Reviewer's report

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

Version: 1 Date: 24 March 2006

Reviewer: Richard Platt

Reviewer's report:

General
This topic is an important one, deserving of the consideration the authors have given it.

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

I believe this review will be more helpful if it attends to these points --

1) It characterizes the prior findings of the referenced Bruce review, and then integrates the Bruce conclusions with the new studies that have been published in the interim. I believe this will make the review substantially more useful because the Bruce review covers a larger number of publications on this topic. Many of these publications are still relevant.

2) It discusses how useful the CDC definition, the recommended gold standard, can be in actual practice. The fact that the definition includes unstandardized elements (e.g., surgeon's/physician's diagnosis of infection), variable practices in submitting wound specimens for microbiologic analysis, and unknown completeness of documentation of clinical findings in the post-discharge -- mostly ambulatory, non-hospital, clinical care environment.

Thus, while the authors are entitled to their conclusion that "the CDC definition of wound infection should be used in future studies unless evidence arises to suggest that this definition is unsatisfactory", I believe this conclusion deserves more vigorous justification. I do not think it is sufficient to say that preliminary work should develop an appropriate reference system. Developing an adequately robust, efficient, and broadly applicable measure might well be the major need in this field -- one that should precede the wider implementation of systems for identify and reporting post-discharge surgical site infection experience or the effort to conduct additional methodologic research.

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

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the
major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests.