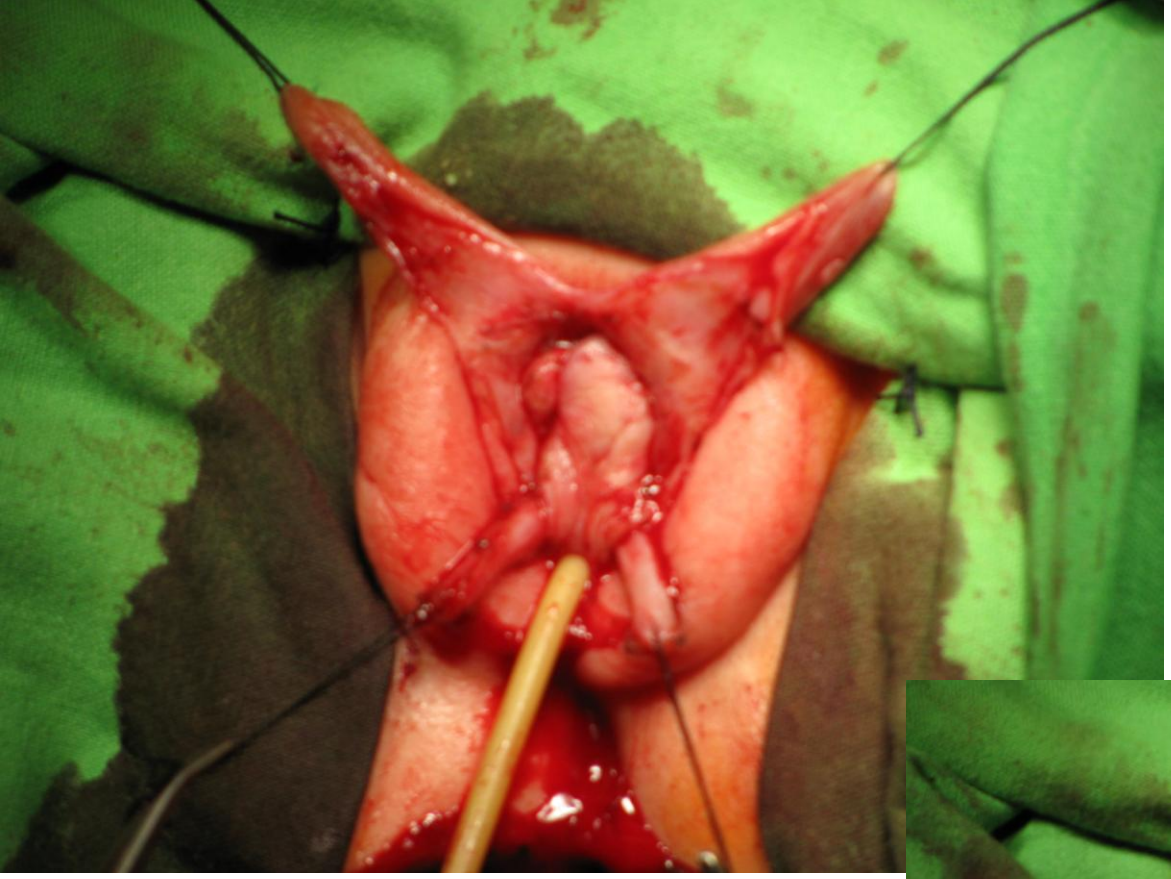


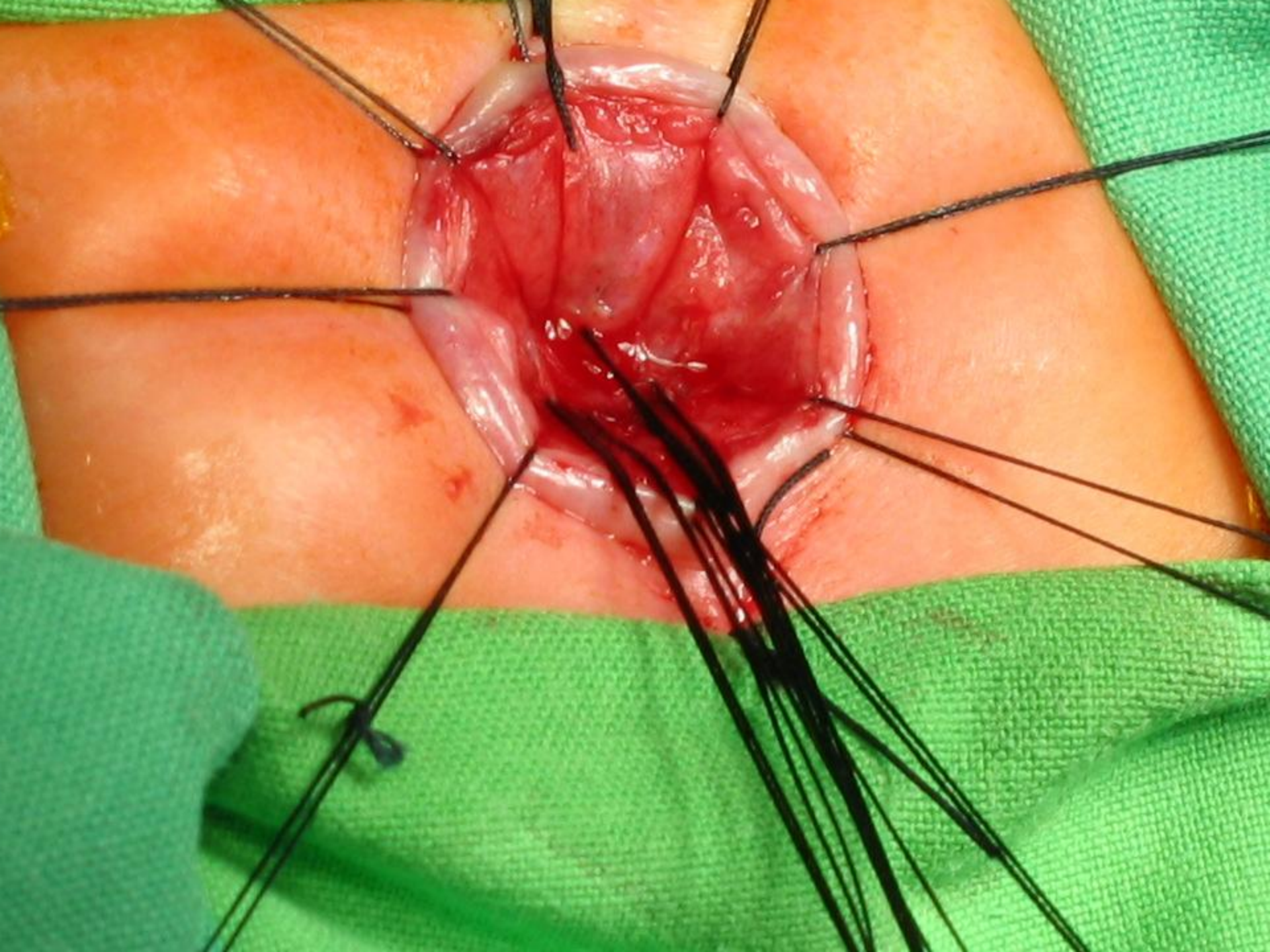


