

SUPPLEMENTARY MATERIAL

Supplementary Material

Table i. Sum of reviewer responses for each reviewed case

Case	Presence or absence of infection			CDC criteria of surgical site infection (SSI)				
	No infection	Infection	Unable to assess	No infection	Superficial incisional SSI	Deep incisional SSI	Organ space SSI	Unable to assess
1	4	1	0	4	1	0	0	0
2	0	5	0	0	0	2	3	0
3	5	0	0	5	0	0	0	0
4	5	0	0	5	0	0	0	0
5	5	0	0	5	0	0	0	0
6	4	0	1	4	0	0	0	1
7	4	0	1	4	0	0	0	1
8	3	2	0	3	2	0	0	0
9	0	4	1	0	0	1	3	1
10	0	3	2	0	0	1	2	2
11	0	3	2	0	0	1	2	2
12	1	4	0	1	0	1	3	0
13	5	0	0	5	0	0	0	0
14	4	0	1	4	0	0	0	1
15	5	0	0	5	0	0	0	0
16	5	0	0	5	0	0	0	0
17	5	0	0	5	0	0	0	0
18	5	0	0	5	0	0	0	0
19	0	3	2	0	0	1	2	2
20	3	0	2	3	0	0	0	2
21	1	4	0	1	0	4	0	0
22	2	1	2	2	0	0	1	2
23	3	0	2	3	0	0	0	2
24	5	0	0	5	0	0	0	0
25	1	2	2	1	0	2	0	2
26	1	2	2	1	0	0	2	2
27	5	0	0	5	0	0	0	0
28	5	0	0	5	0	0	0	0
29	5	0	0	5	0	0	0	0

CDC, Centers for Disease Control

Table ii. Centers for Disease Control (CDC) criteria for a deep post-operative wound infection

Superficial Incisional SSI	<p>Infection occurs within 30 days of the operation and infection involves only skin or subcutaneous tissue around the incision and at least one of the following:</p> <ol style="list-style-type: none"> 1. Purulent drainage, with or without laboratory confirmation, from the superficial incision. 2. Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision. 3. At least one of the following signs or symptoms of infection: pain or tenderness, localised swelling, redness, or heat and superficial incision is deliberately opened by surgeon, unless incision is culture-negative. 4. Diagnosis of superficial incisional SSI by the surgeon or attending physician. <p>Do not report the following conditions as SSI:</p> <ol style="list-style-type: none"> 1. Stitch abscess (minimal inflammation and discharge confined to the points of suture penetration). 2. Infection of an episiotomy or newborn circumcision site. 3. Infected burn wound. 4. Incisional SSI that extends into the fascial and muscle layers (see deep incisional SSI).
Deep Incisional SSI	<p>Infection occurs within 30 days of the operation if no implant† is left in place or within one year if implant is in place and the infection appears to be related to the operation and infection involves deep soft tissues (e.g., fascial and muscle layers) of the incision and at least one of the following:</p> <ol style="list-style-type: none"> 1. Purulent drainage from the deep incision but not from the organ/space component of the surgical site. 2. A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever (>38°C), localised pain, or tenderness, unless site is culture-negative. 3. An abscess or other evidence of infection involving the deep incision is found on direct examination, during re-operation, or by histopathologic or radiologic examination. 4. Diagnosis of a deep incisional SSI by a surgeon or attending physician. <p>Notes:</p> <ol style="list-style-type: none"> 1. Report infection that involves both superficial and deep incision sites as deep incisional SSI. 2. Report an organ/space SSI that drains through the incision as a deep incisional SSI.
Organ/Space SSI	<p>Infection occurs within 30 days of the operation if no implant† is left in place or within one year if implant is in place and the infection appears to be related to the operation and infection involves any part of the anatomy (e.g. organs or spaces), other than the incision, which was opened or manipulated during an operation and at least one of the following:</p> <ol style="list-style-type: none"> 1. Purulent drainage from a drain that is placed through a stab wound‡ into the organ/space. 2. Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space. 3. An abscess or other evidence of infection involving the organ/space that is found on direct examination, during re-operation, or by histopathologic or radiologic examination. 4. Diagnosis of an organ/space SSI by a surgeon or attending physician.

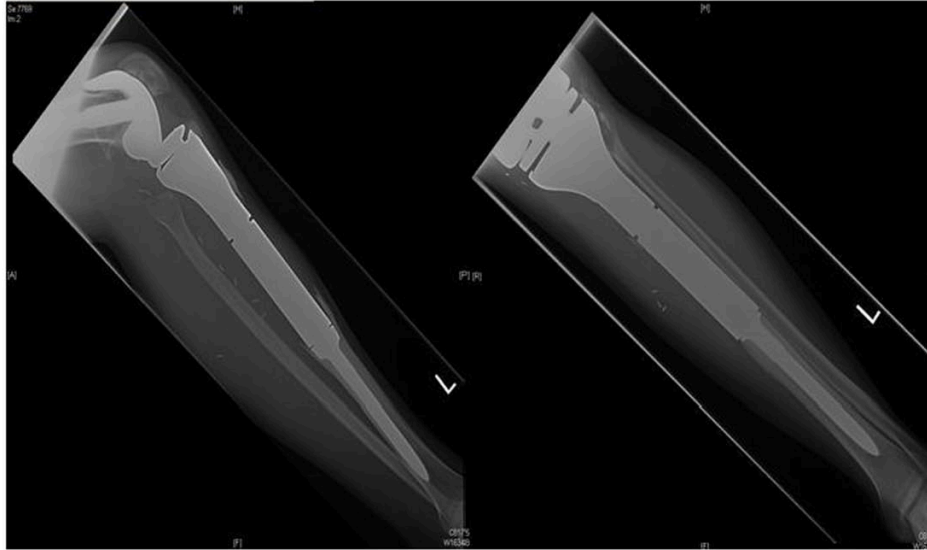
Case 4

A 22 year old male presented for routine follow up ten months after his proximal tibia wide excision and endoprosthesis reconstruction. The following is excerpted from his clinical note:

"He was seen in clinic today looking well. He continues to complain primarily about retropatellar pain. He does have a medial proximal tibial discomfort as well. This is a pain with any activity. It is interfering with his activities of daily living. This has been ongoing and appears only to be getting worse. [blinded]. No nausea, vomiting, fever or chills."

The following relevant laboratory work was done:
Leukocyte count: $9.9 \times 10^9/L$ [Ref: $4.0-11.0 \times 10^9/L$].
Erythrocyte Sedimentation Rate: 4mm/hr [Ref 0-15mm/hr]
C-reactive protein: 0.8mg/L [Ref <10mg/l]

The following radiographs were obtained:



7. According to the CDC criteria, how would you adjudicate this case?

[Click here to review criteria](#)

- No infection
- Superficial Incisional SSI
- Deep Incisional SSI
- Organ/Space SSI
- Unable to assess

Fig. a

Example clinical vignette.