Category 1 :**Neuro critical care**
Category 2 :**Other**
A127 - *The incidence of external ventricular drainage infection: drainage inserted in the operating room compared to drainage inserted in the neuro-intensive care unit*

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Introduction:

Insertion of external ventricular drainage (EVD) is frequently used emergency neurosurgical procedure. Infection of EVD is frequent complication and results in increased morbidity and mortality. The purpose of our study was analysis of the infections of EVD in Neuro intensive care unit (NICU) and to evaluate if bedside insertion of EVD is as safe as insertion in operating room in term of infections.

Methods:

We performed retrospective analysis of patients with EVD hospitalised in our NICU in two years period from 2016 to 2017 and compared our data to previous analysis made by Peter S group in two years period 2013 to 2014.

Results:

We found 117 patients (150 EVD). The majority of EVD were inserted as bedside procedure (84%).The mean age of patients was 61 years. Underlying pathologies were subarachnoid haemorrhage 46.2% and intracerebral haemorrhage 41.8%, ischemic stroke 8.5% and tumour in 2.6%. Patients were treated conservatively in 33.3%, by endovascular procedure in 37.3% and by surgery in 33.3%. There were nine patients (6%) with microbiologicaly positive ventriculitis.
We compared our data to previous analysis made by Peter S group (100 patients), when almost all EVD were inserted in the operating room. Patients were similar to our population according to age, gender, underlying pathology and treatment. The incidence of EVD infections was 13% [1].

Conclusion:

Our single centre retrospective study of incidence of the EVD infections showed that the insertion of EVD like bedside procedure is as safe as insertion in the operating room according to infection of EVD.

References:

Peter S et al. J Neurol Neurophisiol. 7:392, 2016

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