Author's response to reviews

Title: Methods For Identifying Surgical Wound Infection After Discharge From Hospital: a systematic review

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Iratxe Puebla
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BMC Series Journals

Dear Ms Puebla

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Methods for Identifying Surgical Wound Infection After Discharge from Hospital: a Systematic Review

Thank you for the recent comments on our paper from your Editorial Adviser, Dr Rubin. We address his comments below and have redrafted the paper as indicated below, plus we have made amendments throughout the paper to distinguish between case definition, case ascertainment and surveillance programmes. We have not substantially added material (such that would require re-refereeing) though we have added a small section in the Introduction about epidemiological surveillance. We are confident that the editing we have undertaken makes the whole thing much clearer.

Responses to Dr Rubin.

1] We thank Dr Rubin for his constructive comments. He observes that we have not “solved the problem” in terms of designing a better approach to post discharge surveillance. It would not be possible to determine the optimal approach without further primary research and for this we make recommendations. The purpose of our paper (once it became clear that there is insufficient evidence to support any particular technique of surveillance for post discharge SSI) was to summarise existing research; clarify its deficiencies (in order that future research might avoid these); and make recommendations for future research. We feel we have done as much as we can with the available data. We hope we have made future directions much clearer in the Discussion and Conclusions as we have substantially rewritten these.

2] We are not clear whether Dr Rubin’s point about stratification by risk factors relates to how we analyse the data in the systematic review of existing studies, or future primary research. If the former, clearly the accuracy of detection will depend in part on the prevalence of SSIs in the population of interest, which itself is influenced by the risk factors he outlines. However as we clearly report in the paper, most of the authors tell us far too little about their surgical populations to allow this (and this is one of our conclusions – that future studies need to be much clearer about reporting their selection criteria). If Dr Rubin means that these risk factors need to be taken much more into account in future research, then we certainly agree and have strengthened the point in the penultimate paragraph of the Discussion.
We look forward to hearing from you in due course.

Yours sincerely

Nicky Cullum