

Table I: Host-related factors affecting SSI risk^a

- Ability to function independently (mFI+ and PG-SGA), not age specifically^{b,152}
- Diabetes mellitus (mFI+)
- COPD or recent pneumonia, (mFI+)
- Significant cardiovascular disease including stents, angina and MI, HT, PVD, impaired sensorium, TIA or CVA. (mFI+)
- Anatomic anomalies of the urinary tract associated with risks of obstruction, poor drainage or abnormal storage pressures
- Poor nutritional status: patient reported nutritional symptoms, poor appetite, nausea, abnormalities of taste and smell (PG-SGA)
- Tobacco abuse
- Chronic corticosteroid use
- Immunodeficiency
- Recent systemic chemotherapy
- Externalized catheters
- Colonized endogenous/exogenous material
- Distant coexistent infection
- Prolonged preoperative hospitalization, likely a surrogate for the severity for underlying comorbidities
- Scrotal, inguinal or perineal incision planned
- Pregnancy (in the setting of ASB)

^a Modified from Obeid NM, 2012, Schaeffer AJ and Schaeffer EM, 2007

^b It should be noted that not all GU literature has found a statistically significant increase in SSI with frailty (mFI)¹³⁶

ASB: asymptomatic bacteriuria; COPD: chronic obstructive pulmonary disease; CVA: cerebrovascular accident; HT: hypertension; mFI: modified frailty index; MI: myocardial infarction; PG-SGA: patient-generated subjective global assessment; PVD: peripheral vascular disease; TIA: transient ischemic attack