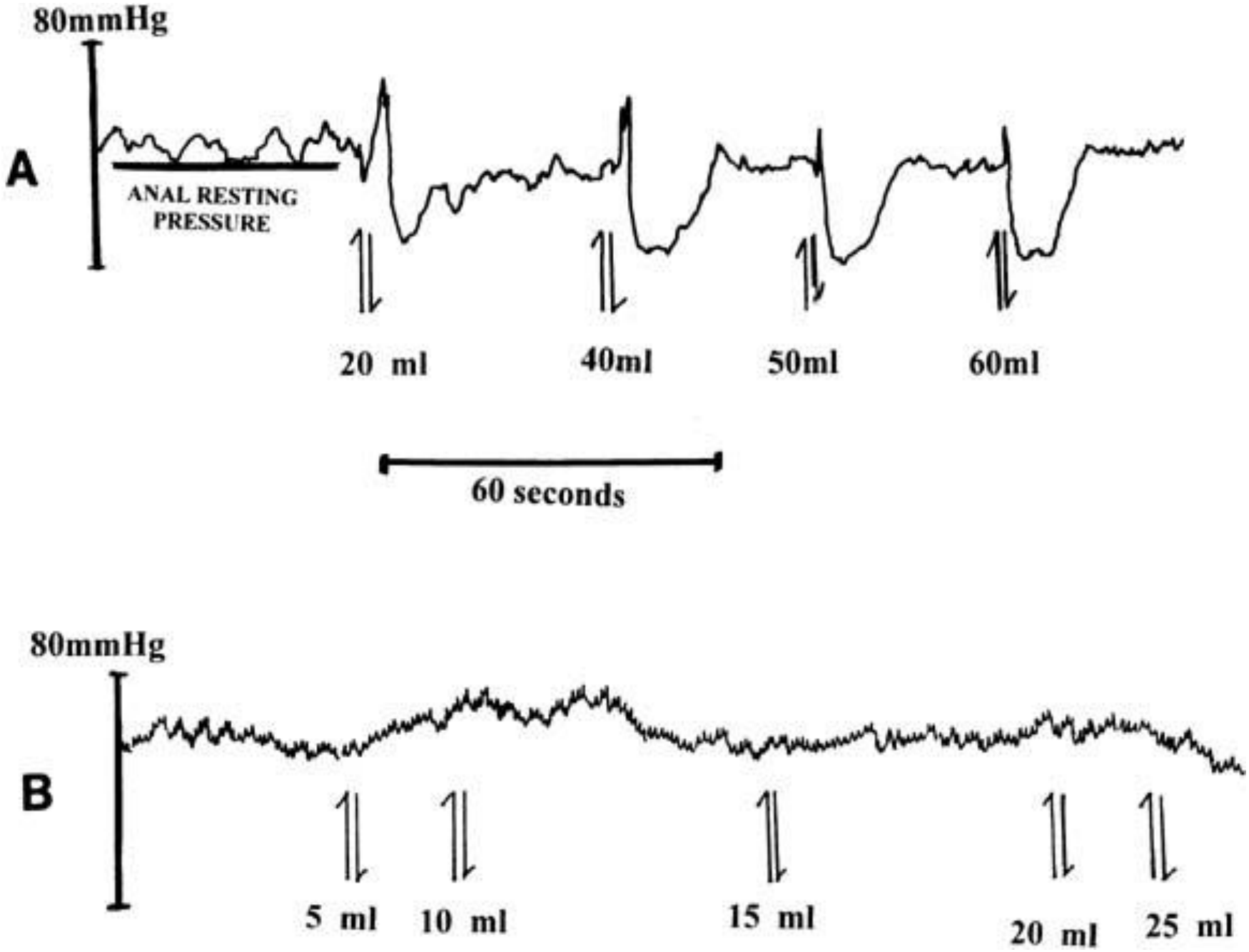


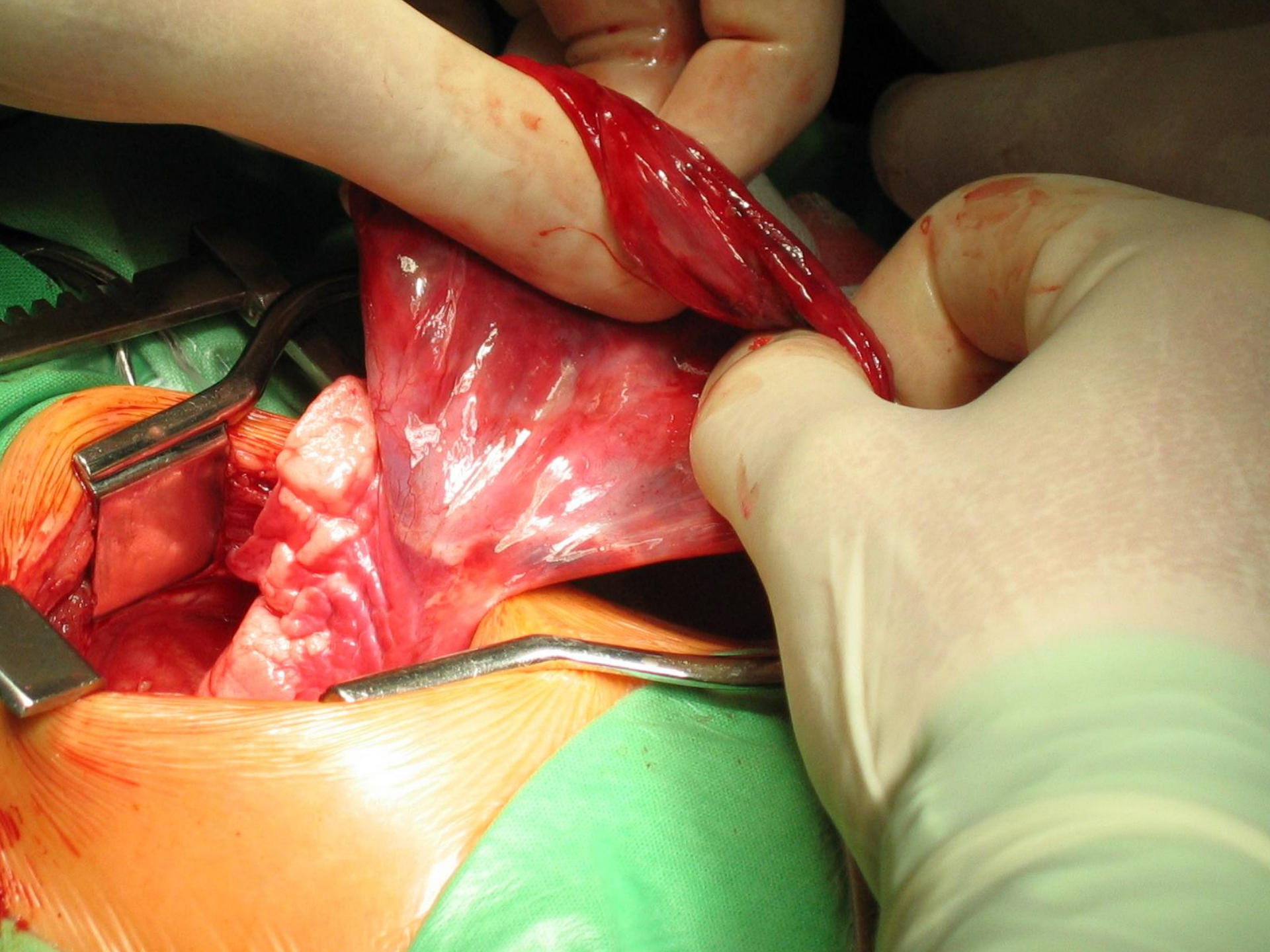


