involved in procedures performed on both groups of patients, this explanation cannot account for the increased SSI rates observed primarily in group I patients. Lastly, we also cannot entirely exclude the possibility of our findings occurring solely as an artifact of our particular data set. Confirmation in other independent data sets is needed before broad generalizations can be made.

In conclusion, while elimination of preoperative hospital stays has been embraced widely as safe and cost-effective for many surgical procedures, SSI rates of procedures performed in this setting have not been critically evaluated. The results of our study suggests that elimination of preoperative hospital stay is not necessarily without adverse consequence to the patient. Specifically, for certain procedures, patients may be placed at higher-than-expected risk of SSI by undergoing elective surgery on the day of their admission. Further study of factors associated with higher-than-expected SSI rates in these patients is needed.

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Pseudomonas Infections in Children With Cystic Fibrosis

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Investigators from the University of Wisconsin Medical School in Madison have reported a study of *Pseudomonas aeruginosa* infections in children with cystic fibrosis (CF). The objective was to determine whether patients diagnosed through neonatal screening and treated in early infancy were more likely to become colonized with *P aeruginosa* compared with those identified by standard diagnostic methods. Patients were managed with a standardized evaluation and treatment protocol at two Wisconsin-certified CF centers (one urban, one not). Overall, there were no differences in acquisition of respiratory pathogens between the screened and the control (standard diagnosis) groups. However, experiences at the two centers differed significantly.

The median *Pseudomonas*-free survival period in the screened group was 52 weeks at the urban center, contrasted with 289 weeks in the other center. In addition, assessment of data for the entire CF populations showed a significantly higher prevalence of *P aeruginosa* colonization at the urban center in patients between the ages of 3 and 9 years.

The urban center differed from the other center not only by location but also by following patients with the standard US approach, in which newly diagnosed young children were interspersed with older CF patients, and by having more opportunities for social interactions among the CF patients.

These results present questions and generate hypotheses on risk factors for acquisition of *P aeruginosa* in CF and suggest that clinic exposures or social interactions may predispose such patients to *Pseudomonas* infections.

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