HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: V-102 SURGICAL SKIN PREPARATION	**POLICY #**: 1223 **VERSION:** 1
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PURPOSE: To outline procedures implemented to ensure adequate skin preparation.

POLICY: Prior to surgical procedures, the operative site will be cleaned with an approved and appropriate antiseptic agent.

PROCEDURE:

1. The operative site will be assessed before skin preparation. Presence of lesions such as moles, warts, and/or other skin conditions at the operative site will be documented in the medical record. The RN circulator will notify the surgeon of any questionable skin conditions and document accordingly.

2. Before the skin preparation of a patient is initiated the skin should be free of gross contamination (dirt, soil or any other debris). Cosmetics should be removed before the preoperative skin prep.

3. Jewelry (e.g., body piercing ornaments) at the surgical site are to be removed before cleansing the skin.

4. The operative site is checked for hair; if indicated, surgical clippers are used to remove hair (see “use of Surgical Clipper” policy and procedure).

5. Following surgeon’s preference, the skin of the operative site, surrounding area, and/or mucous membrane will be prepared with an antiseptic agent, e.g. betadine scrub or paint solution, prior to the incision.

6. If the patient is allergic to iodine, notify the surgeon and proceed with the following prep:
    - Open a sterile wet prep set – up, prep the patient skin with chlorhexidine gluconate (CHG) antibacterial skin cleaner diluted with sterile Normal Saline.
    - After prep is completed, rinse with Normal Saline.
    - CHG solution is no to be sued on mucous membrane, ears, burned, denuded or traumatized skin; rather such skin may be prepared with sterile Normal Saline irrigation.
    - Always check with the surgeon prior to beginning prep with a non- betadine solution.

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7. Areas with high bioburden with in the prepared area may need to be prepared last.

8. Surgical fields that include the penis require the foreskin (i.e., prepuce), if present, to be retracted before the glans is gently cleansed. After cleaning, the foreskin is to be pulled back over the glans to prevent circulatory compromise.

9. For surgery on the hand or wrist, the patient's nails should be short and natural without artificial nail surfaces in the prepped area.

10. For abdominal surgery, the umbilicus is to be cleaned before the antiseptic skin preparation. If needed to soften the umbilical detritus, an antiseptic solution may be instilled into the umbilicus before cleaning. Cotton applicators may be used to remove the detritus.

11. Prep must be done in a sterile manner, using sterile supplies and sterile gloves.

12. The prepared area of skin should extend to an area large enough to accommodate potential shifting of the drape fenestration, extension of the incision, the potential for additional incisions, and all potential drain sites.

WET PREP TECHINQUE:

1. Turn overhead surgical lights on and adjust over operative field.

2. Open sterile prep tray on prep stand.

3. Put on sterile gloves. Remove contents from tray and place on sterile wrapper.

4. Fill portion of prep tray with Betadine scrub.

5. Fill remaining portion of prep tray with Betadine solution.

6. Soak a sponge in Betadine scrub solution and begin prep, starting with incision site and washing outward in a circular motion. Do not go back over previously washed areas. Repeat with new sponge at least three (3) times.

7. When prepping an extremity that is held off the OR table, start the surgical prep at the distal portion of the extremity and carry proximately toward patient's body. This prevents contaminated prep solution from running down over a clean prepped area.

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8. Using a sterile towel, blot dry. When removing towel, lift from far edge and peel back to avoid contamination of prep.

9. Using sterile hand, take sponge soaked in Betadine solution, and starting at incision site, apply in gradually increasing circular motion until prep area is covered. Repeat at least three (3) times using new sponge each time.

VAGINAL PREP: (Double glove)

1. With patient in lithotomy position, the perineal area and external genitalia are washed with betadine scrub.

2. Vagina and anus are washed last with downward strokes. Never bring sponge from anus to vagina.

3. External wash is dried with sterile towel in the usual manner.

4. Using a sterile hand, apply surgical Betadine solution to perineal area as with surgical scrub.

5. Using a second sterile sponge stick, soak in surgical Betadine solution and insert in vagina for internal wash. Repeat two times using fresh sponge.

EAR PREP:

The folds of the ear are cleaned with cotton tipped applicators first. The surrounding area is then prepped in the usual manner.

DOCUMENTATION

1. Skin preparation will be documented in the patient's record. This documentation will include, but will not be limited to, the following:
    a. Condition of the skin at the operative site (e.g. rash, skin eruptions, abrasions, etc).
    b. Hair removal (if done), including the area, method and individual performing.
    c. The preparation used.
    d. Name and title of person(s) performing skin preparation.
    e. Development of any hypersensitive reaction.
    f. Postoperative skin condition, including any skin irritation or hypersensitivity response to preparation solution.

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SPECIAL CONSIDERATIONS

1. When preparing the skin for a surgical procedure, special considerations should include:

    a. Preparing areas of high microbial counts (e.g., umbilicus, pubis, and open wounds) within the prepared areas last.

    b. Using gentle preparation techniques when preparing skin of patient with certain medical conditions (e.g., diabetes, skin ulcerations).

    c. Preventing antiseptic agent pooling beneath patient, pneumatic tourniquet cuffs, electrodes, or electrosurgical unit dispersive pads, to reduce the risk of chemical burns. If pooling occurs, the excess solution shall be wicked away.

    d. At the end of the surgical procedure, the skin preparation agent should be thoroughly removed from the skin. As soon as feasible, the patient should be rolled to the side and posterior skin surfaces examined to identify any residual antiseptic that should be removed.

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