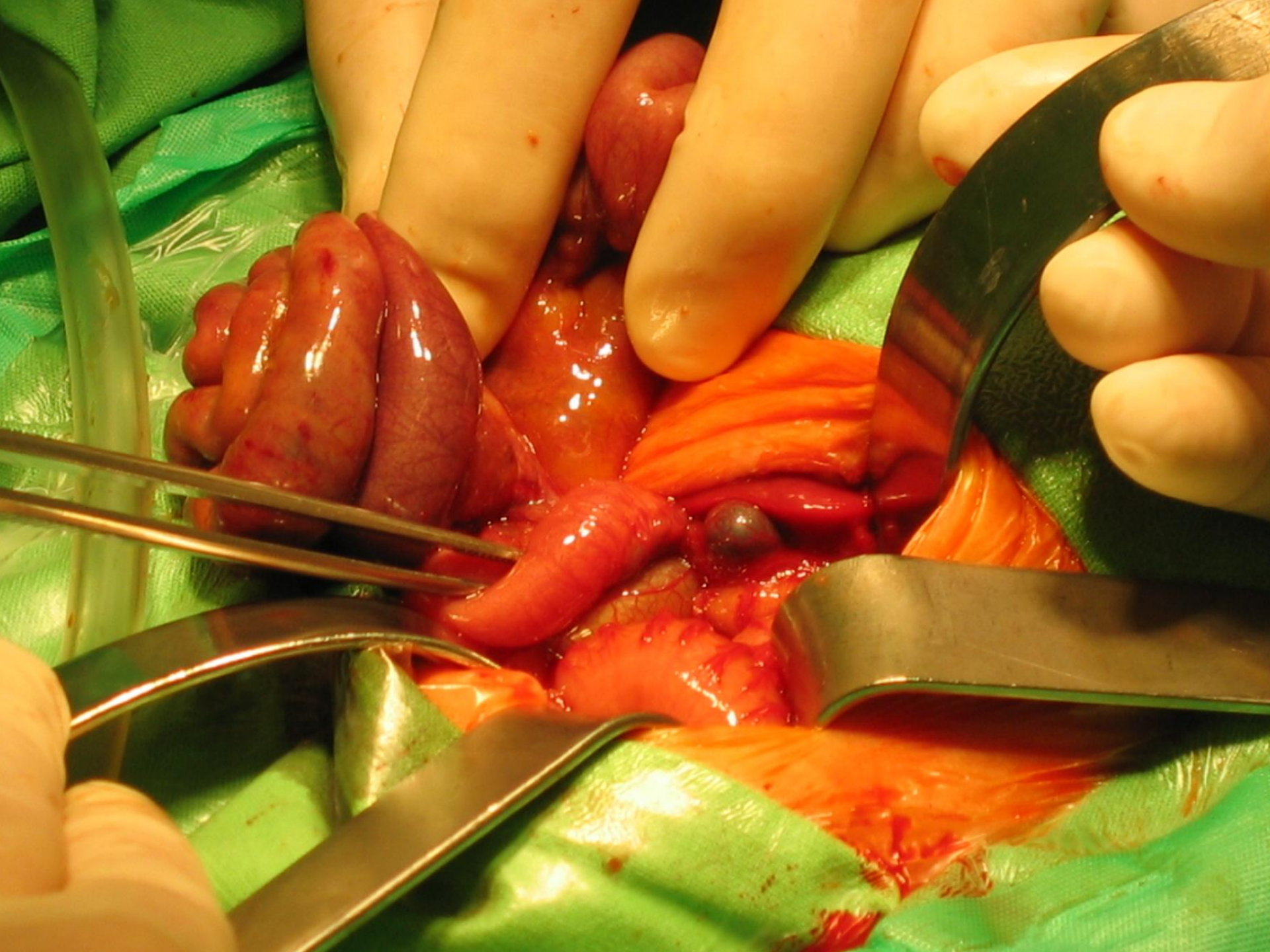


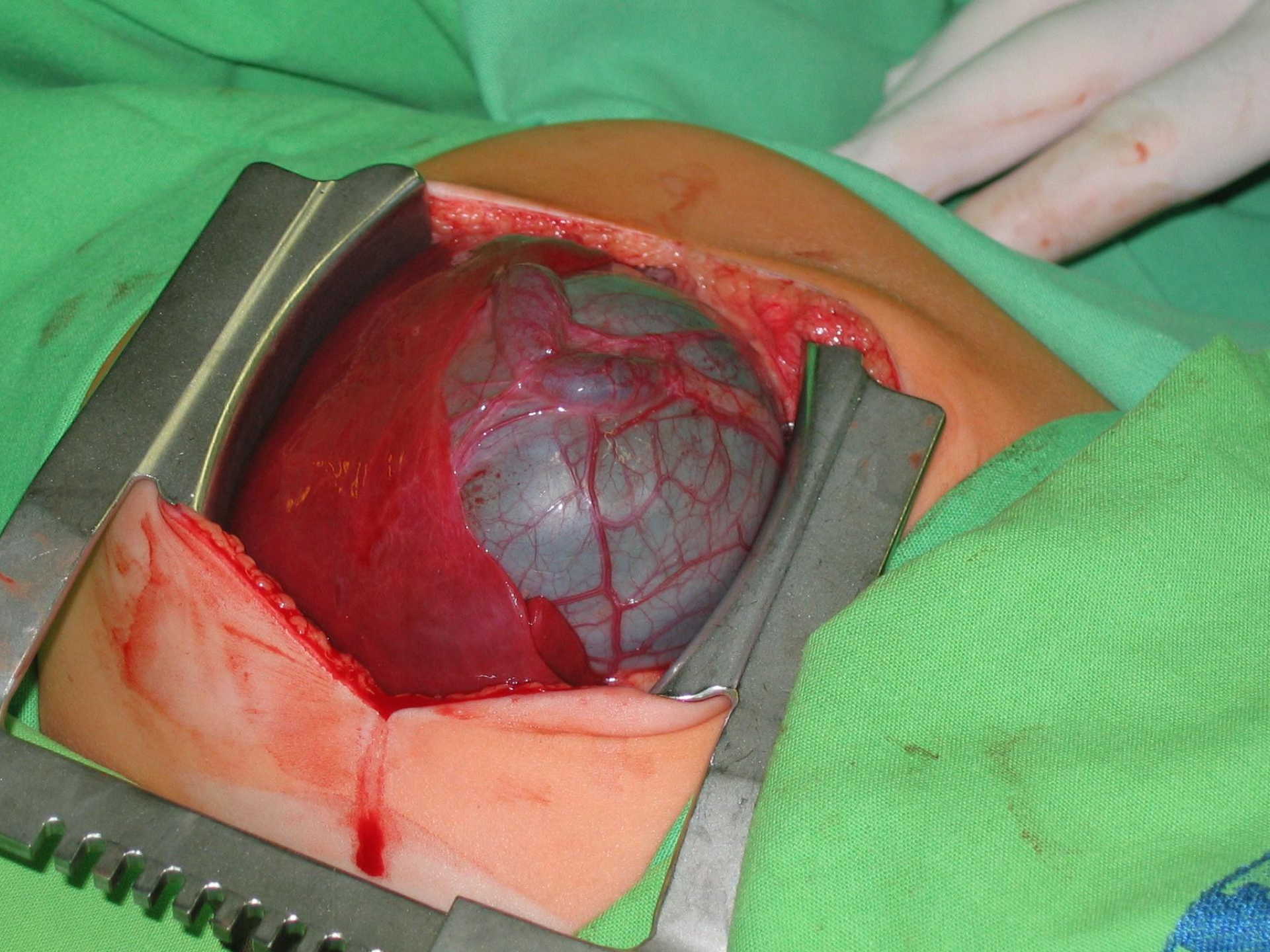


