



Indian Society for
Study of Pain

ISSP ASEPTIC AND
ANTIBIOTIC
POLICY FOR
INTERVENTIONAL
PAIN AND SPINE
PROCEDURES

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Applicable: All over India

ASEPTIC AND ANTIBIOTIC POLICY FOR INTERVENTIONAL PROCEDURES IN PAIN

Background: International guidelines do exist for usage of antibiotics for prophylaxis against surgical site infection (SSI). As regards use of antibiotics for interventional procedures for management of chronic pain, no definite guidelines exist. Consequently there is a tendency among pain physicians to use antibiotics based upon his/her perception and experience. Hence it is highly imperative to have a set of guidelines based upon strong scientific principles and evidence for use of antibiotics during interventions for chronic pain.

Materials and Methods: Due to lack of sufficient literature, CDC guidelines for SSI prophylaxis was reviewed and its recommendations incorporated in the proposal.

Recommendations:

1. All patients should be monitored for underlying infection. History of fever, and basic investigation like TLC, DLC [\pm ESR, CRP] should be done prior to taking up for any interventional procedures
2. In a diabetic patient, blood sugar level should be checked just prior to the procedure and should be $<200\text{mg}\%$
3. Patients should be given proper operation suite scrubs prior to entering the OT suite.
4. Finger rings should be removed and handwash with antiseptic based soap solution should be done by interventionist.
5. Gown, caps, masks and gloves should be worn for the interventional procedure
6. Wherever possible, alcohol based solutions should be used for cleaning/preparing the area.
7. Proper/rational use of antibiotics for interventional procedures is recommended. The antibiotic should provide good coverage against Gram +ve organisms. Amongst cephalosporins, it is better to use 2nd rather than 3rd generation cephalosporins.

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8. Where use of antibiotics is recommended, the first dose should be intravenous and should be administered within 1 hour of starting of the procedure.
9. SSI prophylaxis by definition refers to one which is continued for 24hrs after the procedure
10. SSI prophylaxis is recommended for the following procedures:
 - a. Prolonged procedures (exceeding beyond 60mins), due to possibility of recolonization of skin flora
 - b. Radiofrequency procedures.
11. For discal procedures and those involving placement of implants, SSI prophylaxis should be extended for 5-7 days.
12. Patients with facial pain syndromes (eg. trigeminal neuralgia) need special mention. Here the patients cannot wash/prepare the area of intervention because of neuralgia. Moreover preparation of such area cannot be done with alcohol based solutions. Hence full dose of initial intravenous antibiotics followed by coverage for at least 5 days is appropriate.
13. Where injury to hollow viscera is expected to occur, the patient must receive preoperative intravenous dose of antibiotics. In the event that the injury actually occurs, a full 5 day course of antibiotics is recommended.

Conclusion: The above guidelines are intended to provide evidence based recommendations for the prevention of infection during interventional procedures for pain and should be adhered to for quality improvement and patient safety.

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