Prevention of Surgical Site Infection

Preventive Measures in

Operating Theatre

Good Practice

Appropriate use of prophylactic antibiotics

Appropriate hair removal

Patient education (Pre-op)
OT control (Intra-op)
Observation (Post-op)

Appropriate use of prophylactic antibiotics

- Indicate in dirty or contaminated wound
- initial dose 1/2 hour before surgical incision
- not exceed 24 hours
- complete the infusion before the tourniquet is inflated.
- Aware of allergy

Contributing factors

Patient

- · age group-when very young/old
- · rheumatoid arthritis
- · size/weight-eg, obese
- · nutritional status
- malignancy
- · acute infection prior to surgery
- · underlying diseases
- · renal failure
- · diabetic
- · blood transfusions
- · steroid/cytotoxic therapy
- · foreign bodies

Surgery

- · surgical wound classification
- emergency surgery
- · operative site
- · length of surgery
- · wound contamination during surgery
- · use of drains
- surgical technique
- · wound closure
- · length of incision
- · implants in situ

Situation

- ultra clean OR—clean air systems, stringent cleaning at end of OR list
- · length of preoperative stay
- · presence of other infections
- · preoperative preparation
- · skin preparation
- number of people in OR
- · traffic volume during the surgery

Recommendations on Prevention of Surgical Site Infection



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- 3. Pre-operative Surgical Hand Preparation of Surgical Team
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- 7. Sterilization of Surgical Instruments
- 8. Asepsis
- 9. Surgical Technique
- 10. Post-operative Incision Site Care
- 11. Surgical Site Infection Surveillance
- 12. Quality Measures
- 13. Other Relevant Issues

Pre-operative Surgical Hand Preparation of Surgical Team

Surgical Scrubbing Technique









Waterless Brushless Scrubless

THREE PUMP APPLICATION

- · First application of the day, clean under nails with a 3M™ Avagard™ Nail Cleaner.
- · Apply to clean, dry hands and nails.



STEP 1

Dispense one pump (2 ml) into the palm of one hand. Dip fingertips of the opposite hand into the hand prep and work under fingernails. Spread remaining hand prep over the hand and up to just above the elbow.



STEP 2

Dispense one pump (2 ml) and repeat procedure with opposite hand.



STEP 3

Dispense final pump (2 ml) of hand prep into either hand and reapply to all aspects of both hands up to the wrists.

Rub hand prep into hands until completely dry.



TIPS

- . Do not use water.
- . Be sure hands are dry prior to using Avagard antiseptic hand prep.
- · Per OSHA Bloodborne Pathogen Rule, wash hands with soap and water after surgical procedure.

For more information, contact your local 3M representative or call:

3M Health Care Customer Helpline at 1-800-228-3957

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Surgical Gloving

Open method

Close method



Ventilation and Environment in the Operating Theatre

Air Flow

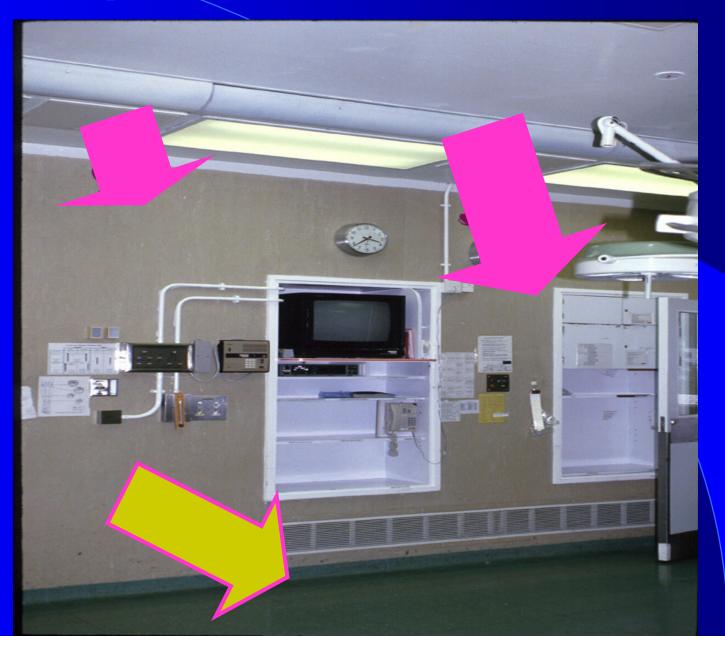
Room design/Room size

Exert traffic control

Airflow of Operating Theatre

Positive Pressure
Air exchange/ temperature/ humidity
HEPA filter VS Laminar flow
Double/ Single Door
Limited movement/ personnel
Negative pressure system in OT

