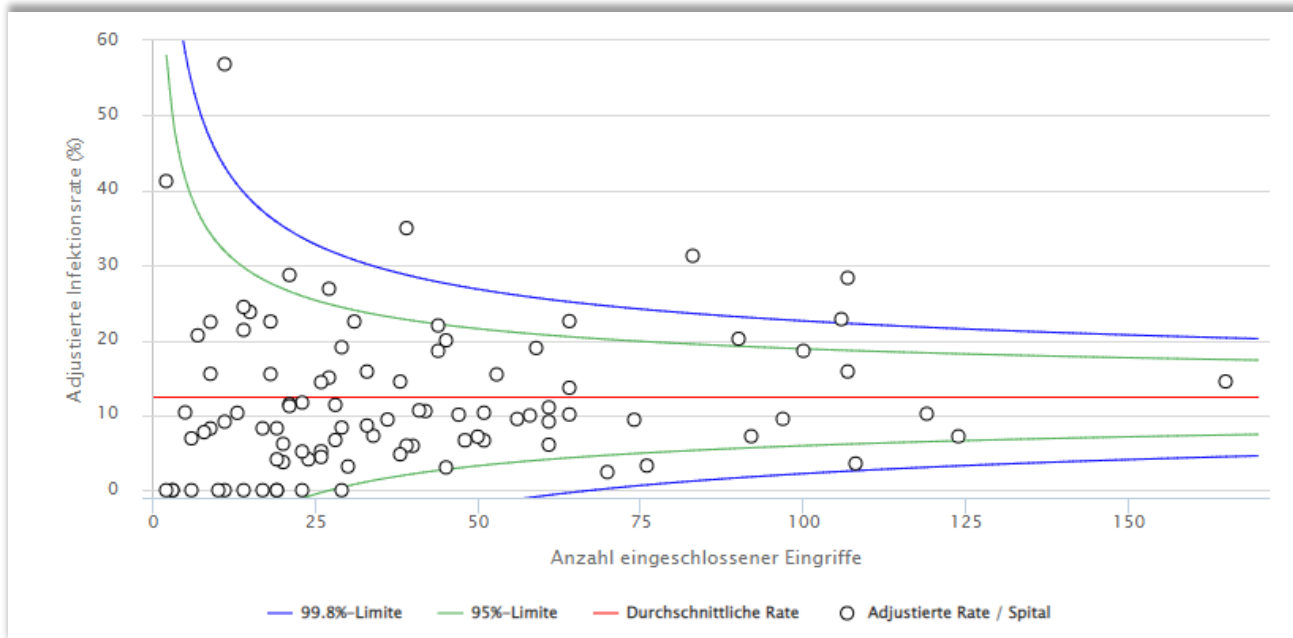


# Publikationshighlights: COMBINE trial

17.11.2022 Philipp Jent



# Kolonchirurgie: Trotz allen Massnahmen weiter hohe Infektraten



10/20-9/21 Swissnoso SSI  
Surveillance, ANQ

## Effect of oral antimicrobial prophylaxis on surgical site infection after elective colorectal surgery: multicentre, randomised, double blind, placebo controlled trial

Emmanuel Futier,<sup>1,2</sup> Samir Jaber,<sup>3,4</sup> Matthias Garot,<sup>5</sup> Marie Vignaud,<sup>1</sup> Yves Panis,<sup>6</sup> Karem Slim,<sup>7</sup> Jean-Christophe Lucet,<sup>8,9</sup> Gilles Lebuffe,<sup>5</sup> Alexandre Ouattara,<sup>10,11</sup> Younes El Amine,<sup>12</sup> Philippe Couderc,<sup>13</sup> Aurélien Dupré,<sup>14,15</sup> Audrey De Jong,<sup>3</sup> Sigismond Lasocki,<sup>16</sup> Marc Leone,<sup>17</sup> Julien Pottecher,<sup>18</sup> Bruno Pereira,<sup>19</sup> Catherine Paugam-Burtz,<sup>20</sup> on behalf of the COMBINE study group

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**Design:** multicentre doubleblind RCT

**Setting:** 11 Universitäts – und andere Spitäler, F, 2016-2019

**Einschluss:** Erwachsene mit geplanter lap- oder offener Kolonchirurgie

**Ausschluss:** BMI >35, Antibiotikatherapie >14 Tage vor Chirurgie, Paralleloperation, IPD, eGFR <30 ml/min, SS/Stillzeit, Allergie auf Betalaktame oder Imidazole, Lactoseintoleranz

**1° Endpunkt:** Proportion mit SSI in 30d postop

**2° Endpunkte:** Oberflächlich, tief, organ-space SSI; Komplikationen Clavien 3 oder mehr

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**Intervention:** + Ornidazole 1g p.o. 12h präoperativ zu üblicher Prophylaxe (Cefoxitim 2g Schnitt-30min i.v.)

