Postoperative SA infections still cause substantial morbidity and mortality.

Methods:

Participants and measures governing postoperative infections has further spurred interventions to prevent this serious complication.

Results: The incidence of SA infection was 3.1% (120/3832); bacteremic, deep sternal wound infections were 0.023% (97/3832) and superficial Staphylococcus aureus infections occurred in ~1% of adult patients following CT surgery with full median sternotomy. Conduit harvesting techniques, perioperative antimicrobial prophylaxis, and other interventions were not standardized. We analyzed the incidence, timing, risk, and consequences of Staphylococcus aureus (SA) infections following cardiac surgery. A double-blind, randomized placebo-controlled trial of a novel SA vaccine in adult patients scheduled for CT surgery with full median sternotomy.

Conclusions: In the modern era, invasive SA infection occurs in ~1% of adult patients following CT surgery with an attributable mortality rate of 3% for MSSA and 15% for MRSA. The cost/benefit of strategies to reduce this incidence, such as active surveillance and decolonization measures governing postoperative infections has further spurred interventions to prevent this serious complication.

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