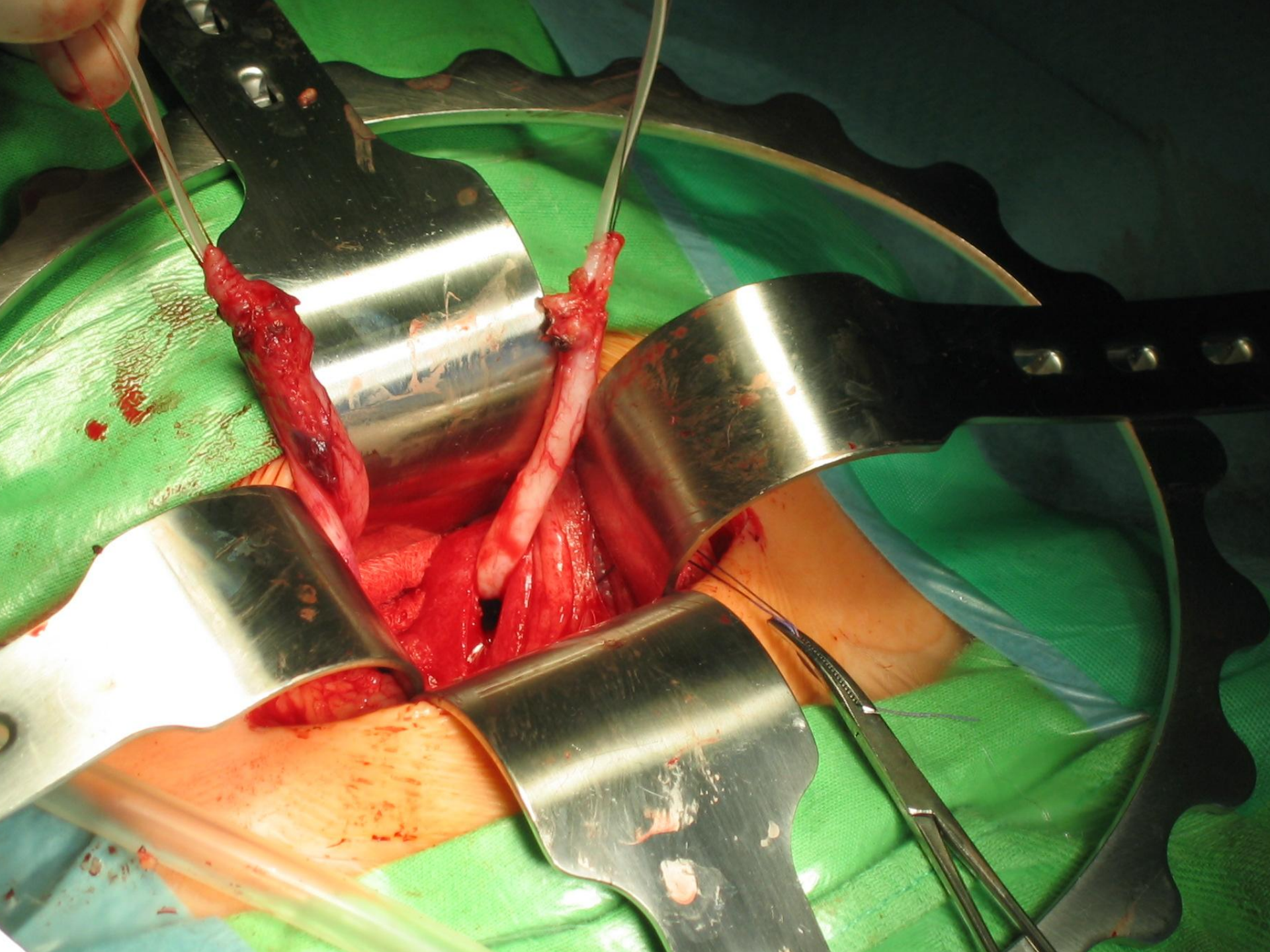


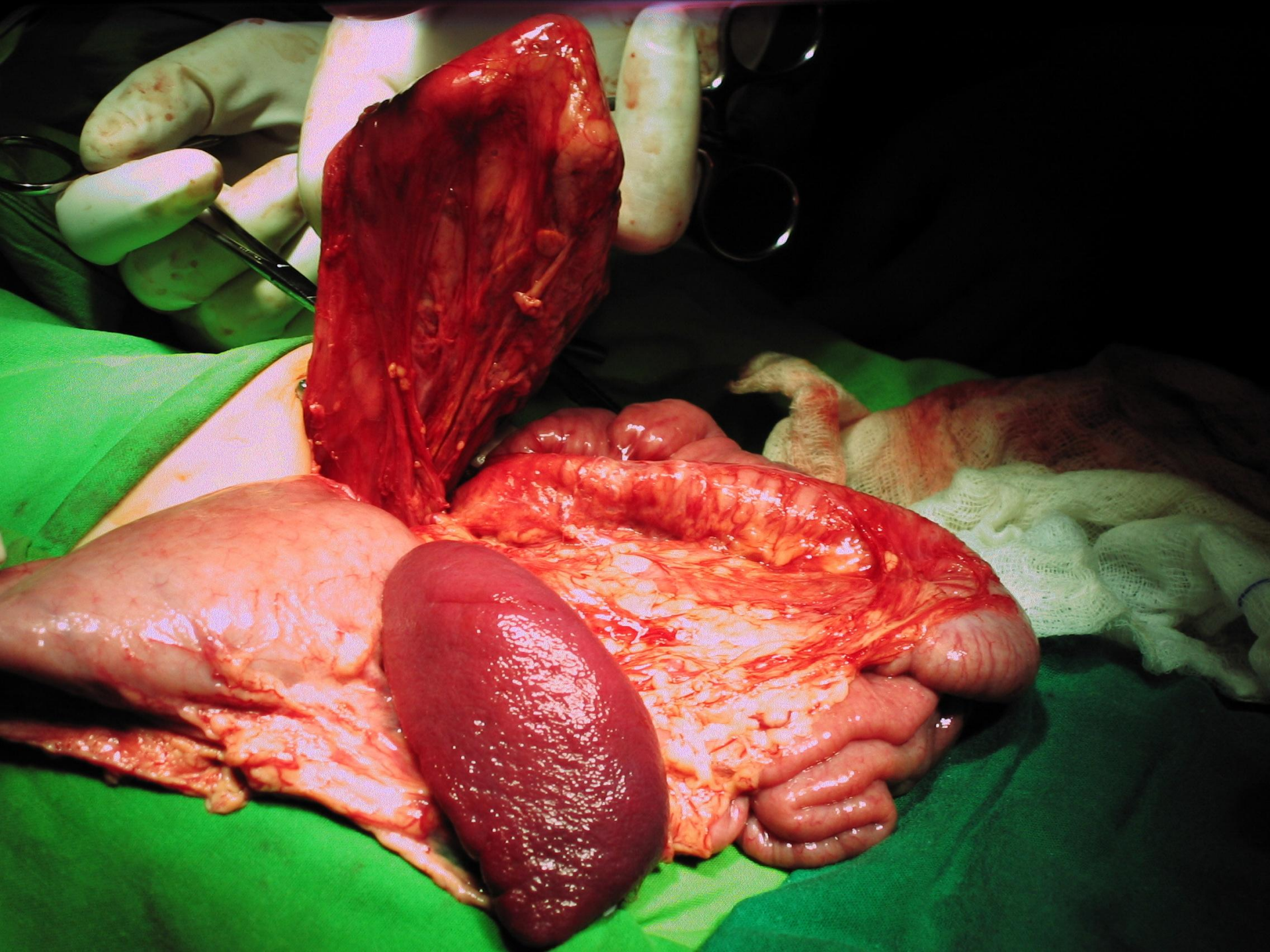

80mmHg
A
ANAL RESTING PRESSURE
20 ml
40ml
50ml
60ml
60 seconds
80mmHg
B
5 ml
10 ml
15 ml
20 ml
25 ml

