Prophylactic antibiotic therapy is clearly more effective where begun preoperatively and continued through the intra operative period, with the aim of achieving therapeutic blood levels throughout the operative period. In the current study, we want to emphasize on the risk factors that increase the SSI and role of prophylactic antibiotic administration to clean surgical cases in this institution.

Superficial surgical site infection - infection involves only skin or subcutaneous tissue which is treated by dressing and antibiotics. Deep incisional SSI - infection involves deep soft tissue (e.g. fascial and muscle layers) Or presence of wound dehiscence which requires secondary suturing. Organ/space SSI - infection involves any part of the anatomy (e.g. organs or spaces), other than the incision, which was opened or manipulated during an operation which required exploration and closing.

Material and Methods
This study was done for a period of one year from January 2016 to December 2016 in patients who were admitted for delivery by C Section in obstetrics and gynaecology department of JLNMC, Bhagalpur. This study was done for a period of one year from January 2016 to December 2016 in patients who were admitted for delivery by C Section in obstetrics and gynaecology department of JLNMC, Bhagalpur. Thorough examination, investigations and management were performed. A total of 100 cases were taken in the study. Results: The total number of post CS wound infections was seen in 28 patients out of 100. There was a four-fold higher incidence of premature rupture of the membranes and a three-fold higher incidence of diabetes in the post CS cases. Conclusion: Surgical site infection following caesarean section is common. SSIs are increasing and there is an increased cost burden on the healthcare systems.

Results
The total number of post CS wound infections was seen in 28 patients out of 100. There was a four-fold higher incidence of premature rupture of the membranes and a three-fold higher incidence of diabetes in the current study, we want to emphasize on the risk factors that increase the SSI and role of prophylactic antibiotic administration to clean surgical cases in this institution.

Discussion:
Despite improvements in operating room practices, instrument sterilization methods, surgical technique, and the best efforts of infection prevention strategies, SSI remains a major cause of hospital-acquired infections and rates are increasing globally even in hospitals with the most modern facilities and standard protocols for preoperative preparation. Thus, SSI is considered to be one of the most common and serious anesthetic and surgical complications. An effective prophylactic regimen should be directed against the most likely organisms. Infections can be prevented when effective concentrations of the drug are present in the blood and the tissue during and shortly after the operation.
after the procedure. According to the National Nosocomial Infection Surveillance SSI index (comprising ASA, potential for surgical wound contamination, and duration of surgery), the incidence of SSI was increased for scores 0, 1, 2, and 3 (corresponding to 1.3%, 5.8%, 5.1%, and 30.0%, respectively); although the rate in patients with a score of 1 was higher than in those with a score of 2, this difference was not statistically significant, which is most likely due to the small size of the sample available for subanalysis. Based on our study and those reported by others, the incidence of SSI can be expected in those patients with high-risk factors. Therefore, antibiotic prophylaxis should begin just before the operation. Rao et al, should in their study that SSI incidence in doubled in the older age group 50-70 yrs and the incidence of severe complication following is increased in both extremes of ages i.e., < 10 yrs and > 60 yrs. The risk of developing SSI after C-section is multi-factorial and has been found to be influenced by the following factors in this study: emergency surgery, membrane rupture before surgery, vertical skin incision and interrupted skin suturing which were found statistically significant.

Conclusion
Surgical site infection following caesarean section is common. SSIs are increasing and there is an increased cost burden on the healthcare systems. Therefore, increased awareness on these risk factors, development and strict implementation of protocol should be done by all the health care professionals in order to minimize and prevent the infection rate after caesarean section.

References