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Letter to the Editor

Response to "Healthcare worker attitudes on routine non-urological preoperative urine cultures: a qualitative assessment"

Anas Babar

King Edward Medical University Lahore, Neela Gumbad Road Lahore, Pakistan

Dear Editor,

I recently read the article titled "Healthcare Worker Attitudes on Routine Non-Urological Preoperative Urine Cultures: A Qualitative Assessment" by Friberg Walhof *et al.* (2024) with great interest.[1] The study provides valuable insights into the persistent use of preoperative urine cultures for asymptomatic bacteriuria (ASB), despite evidence-based guidelines recommending against their routine use in non-urological surgeries.[2,3]

The authors effectively highlight the influence of perceived risks on clinical decision-making. However, I would like to contribute additional perspectives, particularly concerning the long-term implications of over-testing and overtreatment of ASB in surgical settings. The overprescription of antibiotics for ASB significantly contributes to the global challenge of antimicrobial resistance (AMR).[4] Although the study touches on this issue, a stronger emphasis on diagnostic stewardship is crucial.[5] Clinicians, particularly in high-risk surgeries like orthopedics and cardiothoracic procedures, need targeted education to distinguish between true infection risks and unnecessary prophylactic treatments.[6]

The study also notes surgeons' reluctance to discontinue urine cultures due to concerns about postoperative infections. In this context, multidisciplinary teams, including infection control specialists and antimicrobial stewardship pharmacists, could play a pivotal role in supporting the de-implementation process. These teams can provide peer-supported education, clarify current evidence, and emphasize the low risk of ASB-related complications in non-urological surgeries.[2]

Additionally, the psychological barriers to changing practice patterns, as outlined through the Dual Process Model, are well explored in the article. However, future interventions may benefit from incorporating behavioral science strategies to address cognitive biases that hinder guideline adherence.[7] Personalized feedback and case-based discussions, focused on evidence-based outcomes, could offer an effective way to address these barriers within clinical practice.

In conclusion, the qualitative insights offered by Friberg Walhof *et al.* make a significant contribution to understanding the persistence of routine preoperative urine cultures in non-urological surgeries. However, for effective de-implementation, a multidisciplinary approach enhanced education on the implications of AMR, and strategies for cognitive behavior modification are essential.

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Corresponding author: Anas Babar; Email: babaranas20@gmail.com

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