Wound discharge with fever ± WCC

Intact sternum
- Drain the abscess, Antibiotics, Remove wires, VAC pump
- Viable non infected sternum, low risk patient
  - Debride, Irrigate, Rewire, primary or delayed wound closure. If tissues under tension
  - Use pectoral flap

Sternal dehiscence
- Necrotic infected sternum, multiple fractures, high risk patients
  - Debride, Use a myocutaneous flap (one or two stage procedure)