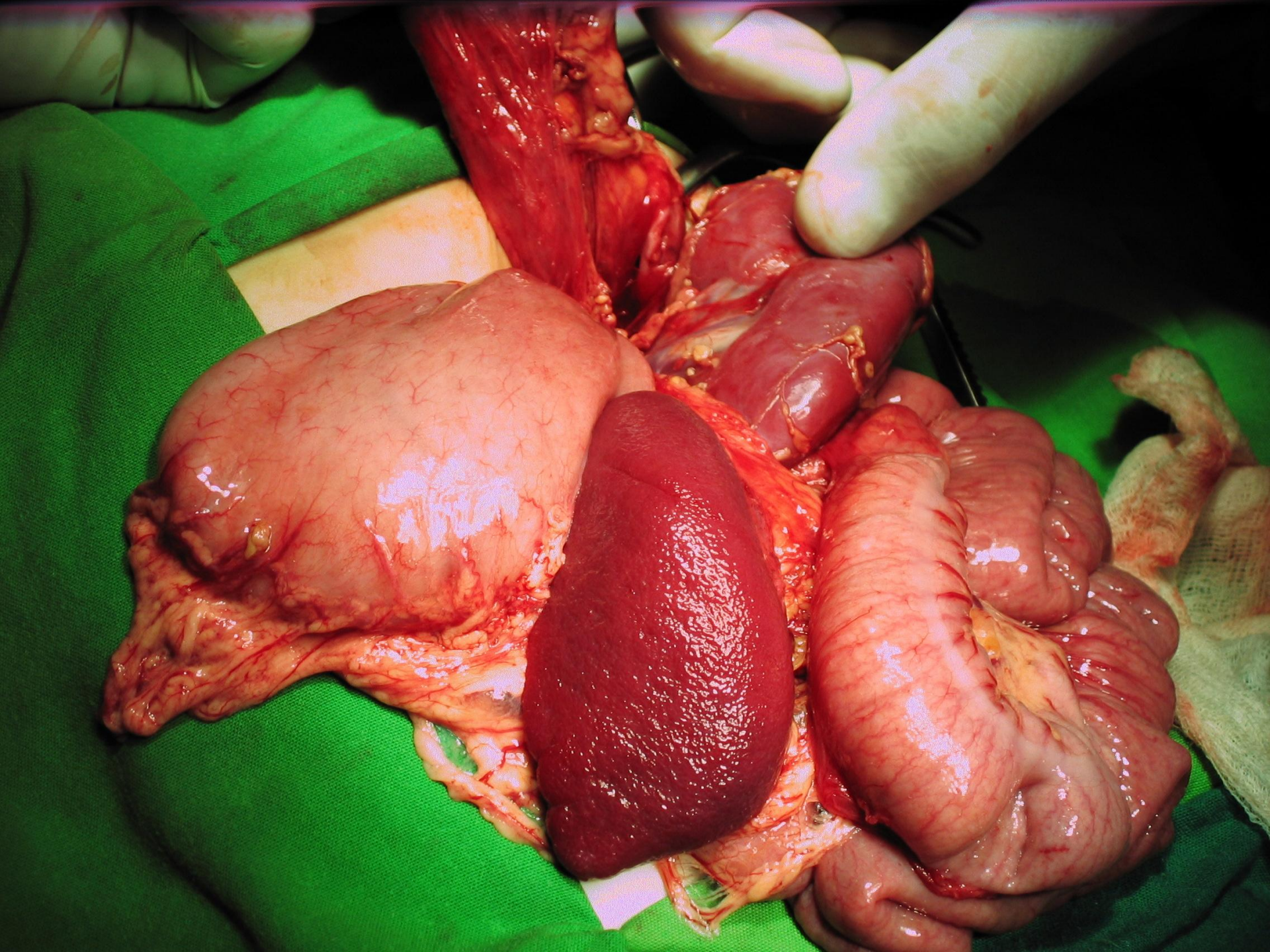


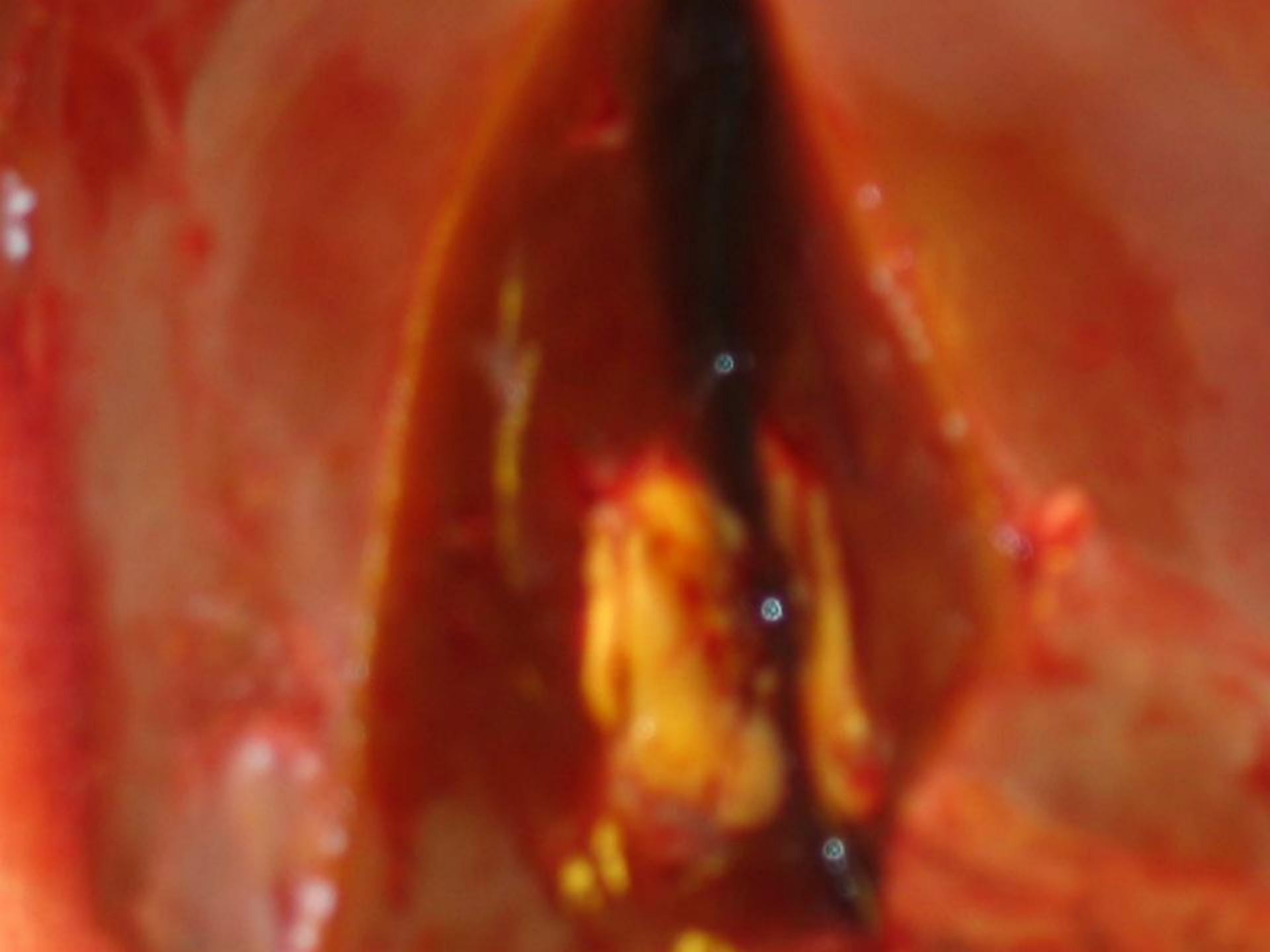


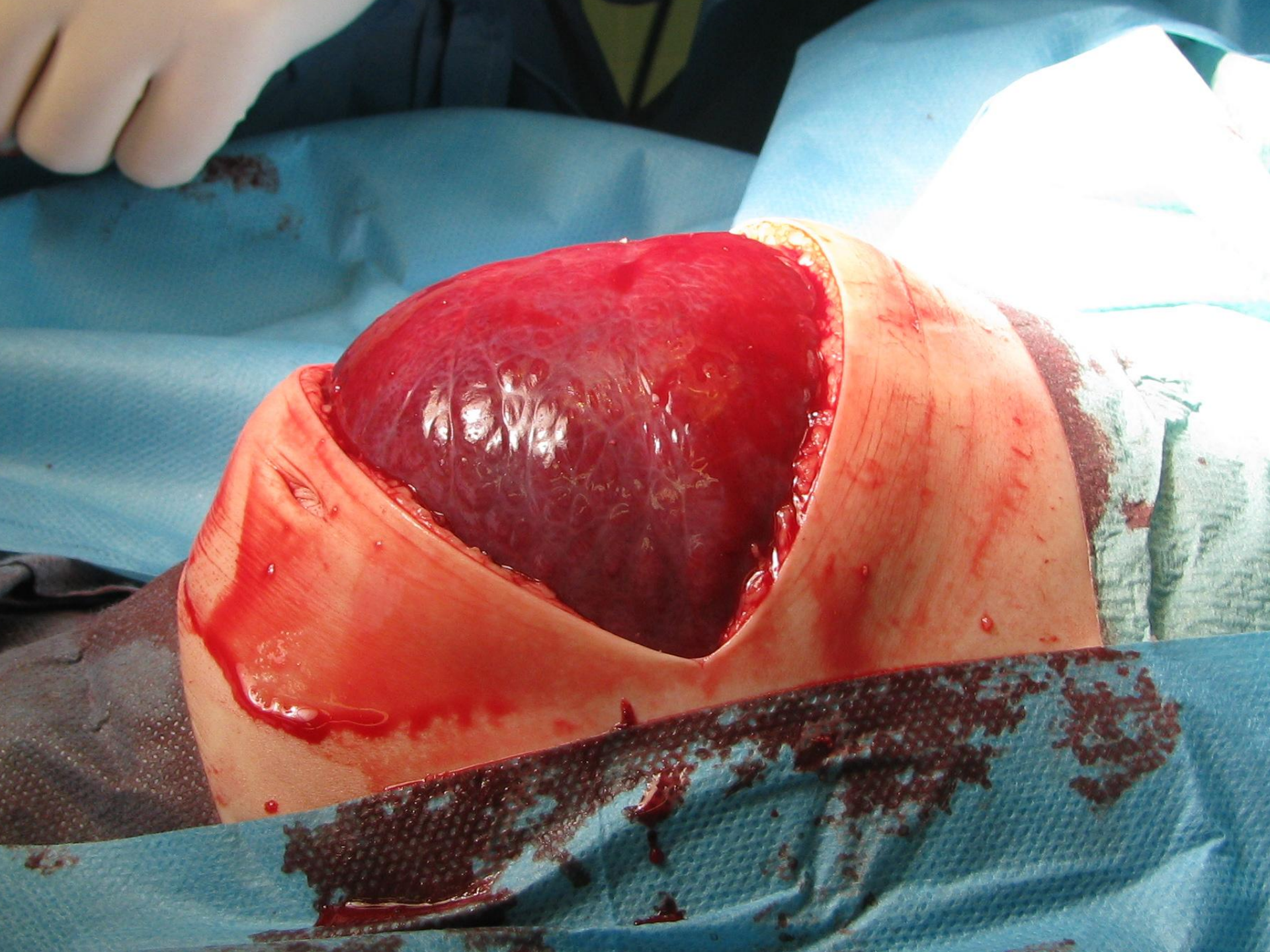


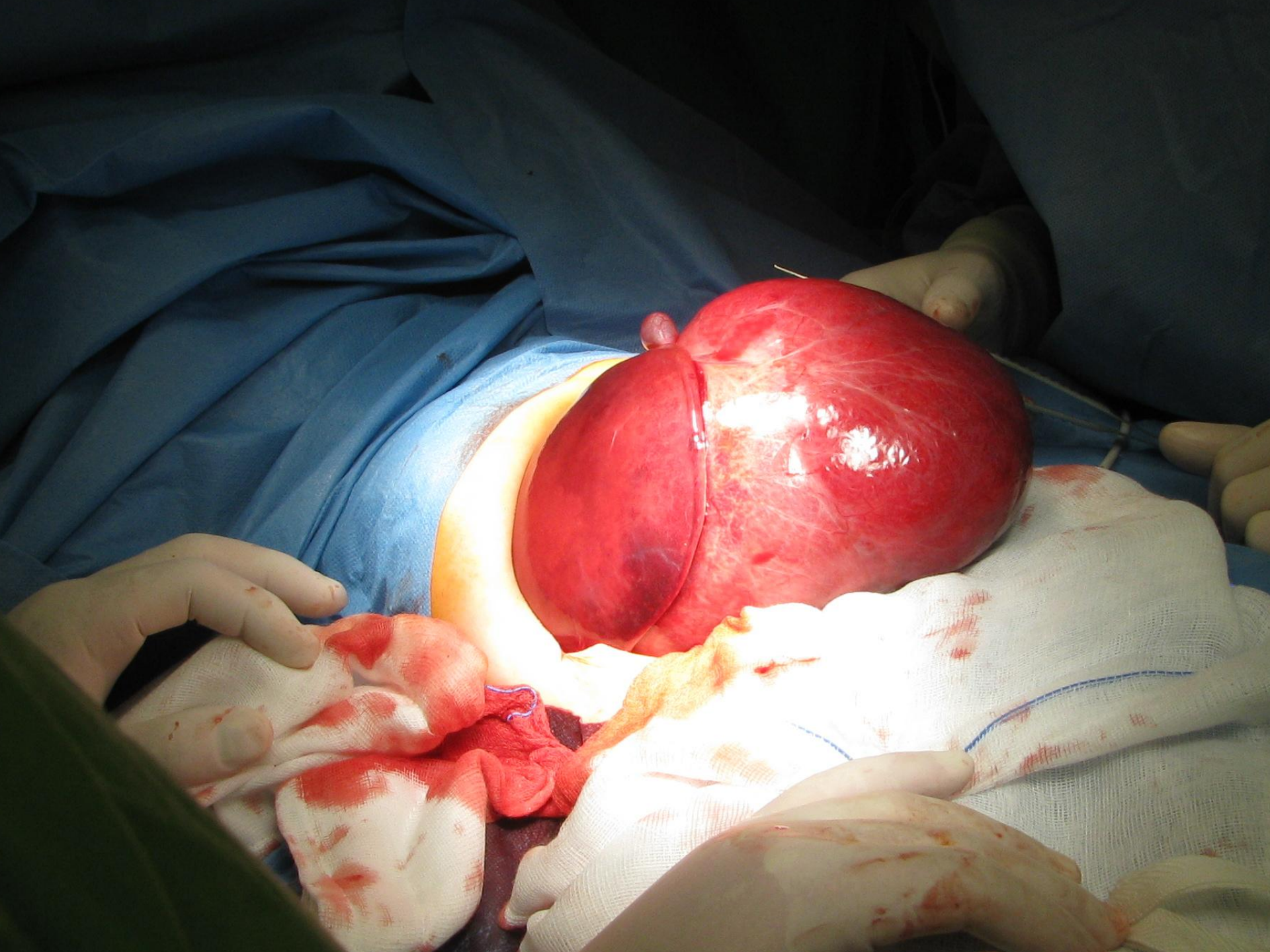


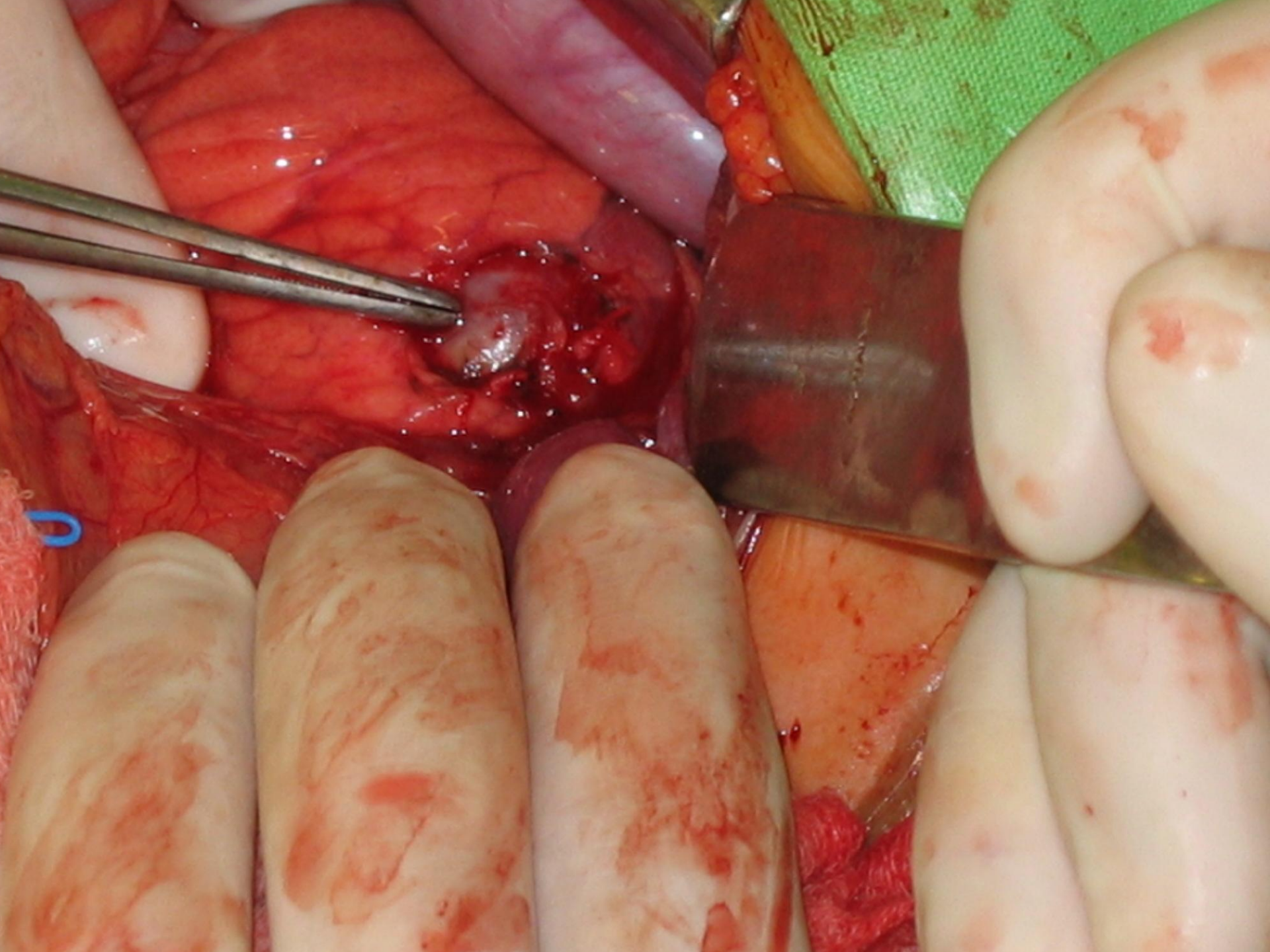












STRATEGIES FOR PREVENTION OF CVC INFECTIONS

1) Is chlorhexidine a more effective cutaneous antiseptic agent than povidone-iodine for CVC insertion and care?

Grade A/B recommendation: Extrapolating from studies on adult subjects, use of chlorhexidine with alcohol as cutaneous antisepsis decreases the risk of CC and CRBSI when compared to 10% povidone-iodine. Care should be taken in using chlorhexidine in neonates and premature infants because of increased risk of skin irritation and systemic absorption.

2) Is administration of perioperative antibiotics necessary at the time of CVC insertion?

Grade A/B recommendation: Benefit of systemic prophylactic antibiotic at the time of CVC insertion is currently unclear. The most recent consensus guideline does not recommend systemic antibiotic prophylaxis at time of catheter insertion; however, this differs from a previous CDC guideline. Antibiotic prophylaxis may be beneficial in certain subpopulations. Additional large randomized pediatric trials addressing this question will be beneficial.

3) Does the use of antimicrobial or antiseptic impregnated catheters and/or cuffs affect the risk of CC and/or CRBSI?

Grade A recommendation: In studies performed mostly in adult subjects, heparin coated and antibiotic impregnated CVCs were associated with significant and substantial reductions in CRBSI with significant but weaker effects on CC. Use of chlorhexidine-silver sulfadiazine catheters reduced the risk of CC with minimal effects on CRBSI.

4) Does the site of insertion influence subsequent risk for CC and/or CRBSI?

Grade B recommendation: In adult studies, no difference is noted in CRBSI between subclavian, internal jugular, and femoral sites, although CC may be lower at subclavian sites.

5) Does the placement of a chlorhexidine impregnated sponge (Biopatch®) at the CVC insertion site decrease the risk of CC and/or CRBSI?

Grade A recommendation: Use of a chlorhexidine impregnated sponge (Biopatch®) at the CVC insertion site decreases the risk of catheter related infections in pediatric and adult patients. Chlorhexidine sponges may cause contact dermatitis in neonates and extremely premature infants and should not be utilized in this patient population.

6) Are antibiotic or ethanol lock therapies effective in decreasing CC and/or CRBSI?

Grades A/B recommendation: Ethanol lock therapy for silicone CVCs can be administered safely and can effectively reduce the incidence of catheter related infections. Prophylactic use of vancomycin heparin lock solution reduces the incidence of CRBSI, has not been shown to promote vancomycin resistance, but is associated with asymptomatic hypoglycemia.

7) Are there differing strategies for the management of CRBSI in short-term versus long-term CVCs?

Grades A/B recommendation: Patients with an uncomplicated CRBSI and a short-term CVC should undergo catheter removal and treatment with systemic antibiotics for at least 7 to 14 days based on the pathogen. Patients with a long-term CVC and an uncomplicated CRBSI due to coagulase-negative staphylococcus or enterococcus may retain the CVC and complete a course of systemic antibiotics with the use of antibiotic lock therapy. Removal of the CVC is required if there is clinical deterioration, or persisting or relapsing bacteremia. Infections with ***Staphylococcus aureus***, gram-negative bacilli, or ***Candida*** require immediate removal of the infected CVC and a defined course of systemic antibiotic therapy, except in rare circumstances when no alternate venous access is available. Pediatric patients treated without catheter removal should be closely monitored with clinical evaluation, additional blood cultures, and the use of antibiotic lock therapy with systemic therapy for catheter salvage.

Classes of Evidence *Oxford Centre for Evidence-based Medicine Levels of Evidence, March 2009.* *www.cebm.net*	**Grades of Recommendation**
I Systematic review of RCT's or RCT with narrow CI **II** Cohort studies, low quality RCT's, outcomes research **III** Case-control studies **IV** Case series **III** Expert opinion	**A** Consistent Level 1 Studies **B** Consistent Level 2 or 3 studies or extrapolation from Level I studies **C** Level 4 studies or extrapolations from Level 2 or 3 studies **D** Level 5 evidence or inconsistent or inconclusive studies

Tünetek

Légzészavar

Gyomor-bél passage zavar

Vizelet termelés és továbbítás betegségei

Defectusok

Endokrin betegségek

Daganatok

Trauma