

**OLIVE VIEW-UCLA MEDICAL CENTER
OPERATING ROOM
POLICY & PROCEDURE**

NUMBER: 5639

VERSION: 2

SUBJECT/TITLE: EYE PREPS

POLICY: All patients are prepped following the recommended guidelines

PURPOSE: To reduce microbial count at the operative site in order to decrease potential for surgical site infection (SSI).

DEPARTMENTS: Nursing, OR

KEYWORDS: Betadine 5% Sterile Ophthalmic Prep Solution

PROCEDURE:

EQUIPMENT/SUPPLIES:

- 1 ea disposable divided prep tray
- 2 ea sterile blue towels
- 6 ea Stérile (4x4) gauze
- 2 ea 6" cotton applicators
- 1 ea sterile glove
- 1 ea 1 cc syringe
- 1 ea Betadine 5% Sterile Ophthalmic Prep Solutions

PREPARE:

- Open prep set on a separate prep tray
Pour 30 cc of betadine 5% Sterile Ophthalmic Prep solution in sterile tray or basin.

WHEN TO PREP:

- If the patient is awake, explain the procedure to the patient before prep.
- When the patient is under general anesthesia wait for the approval from the anesthesiologist prior to prep.

PREPPING:

1. Square the planned operative eye with 4 towels.
2. Take 4x4 gauze, fold and dip into the betadine solution, squeeze out excess solution from gauze.
3. Beginning with the operative eye, prep from medial to lateral in a semi-circular motion. Start at eyelids and move away from the operative site, eye to the nose, cheek and hairline.
4. Open the operative eye, then using a 1cc syringe, rinse the operative eye with the Betadine 5% sterile ophthalmic prep solution (rinse eye

SUBJECT/TITLE: EYE PREPS

Policy Number: 5639

Page Number: 2

- from medial to lateral canthus).
5. Dip each 6” cotton applicators in Betadine 5% sterile ophthalmic prep solution. Use one application to hold open eye (do not contaminate the cotton tip). Use the cotton tip of the second applicator to wipe the top eyelashes from inner canthus out. Use first non-contaminated cotton applicator to clean the bottom lashes using same technique.
 6. Repeat steps “2” and “3” twice.
 7. Allow Betadine 5% sterile ophthalmic prep solution to remain on skin three minutes, blot and proceed to drape.

SPECIAL CONSIDERATION FOR THE FOLLOWING PROCEDURES:

SCLERAL BUCKING AND POSTERIOR VITRECTOMY:

1. Protect non-operative eye from injury:
 - a. For monitored anesthesia care (MAC), secure eye shield on non-operative eye (non-operative eye is covered to avoid damage or pressure from surgeons hand/arms during surgery).
 - b. For patients undergoing general anesthesia, the anesthesiologist will place eye ointment into patient’s eye and secure eye closed with tape, then place eye shield on non-operative eye.

| | |
|--|------------------|
| References: AORN Guidelines for Perioperative Practice - 2017 | |
| Approved by: Paula Siler (Clinical Nurse Director III) | Date: 09/22/2017 |
| Review Date: 09/22/2017 | Revision Date: |
| Next Review Date: 09/22/2020 | |
| Distribution: Nursing, OR | |
| Original Date: Not Set | |