**Kontrolle:** übliche Prophylaxe (Cefoxitim 2g Schnitt-30min i.v.)

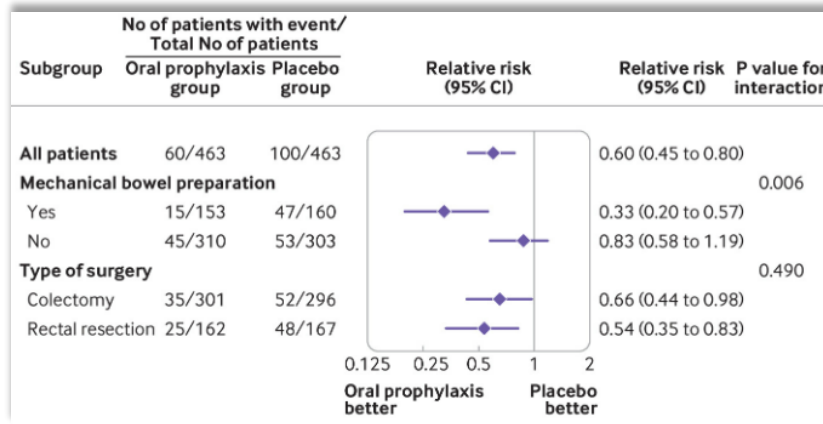
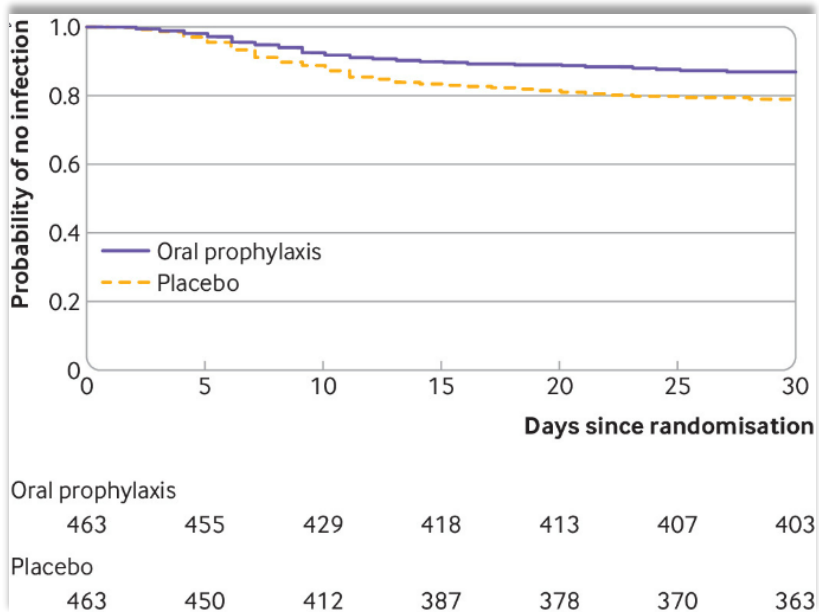
**FU:** wöchentliche Telefoninterviews, Untersuchung bei Infektverdacht

# Resultate

Effect of oral antimicrobial prophylaxis on surgical site infection after elective colorectal surgery: multicentre, randomised, double blind, placebo controlled trial

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# Kritik

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Cefoxitim genügend anaerobe Abdeckung, diese behoben?

Wahl Ornidazole (vs. +Neomycin, +Ciprofloxacin, ...)

BMI >35

Hohe Infektionsrate als Basis

## Im Kontext

Table. Odds Ratios (ORs) for Number of Surgical Site Infections

Treatment	OR (95% CI) <sup>a</sup>	
	IV + OA	MBP + IV + OA
OA alone	0.14 (0.06-0.33) <sup>b</sup>	0.19 (0.08-0.43) <sup>b</sup>
MBP + OA	0.10 (0.04-0.25) <sup>b</sup>	0.14 (0.07-0.31) <sup>b</sup>
MBP + IVB + OA	0.18 (0.08-0.41) <sup>b</sup>	0.25 (0.12-0.51) <sup>b</sup>
MBP + IV	0.22 (0.12-0.40) <sup>b</sup>	0.31 (0.20-0.48) <sup>b</sup>
IV alone	0.27 (0.15-0.50) <sup>b</sup>	0.38 (0.24-0.62) <sup>b</sup>
IV + E	0.26 (0.11-0.63) <sup>c</sup>	0.37 (0.17-0.81) <sup>d</sup>
MBP + IV + OA	0.71 (0.41-1.21)	NA
IV + OA ± E	NA	1.41 (0.83-2.42)

Abbreviations: E, enema; IV, intravenous antibiotics; IVB, inadequate IV antibiotics; MBP, mechanical bowel preparation; OA, oral antibiotics.

<sup>a</sup> OR less than 1 means that surgical site infection is less likely after the treatment in the column compared with the treatment in the corresponding row. For example, an OR of 0.5 means that the occurrence of a surgical site infection is half as likely for the treatment in the column than for the treatment in the corresponding row.

JAMA Surg. 2022 Jan 1;157(1):34-41

Orale Antibiotika effektiv,  
**Preis** (Antibiotikaresistenz – C.  
diff.)?

**+mechanische  
Darmvorbereitung?**

**Regime?**



Vielen Dank für die Aufmerksamkeit.

