

# Post Operative Sepsis

Information for patients and relatives



The Patient Information Leaflets page on the Trust website is available on the link:  
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

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**Our Values****People at  
the Heart****Listen and  
Involve****Kind and  
Respectful****One  
Team**

## What is Post-Operative Sepsis?

Sepsis is a medical emergency and has potential life-changing consequences and high death rate. If diagnosed early, Sepsis can be treated; however, symptoms can be difficult to distinguish from other conditions.

Sepsis occurs when the body reacts abnormally to an infection. It is a rare but serious complication of an infection, and without quick recognition and timely treatment, Sepsis can lead to multiple organ failure, shock and death.

Post-operative Sepsis is a term used to describe a complication of surgery, whereby a patient develops a Sepsis post-operatively. This can occur up to 6 weeks post the operation.

It affects up to 1% of patients who have had routine operations. For those who require emergency surgery, there is an increased risk of 5 to 10%.

## What causes Post-Operative Sepsis?

There are many causes of post-operative Sepsis:

- Peritonitis, a condition that causes a hole in the bowel, which results in normal 'friendly' bacteria to surge into the abdominal cavity and become harmful. This will cause an infection which may result in Sepsis.
- Following surgery, the body produces fluid, this can collect in abdominal or pelvic cavities. The fluid provides an ideal environment for an infection to develop.
- An infection of another area, unrelated to the recent surgery, can develop post-operatively.
- Patients' general health prior to surgery will also have an impact upon how they heal after surgery. Surgical site wounds may take time to heal or may not close properly, which causes a vulnerability to infections.
- Significant or major operations require patients to have certain monitoring; this means added lines or drains. Although these are inserted using a sterile technique, they do increase the risk of infection.
- Having a compromised immune system, due to medical history or medications and treatment, means these patients are at greater risk of Sepsis post-operatively and precautions are often put in place following surgery.

## What to look out for?

**Early signs may include flu-like symptoms such as:**

- Fevers or low body temperature
- Shivering
- High heart rate
- High breathing rate
- Flushed skin

## **Late signs of Post-Operative Sepsis include:**

**S** - Slurred speech or confusion (new or altered)

**E** – Extreme shivering or muscle pain

**P** – Passing no urine (in 18 hours or a day)

**S** – Severe breathlessness

**I** – “It feels like you are going to die” or “I know something is badly wrong with me”

**S** – Skin mottles or discoloured, bluish or pale

## **How is Sepsis treated?**

If Sepsis is recognised early enough, the outlook is good for the vast majority of people; therefore it is crucial not to delay seeking medical attention.

The Sepsis 6 is commonly referred to when discussing treatment for Sepsis. This is a recommended care bundle referring to medical interventions which, when delivered within a 60 minute timeframe, have been shown to improve outcomes for people with Sepsis.

These interventions in a hospital setting include:

- Review by a Senior Clinician
- Oxygen therapy, if required
- Blood samples to review organ functions and inflammatory markers, including samples which are cultured in laboratories to observe bacteria growth.
- Intravenous Antibiotics based on the presenting infection.
- Intravenous Fluids, if required.
- The continued monitoring of urine, clinical observations and blood tests.

Admission to intensive care may be needed to care for people with Sepsis or Septic Shock if they are critically unwell.

Septic shock is a serious type of Sepsis in which a person's blood pressure remains very low and their blood circulation stays unstable, despite the above medical interventions. This condition would require intensive care and is associated with a very high mortality.

## What happens after Sepsis?

The majority of people who have suffered from a Sepsis that is mild or uncomplicated will make a full recovery.

Everyone is different, therefore people will recover at different rates. Some people may find their recovery difficult or challenging.

Some patients who have suffered with Severe Sepsis or with complications secondary to Sepsis, may suffer with long-term problems; known as Post Sepsis Syndrome (PSS) and may last 6 to 8 months but can go on for years.

Returning to normal life after Sepsis can be very daunting both physically and psychologically; therefore people may benefit from receiving support.

Speaking to a GP, friends, colleagues or charities can help support people and their families.

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## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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