Reviewer's report

Title: Abdominal Surgical Site Infections and the Factors Involved: a descriptive correlational study

Version: 1 Date: 28 June 2004

Reviewer: Susan van den Hof

Reviewer's report:

General

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

The authors use the term prevalence when they mean incidence.

Instead of referring to a textbook (Mayhall), the original articles should be referred to.

It is not clear which wound contamination class definitions are used. Are they the NNIS definitions? Then it should be clean, clean-contaminated, contaminated and dirty-infected. If they are not used, a definition of the categories used in this manuscript (clean, infected clean, infected, septic) should be given.

In relation to the previous point: To my knowledge, by definition, abdominal surgery wounds cannot be clean.

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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)

The prevalence of risk factors for SSI should be included in table 1 in a separate column, instead of being written out in the introduction.

Table 2-5 should be made into one table. This is very well possible if the rows and columns are switched. Then, all variables investigated should be shown in this table (e.g. co-morbidity, type of shaving).

If possible, it would be better to also show combinations of prophylactic antibiotics. If the combinations are not too diverse, all patients will be shown only once.

Important risk factors should be considered simultaneously in a multiple analysis. If this is not possible, the risk of confounding should be mentioned in the discussion.

In the first paragraph of the discussion, results are given while they are not mentioned in the results section. They should be moved there and only be referred to in the discussion section.

The literature shows that given antibiotics half an hour before surgery decreases the risk of SSI. This manuscript shows that given antibiotics helps, but the timing of prophylactic antibiotics is not given.
It would be good to include this in the results section, if possible. And if possible, see if the timing of giving antibiotics shows differences in the risk of SSI.

One conclusion is that the pre-operative bed stay should be reduced. However, is this possible?

first mention of SSI (in introduction): write out the word

commonest=most common

Ethics was fully observed: this is not clear. Was the study approved by

Table 1: incidence instead of prevalence

In table 3 the percentages are not given correctly (0.6 and 19 should be 19.6%)
p-value of 0.00 does not exist, but may be <0.001

Results on co-morbidity (and type of shaving) are not given in Table 2-4, as stated in the text.

Saving time: timing of shaving is what the authors mean.

Discretionary Revisions (which the author can choose to ignore)

Although the differences in SSI by BMI are not significant, a trend is visible (more SSI with low and high BMI)

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

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

none