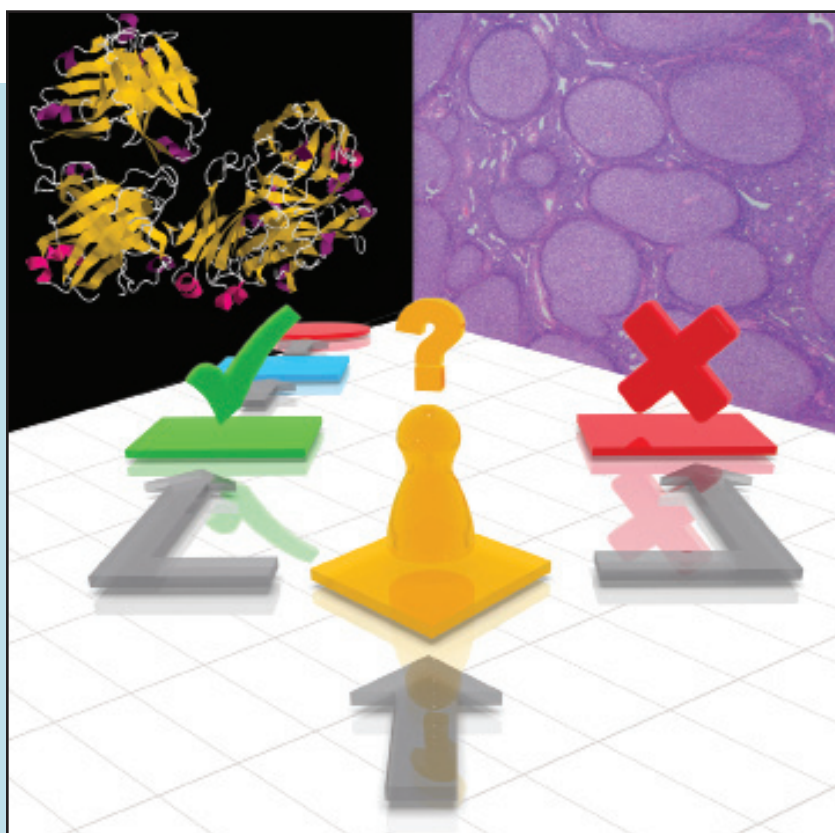


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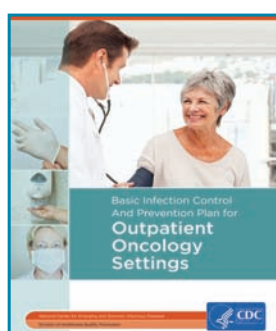


Asymptomatic Follicular Lymphoma: Is 'Watch and Wait' Now Passé with the Advent of Rituximab?

BY MARK FUERST

Most patients with follicular lymphoma present with asymptomatic, advanced-stage disease, and the accepted and long-honored practice has been “watchful waiting” because standard chemotherapy with single or multiple agents did not change the relapsing nature of the disease or overall survival. Now, however, with the availability of rituximab, that is being revisited. Myron Czuczman, David Maloney, and John Leonard weigh in on their current approaches.

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Whipple Procedure Wound Infections Reduced by Half with Use of Specific Measures

Thomas Jefferson University Hospital surgeons have found that a carefully selected surgical care check list of 12 measures can reduce Whipple procedure wound infections by nearly 50%.

Stopping smoking at least two weeks prior to surgery, gown and glove change prior to skin closure, and using clippers over razors to shave the surgical area are some of the measures that helped reduce infection rates, according to the study published in the

October 26 online issue of the *Journal of Surgical Research*.

In the retrospective study, Harish Lavu, MD, Assistant Professor, and colleagues analyzed clinical data from 233 consecutive Whipple procedures from October 2005 to May 2008 on

patients who underwent routine pre-operative preparation (RPP). That preparation is less comprehensive than the 12-measure surgical care bundle—for example, it uses a razor for hair removal and iodine skin preparation and does not include smoking cessation.

Those rates were compared with those for 233 consecutive Whipple procedures performed from May 2008 to May 2010 following the implementation of the surgical care bundle.

There was a 49% reduction in wound infections in the surgical care bundle group (15%) compared with the RPP group (7.7%), a statistically significant difference.

“It is typically quite difficult to achieve a 50 percent reduction in an adverse outcome,” Dr. Lavu said in a news release. “We can make a significant impact on

“It is typically quite difficult to achieve a 50 percent reduction in an adverse outcome. We can make a significant impact on lowering wound infection in patients undergoing this surgery by using this set of guidelines.”

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Wound infection rates for Whipple procedures are historically higher and

more common than in other procedures. Infections can be painful and require reopening the incision, which can ultimately leave scarring. Also, if an infection is not identified quickly, it can

spread and patients can become very ill.

Two standout measures, Dr. Lavu says, are the gown and glove change prior to skin closure and intraoperative wound edge protection, which separates the edges of the incision from contact with visceral contents, instruments, and gloves during the procedure. And, as past studies have shown, using chlorhexidine-alcohol for skin preparation, instead of iodine, helps lower the risk of wound infections.

“The preoperative and postoperative briefings alone, which are now being instituted in many American hospitals, reduce complications simply by improving communication among members of the health care team,” Dr. Lavu says.

While some procedures at certain hospitals include a similar surgical bundle care, Jefferson’s is the first one, the researchers believe, that has been implemented for pancreatic surgery.

“Now it is the standard of care here, and we are trying to move the surgical care bundle as it applies to other kinds of surgery, even in other departments at Jefferson,” Dr. Lavu says.

The 12 measures that were implemented at Jefferson in 2008 include:

- Absence of remote infection
- Preoperative smoking cessation
- Pre-admission chlorhexidine-alcohol skin preparation
- Preoperative clipper hair removal
- Preoperative chlorhexidine-alcohol skin preparation
- Preoperative antibiotic administration
- Intraoperative wound edge protection
- Intraoperative glycemic control
- Intraoperative temperature control
- Gown and glove change prior to skin closure
- Deep venous thrombosis prophylaxis and beta-blocker administration
- Pre- and post-operative briefings. ☐

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