











Letter to the Editor

Response to Mr. Babar's Letter to the Editor regarding "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment"

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We would like to reply to Mr. Babar's Letter to the Editor¹ in response to our recently published article, "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment."² We appreciate the interest in our paper and agree that this is an initial step toward improving urine culturing practices. The work described was actually the prelude to an intervention to de-implement routine testing that includes multidisciplinary teamwork, personalized case-based education, and directed feedback.

We have presented ongoing work that further explores attitudes toward interventions to reduce preoperative urine testing in non-urological surgeries.³ This research focuses on questions asked of clinician participants about the acceptability of 4 prospectively identified potential interventions to de-implement routine preoperative urine testing for asymptomatic bacteriuria: substitution of another infection prevention intervention, lab restrictions on ordering urine tests, audit and feedback on guideline concordance, and interactive workshops on evidence.

We agree that cognitive behavior modification is a necessary, yet difficult step to reducing the number of unnecessary urine tests and subsequent antibiotics. All members of the multidisciplinary team want the patient to experience the best outcomes possible while utilizing evidence-based practices. Receipt of unnecessary antibiotics can lead to worse outcomes for individual patients. Our research team aims to develop and implement interventions that help all team members achieve this common goal, while also reducing unnecessary testing and treatment and ultimately decreasing the global burden of antimicrobial resistance.

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