

| Table II: Proposed Procedure-associated Risk Probability of SSI^{c,d,e,f} | | | |
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| <i>LOW RISK</i> | <i>INTERMEDIATE RISK</i> | <i>HIGH RISK</i> | <i>AS YET UNDETERMINED</i> |
| Most Class I/clean procedures in low risk patients, including SWL | Class I procedures in high risk patients (includes placement of GU prostheses) | All Class IV procedures | Urethral dilation, urethrotomy (likely low risk) |
| Certain Class II/ clean-contaminated procedures | Class I Cases without entry in to genitourinary tract, minimal to no violation of urinary spaces; adrenalectomy; nephrectomy; lymphadenectomy | Most Class III and certain Class II procedures | Partial cystectomy (likely intermediate risk) |
| Cystoscopy, biopsy and fulguration | Certain Class II and III procedures | TURP; Laser ablative or enucleation procedures of the prostate | Ureteral reimplant (likely intermediate risk) |
| Diagnostic cystoscopy | Ureteroscopy with or without lithotripsy | Transrectal ultrasound with prostate biopsy | Scrotal cases: vasectomy, vasovasotomy, varicocelectomy, hydrocelectomy etc. (likely low risk) |
| Urodynamic studies | Vaginal surgery; including urethral sling procedures, vesicovaginal fistula closure, diverticulectomy | Percutaneous Nephrolithotomy | Inguinal cases: radical orchiectomy, inguinal lymph node dissection (likely intermediate risk) |
| Ureteral stent exchange | Entry into the genitourinary tract under controlled circumstances (radical prostatectomy) | Urinary diversion involving large bowel | |
| Transrectal ultrasound without biopsy | Prostate brachytherapy | Colovesical, colovaginal or coloureteral fistula closure | |

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| VCUG; Retrograde urethrography | Implantation of prosthetic materials and devices, including sacral neuromodulation | Major break in sterile technique with purulence, or gross contamination | |
| Catheter removal, drain removal | Class III cases, urinary diversion involving unobstructed, healthy small bowel including continent diversion, and not involving large bowel | All Class IV procedures, i.e. “dirty, infected” whether determined pre-procedurally or intraoperatively, including ureteroscopy for obstruction | |
| Incision and drainage; foreign body removal | Litholopaxy, TURBT | | |
| Diagnostic laparoscopy | Urethral reconstruction, urethroplasty, urethrectomy | | |
| | Renal transplant, donor nephrectomy | | |
| | Major break in sterile technique without purulence, or gross contamination | | |
| <p>^cThis list is not meant to be comprehensive, but representative of the more common urologic procedures.</p> <p>^dRisk classification does not supersede the requirements for best practices for SSI reduction, including proper procedural and surgical techniques related to skin preparation, draping of a procedural field.</p> <p>^eAdditional risks of an SSI accrue for procedural length greater than 3 hours.</p> <p>^fRisk classification herein is dependent on <i>the likelihood of SSI risk, not the associated consequences of an SSI</i>. For example, the risk of SSI with prosthetic materials and devices is intermediate, the consequences of an SSI in this setting is high.</p> | | | |
| <p>GU: genitourinary; SWL: shock wave lithotripsy; TURBT: transurethral resection of bladder tumor; TURP: transurethral resection of the prostate; VCUG: voiding cystourethrogram</p> | | | |

