

Table 1: Characteristics and important considerations of surgical wounds after cardiac surgery

	Characteristics	Important considerations
Superficial sternal wound infection (SSWI)	Infection involving skin, subcutaneous tissue, and/or fascia with no bony involvement	Early diagnosis and aggressive antibiotic treatment are key to avoiding deep sternal wound infection
Deep sternal wound infection (DSWI)	SSWI with sternal and mediastinal involvement Present with a sternal click and/or features of systemic inflammation	Can present months after surgery DSWI is a surgical emergency requiring urgent transfer to cardiac surgery for debridement It is associated with high morbidity and mortality (1)
Mechanical non-union	Diagnosed by the presence of sternal movement with or without pain in the absence of infection	Contact patient's cardiac surgeon for sternal plating (2)
Other incisions: <i>Graft site (saphenous vein, radial artery)</i> <i>Pacemaker site</i> <i>Femoral cut-down site</i>	All sites can become infected, develop a seroma or cause neuropathy Additionally, at risk of pseudoaneurysm formation	Manage similar to other surgical wound infections. Seromas might require drainage Aggressive wound infection management often needing hardware removal, thus needs to be referred back to implanting centre Contact the cardiac surgeon if a pseudoaneurysm is suspected or confirmed by ultrasound

1. Schimmer C, Reents W, Berneder S, Eigel P, Sezer O, Scheld H, et al. Prevention of Sternal Dehiscence and Infection in High-Risk Patients: A Prospective Randomized Multicenter Trial. *Ann Thorac Surg.* 2008;86(6):1897–904.
2. Huh J, Bakaeen F, Chu D, Wall MJ. Transverse sternal plating in secondary sternal reconstruction. *J Thorac Cardiovasc Surg.* 2008;136(6):1476–80.