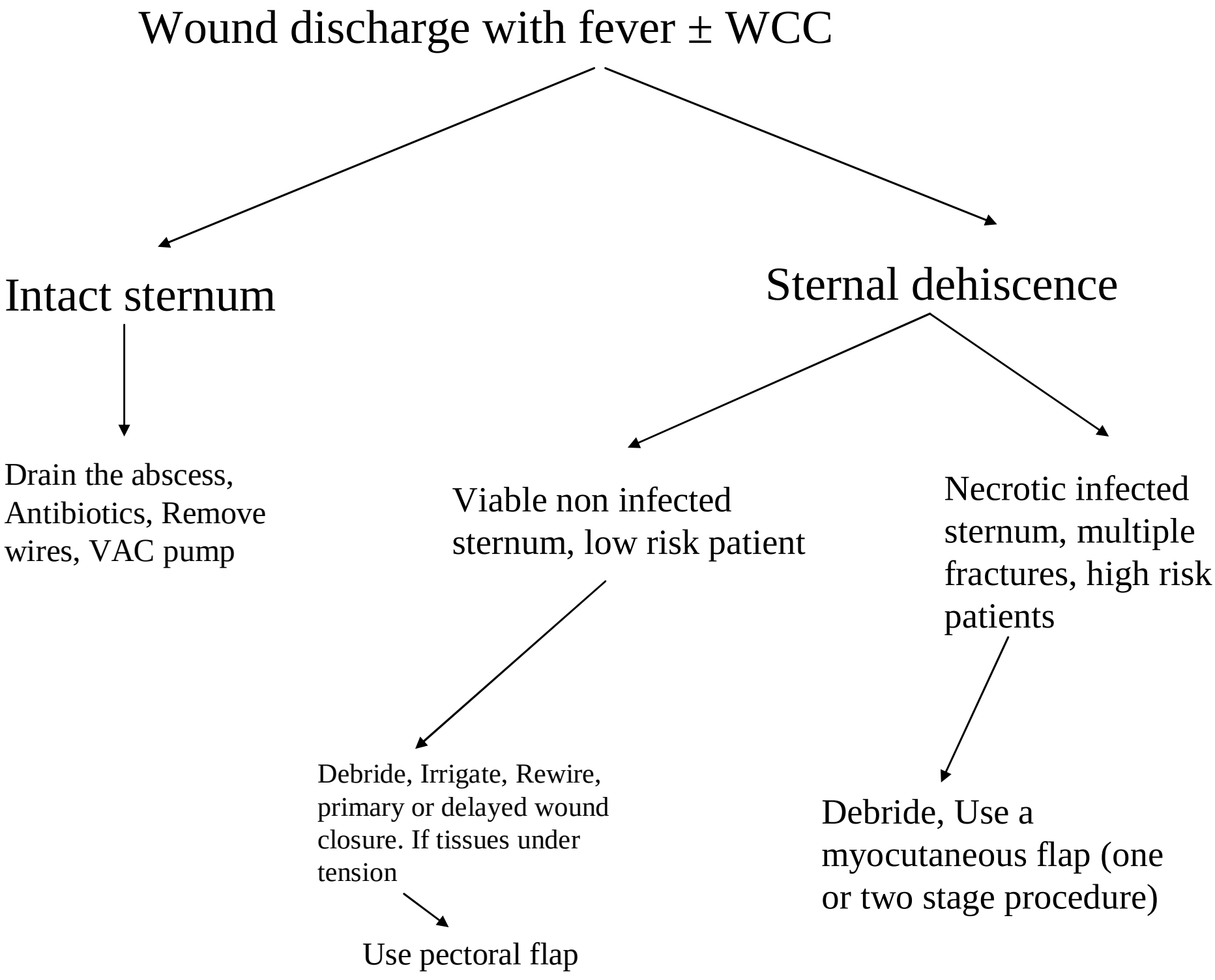
Wound discharge with fever ± WCC
Intact sternum
Sternal dehiscence
Drain the abscess, Antibiotics, Remove wires, VAC pump
Viable non infected sternum, low risk patient
Necrotic infected sternum, multiple fractures, high risk patients
Debride, Irrigate, Rewire, primary or delayed wound closure. If tissues under tension
Use pectoral flap
Debride, Use a myocutaneous flap (one or two stage procedure)