COMBATING INFECTIONS AFTER PROSTATE BIOPSY: 
A WISER WAY TO WIN
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Combating Infections After Prostate Biopsy:

*a wiser way to win*

**AUA NEWS** (September) 2012; 17(9):16

[Link to the article](http://www.nxtbook.com/tristar/aua/news-september2012/index.php#/16)
Urinary tract infection is the most common cause of hospitalization following TRUS biopsy of the prostate.

The increasing prevalence of fluorquinolone-resistant E. coli, particularly of the highly virulent ST131 strain, is raising alarm.
Response: ANTIBIOTICS – OVERUSE /MISUSE:

a. Longer
b. More
c. Different
d. Multiple

Consequence:

a. *Increase* in prevalence of resistant organisms.
b. More side-effects and reactions — *C. difficile*
c. Increased cost
FEAR OF INFECTION

CONCERN FOR THE PATIENT
FEAR OF INFECTION

It gets worse:

Hospitals:
- Reputation
- Complication treatments - bundled
- Performance-based reimbursement

Physicians:
- Reputation
- Malpractice
- Performance-based assessment
FEAR OF INFECTION

It gets worse:

- Fodder for screening opponents
- Patients avoid both screening and for-cause biopsies
Reaction:

- MANDATED
- NATIONWIDE / UNIVERSAL GUIDELINES
- COMPLEX
- DIFFICULT TO MODIFY
- RIGID
REGIONALLY INDIVIDUALIZED SOLUTIONS.

“ALL INFECTIONS ARE LOCAL”
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

CONSORTIUM FOR CARE
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

Time / Effort / Resources
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

**Accountability**

- Local Surveillance

  - Identify and enroll
  - Track
  - Monitor outcomes
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

Accountability
- Local Surveillance

- Feedback
- Implement
- Re-assess
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

Confer with:
Infectious Disease
Microbiology
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

ANTIBIOGRAM

ANTIMICROBIAL SUSCEPTIBILITY REPORT
# Antimicrobial Susceptibility Report

**Hackensack University Medical Center**  
30 Prospect Avenue  
Hackensack, New Jersey 07601  

## % Susceptible - Blood Levels (based on FDA and 2009 CLSI guidelines)

| Organism                  | Total 1st isolates | Az | Am | An | A/S | C   | Cax | Caz | Cef | Cd  | Cz  | Cp  | E   | Fd  | Gm  | IpM | Izu | Laz | Mem | Met | Moz | Ox  | P   | Rif | To  | T/S | Va |
|---------------------------|--------------------|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| *A. baumannii*            | 113                | 73 | 24 | 29 | 27  | 40  | 33  | 22  | 100 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *B. fragilis*             | 29                 | 93 |    |    | 52  | 25  | 91  | 98  | 92  | 85  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *E. cloacae*              | 228                | 100| 74 | 73 | 96  | 89  | 25  | 91  | 98  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *E. coli*                 | 3101               | 45 | 100| 58 | 91  | 91  | 92  | 85  | 71  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *H. influenzae*           | 91                 | 99 | 82 |    | 99  | 99  | 100 |     | 100 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *K. pneumoniae*           | 818                | 93 | 74 | 84 | 84  | 83  | 84  |     | 24  | 91  | 93  | 92  |     |     |     |     |     |     |     |     |     |     |     |     |
| *P. mirabilis*            | 507                | 81 | 100| 87 | 91  | 91  | 90  | 86  | 76  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *P. aeruginosa*           | 682                | 97 |    |    | 90  |    | 76  | 86  | 89  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *S. marcescens*           | 111                | 100| 97 | 94 | 100 | 91  | 98  | 99  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *S. aureus*               | 1611               | 68 | 38 |    | 100 |     |     |     | 58  | 13  | 100 |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Coag Neg Staphylococcus   | 642                | 48 | 27 |    | 100 |     |     |     | 38  | 11  | 98  | 100 |     |     |     |     |     |     |     |     |     |     |     |
| *Strep. pneumoniae*       | 58                 | 48 | 53 |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *Strep. maltophilia*      | 75                 | 31 |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *E. faecalis*             | 298                | 100|    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| *E. faecium*              | 118                | 0  |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Enterococcus species      | 910                | 82 |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

*Strep. pneumoniae* (penicillin) susceptible: 86%, intermediate: 5%, resistant: 9%.

*Strep. pneumoniae* (ceftriaxone, meningeval breakpoints) susceptible: 95%, intermediate: 0 %, resistant: 5%

*Strep. pneumoniae* (ceftriaxone, non-meningeval breakpoints) susceptible: 98%, intermediate: 1%, resistant: 1%
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<th>Total 1st isolates</th>
<th>Az</th>
<th>Am</th>
<th>An</th>
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REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

Team work!
Leadership!
Cooperation / Coordination
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

ORGANIZATIONAL SUPPORT

Patient-Centered Outcome Research Institute

http://www.pcori.org/
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

ORGANIZATIONAL SUPPORT

Illinois Surgical Quality Improvement Collaborative

http://www.isqic.org/
REGIONALLY INDIVIDUALIZED SOLUTIONS.

What it would take:

ORGANIZATIONAL SUPPORT

American College of Surgeons
Surgical Quality Improvement Program

http://site.acsnsqip.org/
Caught between

Charybdis
of monolithic governmental bureaucracy
Scylla
of local indecision and leaderless disarray
A WISER WAY TO WIN:

THE BEST OF BOTH WORLDS:

- Regionally-specific treatment regimens

In conjunction with:

- National and international communication and cooperation
A WISER WAY TO WIN:

THE BEST OF BOTH WORLDS:

It will take team work and cooperation
THE SUMMIT!