

# PATIENT PREPARATION FOR SURGERY

## Initial skin preparation

- If the patient is to undergo limb surgery, the distal portion of the limb is bandaged, e.g. using a cohesive bandage.
- Prepare a scrub solution of 4% chlorhexidine gluconate and warm water in equal parts in a sterile kidney dish (NB – an alternative disinfectant such as povidone iodine should be used in patients sensitive to chlorhexidine).
- Non-sterile, examination gloves should be worn, to prevent cross-contamination. Using lint free gauze swabs, scrub the surgical site area using a methodical back and forth motion for 30 seconds, starting at the incision site and moving out to the periphery. Using a new swab each time, repeat this procedure until swabs are clean.
- Once the surgical site area has been adequately prepped as above, the patient can be moved into the operating theatre.



## Patient skin preparation should comprise three stages:

- 1. Clipping:** This should be performed in a separate preparation area outside of the operating theatre area. This room may be used for other purposes, but it is important that it is away from the operating theatre. Clipped hair should be removed by vacuuming. Fresh clipper blades should be used for each patient (or the blades should be thoroughly cleaned and disinfected between patients). The table and equipment should be cleaned and disinfected between patients (see notes elsewhere).
- 2. Initial skin preparation:** This again should be performed in a separate preparation area outside of the operating theatre area. This room may be used for other purposes, but it is important that it is away from the operating theatre.
- 3. Final skin aseptic preparation:** This should be performed following initial skin preparation, once the patient has been moved to the operating theatre, and positioned for surgery. This should be carried out in a sterile theatre area under aseptic conditions.

## Final skin preparation

- Before removing the examination gloves, correctly position the patient appropriately for the required procedure. If limb surgery is to be performed it is useful to suspend the limb to prevent contamination of the surgical site.
- Remove and dispose of the examination gloves, wash hands and replace with a pair of sterile surgical gloves.
- Another scrub solution of 4% chlorhexidine gluconate solution should be prepared (1 part chlorhexidine:1 part warm water). Again using lint free gauze swabs, the surgical site should be scrubbed using a back and forth motion until the correct contact time has been achieved (3-5 mins).
- The final sterile skin preparation is carried out using a solution of 2% chlorhexidine gluconate and 70% isopropyl alcohol. This can be achieved using a commercial, sterile applicator, or using a chlorhexidine solution combined with surgical spirit
- Remove the applicator from the sterile wrapper and hold the sponge facing downwards.
- Allow the area to dry and it is now ready to be draped. The patient's final skin antiseptic preparation is complete.
- Any adverse reactions to skin antiseptic agents should be reported in the practice's adverse event reporting system.