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A surgeon will have a sharps injury in about 1 in 10 operations. Reporting of sharps injuries in surgical staff should be standardized per 100 po and be assessed in prospective follow-up studies” Verbeek and Basnet (2018).

Abstract:

Background: Sharps injuries occur often among surgical staff, but they vary considerably.

Methods: We searched PubMed and Embase for studies assessing the incidence of sharps injuries. We combined the incidence rates of similar studies in a random effects meta-

analysis and explored heterogeneity with meta-regression.

Results: We located 45 studies of which 11 were randomized control trials, 15 were follow-up studies, and 19 were cross-sectional studies. We categorized injuries as self-reported, glove perforations, or administrative injuries. We calculated the population at risk as person-years and as person-operations (po). Meta-analysis of the incidence rate based on the best outcome measure resulted in 13.2 injuries per 100 time-units (95% confidence interval [CI], 4.7-37.1; $I^2 = 100\%$). Per 100 person-years, the injury rate was 88.2 (95% CI, 61.3-126.9; 21 studies) for self-reported injuries, 40.0 for perforations (95% CI, 19.2-83.5; 15 studies), and 5.8 for administrative injuries (95% CI, 2.7-12.2; 5 studies). Per 100 po, the respective figures were 2.1 (95% CI, 0.8-5.0; 4 studies), 11.1 (95% CI, 6.6-18.9, 15 studies), and 0.1 (95% CI, 0.05-0.21). I^2 values were all above 90%. Meta-regression indicated lower incidence rates in studies that used perforations per po.

Conclusions: A surgeon will have a sharps injury in about 1 in 10 operations. Reporting of sharps injuries in surgical staff should be standardized per 100 po and be assessed in prospective follow-up studies.

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Reference:

Verbeek, J. and Basnet, P. (2018) Incidence of sharps injuries in surgical units, a meta-analysis and meta-regression. American Journal of Infection Control. November 27th. .

DOI: <https://doi.org/10.1016/j.ajic.2018.10.003>

