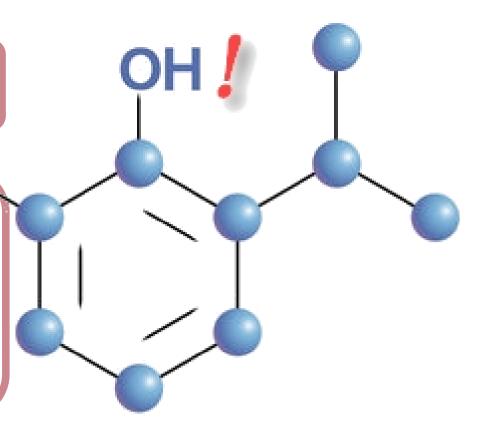
PROPOFOL INFUSION AND BLOODSTREAM INFECTIONS INCIDENCE IN THE INTENSIVE CARE UNIT PRELIMINARY RESULTS FROM AN OBSERVATIONAL STUDY

Allianz (II) MiCo May 24-26, 2023

A.M. Saponaro, G. Lupo, A. Gisotti, N. Tortora, F. Vurchio, N. Di Venosa Intensive Care Unit, Bonomo Hospital, Andria - Department of Intensive Area and Emergency ASL BAT

BACKGROUND AND GOAL OF STUDY

Propofol has a highly lipophilic structure and microbial contamination is easy [1]. Blood stream infections (BSI) account for 15% of hospital acquired infections [2]: some cases have been related to the infusion of contaminated drugs in the intensive care unit (ICU), in past reports [3, 4]. We aim to find out whether this is clinically relevant.



2022 (prospective), when a bundle of *clean* measures for propofol administration was introduced.

S

ш







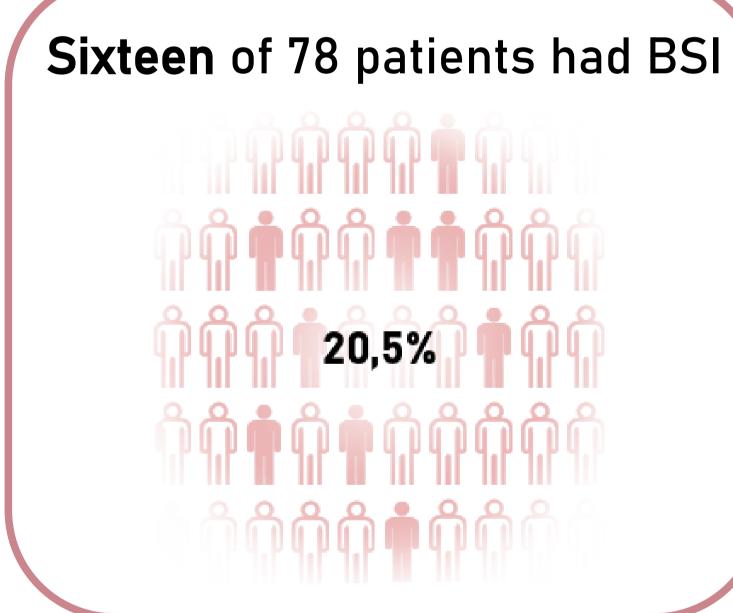
•Primary outcome: BSI reduction

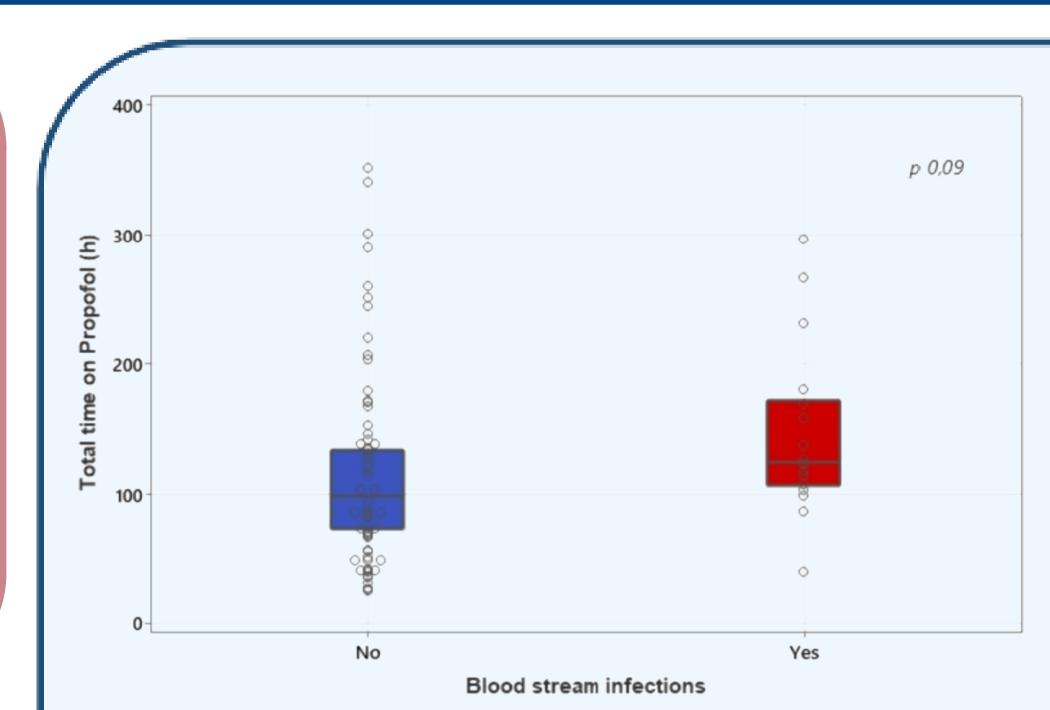
•Secondary outcome: to describe the relation between propofol and BSI incidence

