INTRODUCTION
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Infection is a dynamic process involving invasion of the body by pathogenic microorganisms and reaction of the tissues to organisms and their toxins. Soon after birth, a variety of microorganisms colonize the external and internal surface of the human body. This indigenous microflora usually does no harm, it produces no detectable pathological effects in tissues and even may be beneficial. Infection evolves into overt disease only when the equilibrium between host and parasite is upset. Of the thousands of species of microorganisms in nature, only a few hundred are known to be pathogenic for human beings.

Current thinking concerning clinical disease resulting from host and parasite inter-relationships recognizes the role of general health of the host, the previous contact with microorganisms, the past clinical history and various insults (toxic, traumatic and therapeutic) of non-microbial origin.

Despite more than 60 years of aseptic surgery and more than 40 years of experience with anti-microbial agents, the surgeon finds that infections are as great a problem now as in the past. But the etiologic agents have changed.
**Streptococci and pneumococci** are no longer the captains of death because they can be controlled by antibiotics.

**Staphylococci continue to cause nosocomial** (hospital acquired) infections, but those gram negative bacteria usually considered non-pathogens opportunists or secondary invaders have become a major problem. Nosocomial infections result from transmission of pathogens to a previously uninfected patient from a source in the hospital environment (cross infection). Alternatively the pathogens may come from patients themselves (auto-infections). They may be carriers of the pathogens or become colonized with virulent hospital strains during hospitalization. Many nosocomial infections have iatrogenic basis. Frequent or prolonged use of supportive procedures such as indwelling vascular or urinary catheters, tracheostomies, equipment for post-operative respiratory care are responsible for most iatrogenic infections.

A surgical infection (42) is an infection that required surgical treatment and has developed before or as a complication of surgical treatment. Thus a post-operative wound infection is also a specific nosocomial infection. Surgical infections may be analyzed in relations to procedures in clean or contaminated field, the anatomic site or system involved and the pathophysiologic activities of the causative micro-organisms.
The micro-organisms commonly encountered in surgical infections are the staphylococci, streptococci, clostridia, bacteroids, E. coli, pseudomonas, proteus and klebsiella.

It is frequently said with some truth that you cannot begin to investigate something until you can measure it. There is no doubt for instance that the clinical study of accidental trauma has greatly dependant on the various attempts to grade its severity (21, 22). You can measure severity of head injury by glasgow coma scale but as far as sepsis is concerned, a convenient grading system is still lacking. Sepsis can be present in so many forms e.g. just a local wound infection or generalised involvement of all the systems of body. However, attempts have been made by some workers to evaluate a system for grading the severity of sepsis but the different parameters used in these system were not easily obtainable. In between these two extremes, other forms of presentation of sepsis also exists, but you can't measure them. So in this study, we have attempted to grade the sepsis by modified grading system of L.A. Tiekote & H.B. Stamer (17).
AIM OF STUDY

The present study is aimed at -

1. Finding the incidence of post-operative wound infection.

2. Type of bacteria involved.