



# **SURGICAL SEPSIS**

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# PREVENTION.

- Avoid prolonged pre-op fasting.
- Sterility
- Early enteral feeding.
- Controlled opioid administration.
- Controlled fluid administration.
- Early ambulation.
- Wound care

# DIAGNOSIS

- Early recognition + aggressive intervention = decreased mortality
- Clinical suspicion.
- History, examination and investigations to find focus of infection.

# MANAGEMENT.

- Fluid support+/- vassopresor+/- steroid
- Cultures and Appropriate antibiotics
- Organ support
- Consider blood transfusion if appropriate.
- Definitive source control within 12 hours.
- Damage control surgery.