

Title of Guideline	Skin Preparation for Surgical Procedures
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Division & Specialty	Surgery & Specialist Services
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Guideline Number	
Version Number	1
Date of Review	
Approving Committee(s)	Surgical & Specialist Services DQEC
Date of Approval	
Explicit definition of patient group to which it applies	All patients undergoing a surgical procedure within the operating theatres
Abstract	
Statement of evidence base of the guideline Evidence Base (1-5)	
1a	Meta analysis of RCT
1b	At least 1 RCT
2a	At least 1 well designed controlled study without randomisation
2b	At least 1 other well designed quasi experimental study
3	Well –designed non-experimental descriptive studies (ie comparative / correlation and case studies)
4	Expert committee reports or opinions and / or clinical experiences of respected authorities
5	Recommended best practise based on the clinical experience of the guideline developer
Consultation Process	
Target Audience	
This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date.	

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1. Introduction

Healthcare workers have a duty to safeguard the wellbeing of their patients. This includes protecting them from preventable healthcare associated infections (HCAIs). Poor asepsis during clinical procedures can lead to the risk of cross transmission of micro-organisms from the healthcare workers hands and from ill-cleaned equipment/environment to a susceptible site on a patient, i.e. wounds, IV access sites (Pratt et al, 2007).

2. Background

Theatre staff will ensure that the patient's skin is prepared for surgery in a safe and aseptic manner, maintaining dignity as much as possible therefore minimising the risk of introducing micro-organisms during a clinical procedure that are capable of causing and resulting in an infection.

3 Method:

- 3.1 Routine preoperative hair removal should be avoided if possible. If it is necessary, it should be done with a surgical hair clipper with a disposable blade, immediately prior to prepping and draping.
- 3.2 Surgical preparation should not commence until all non-sterile personnel are clear of the operative field.
- 3.3 Only practitioners who have received specific training should prep the surgical field.
- 3.4 Care should be taken not to rub off the site mark during prepping.
- 3.5 The site mark must remain visible after draping.
- 3.6 The site, side and position of the patient must be confirmed with the operating surgeon prior to prepping the surgical site, and again during the TIME OUT immediately before incision.
- 3.7 All lotions should be checked for contamination, content and date of expiry.
- 3.8 An appropriate skin lotion will be chosen depending on the site of surgery, surgical preference and taking into account any known patient allergies.
- 3.9 Aqueous based solutions should be used on all sensitive areas, such as mucous membranes, and pre-existing open wounds.
- 3.10 Preparation swabs should be positioned on the holder in such a way as to allow adequate take up of the chosen solution, whilst ensuring the ends of the holder cannot traumatise the patient accidentally.
- 3.11 Only sufficient solution should be applied, taking great care to avoid excess solution running on to the diathermy grounding plate or pooling under the patient.
- 3.12 Cleansing should begin at the intended site of the incision and continue outward in a rectangular or spiral motion. The swab should not be brought back across the incision site, as this will return micro-organisms to the area.
- 3.13 A sufficient area of skin surface should be prepared in order to allow a safe extension of the incision to be made if this should prove necessary during a surgical procedure.
- 3.14 It is recommended that prep solutions be allowed to dry naturally, maximising their effectiveness, prior to applying the drapes. This is particularly beneficial when using alcohol based prep solutions.

4 References

AfPP Principles of Safe Practice in the Perioperative Environment 2011

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