Reviewer’s report

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

Version: 1 Date: 10 March 2006

Reviewer: Donald Fry

Reviewer’s report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

The authors have clearly identified that earlier hospital discharge has made current wound infection surveillance ineffective. There is also the recognized issue that having the surveillance done by the patient or family themselves is at variance with observations made by trained surveillance personnel or by the physician. Furthermore, follow up compliance with mailed or telephone follow up can be a problem.

The authors should consider whether it really matters that every infection or wound complication is reported, but rather only those that require additional health resources to be utilized! If a wound complication requires cultures, antibiotics, additional physician visits, or re-hospitalization, then it is clinically significant and can be tracked. This will allow a standard way of counting infections and will avoid self reporting which I believe is destine to failure. It is the major infections using more health care resources that are the ones we wish to monitor and prevent; not the trivial serum discharge from the inferior aspect of the wound that may not be an infection anyway.

What next?: Accept after discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I have no competing interests.