The following are preliminary results from retrospective choort for secondary outcome only...

RESULTS

In a **before-after** design, we recruited **two choorts** respectively admitted to ICU in 2021 (retrospective) and



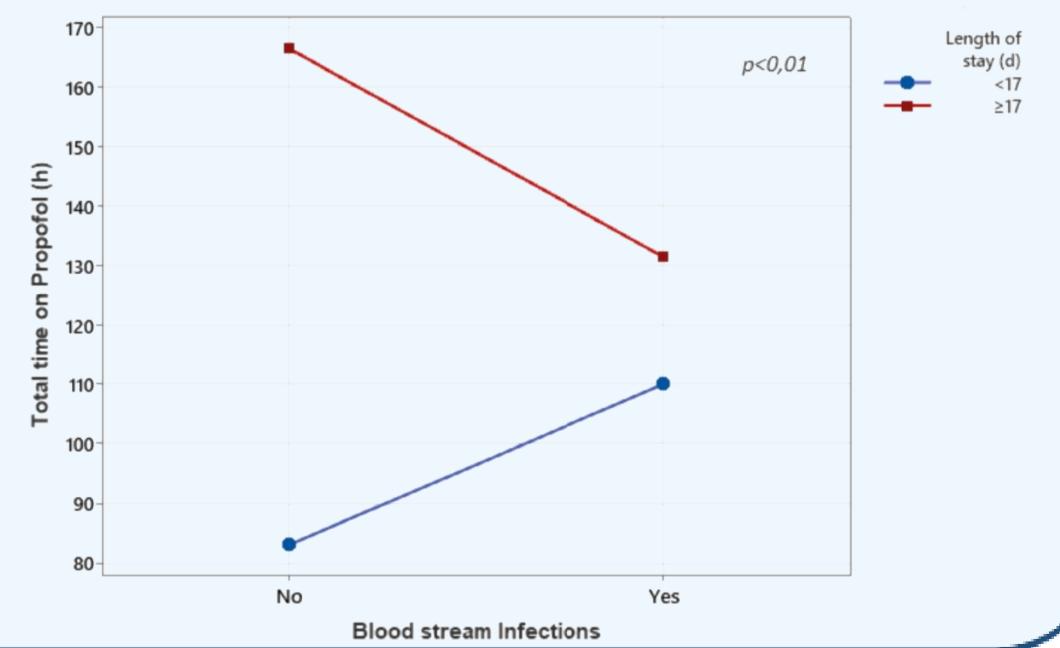


The **difference** in duration of propofol administration did not reach statistical significance (98,5 h [54,4-155,6] vs 124,3 h [103,8-177,3])

Length of stay was higher among subjects with BSI.

It influences the relationship between time on propofol and BSI, as shown by the interaction plot.

However, after calculating a cut-off at 17 days, the comparison of subgroups did not report differences.



CONCLUSIONS

The analysis for secondary outcomes on a single choort of our observational study cannot confirm the effect of propofol infusion on bloodstream infections, although the influence of a longer ICU stay is likely to mask the result.

REFERENCES

- 1. Tessler M et al. Growth curves of Staphylococcus aureus, Candida albicans, and Moraxella osloensis in propofol and other media. Can J Anaesth 1992; 39
- 2. Vincent JL et al. Prevalence and Outcomes of Infection among Patients in Intensive Care Units in 2017. JAMA J Am Med Assoc 2020; 323
- 3. Zorrilla-vaca A et al. Infectious Disease Risk Associated with Contaminated Propofol Anesthesia, 1989-2014. Emerg Infect Dis 2016; 22 4. Macias AE et al. Contamination of intravenous fluids: A continuing cause of hospital bacteremia. Am J Infect Control 2010; 38