Positive air pressure



Negative air pressure

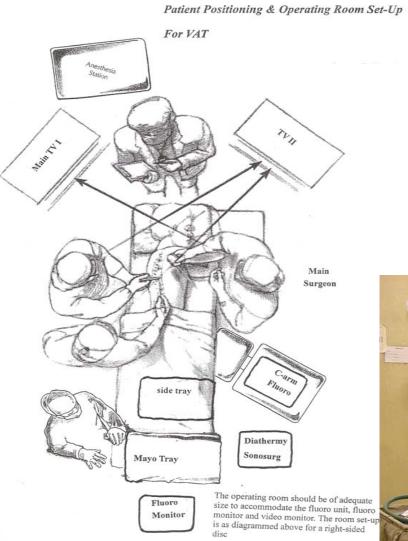




Double door



Theatre





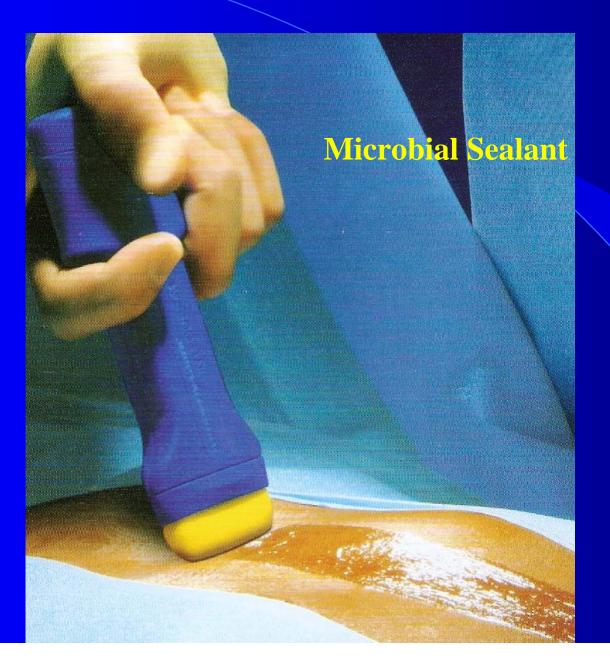
Skin Preparation

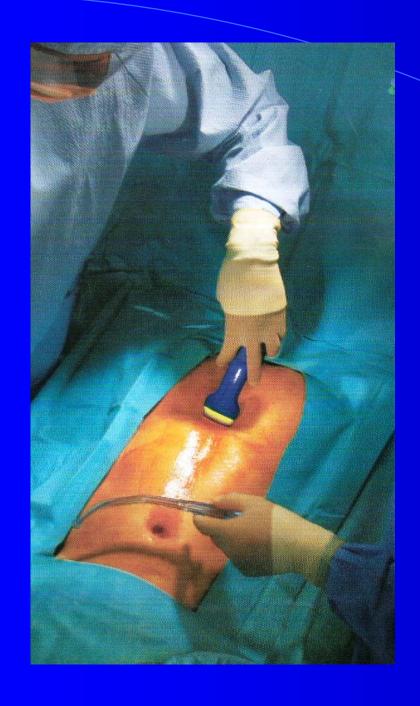
- Remove hair only when it interferes with the operation.
- Perform hair removal immediately before surgery and preferably with a clipper
- Razors are not recommended.

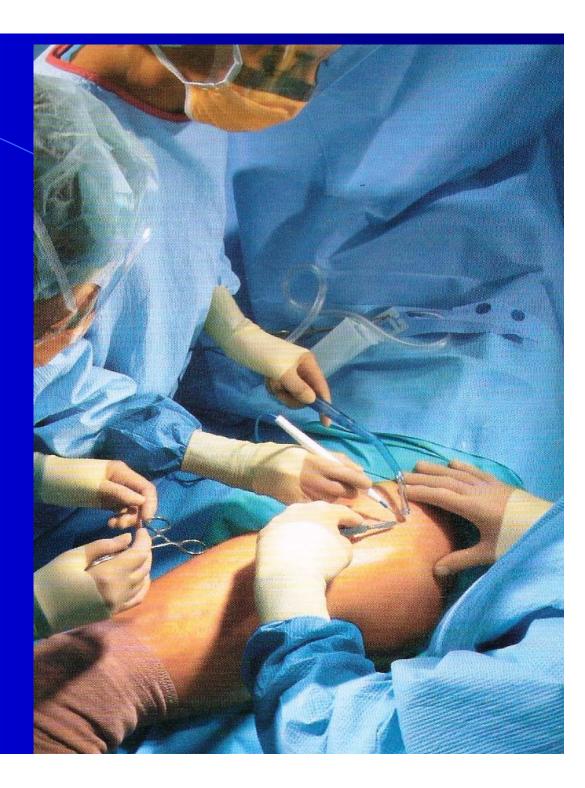
Skin Preparation

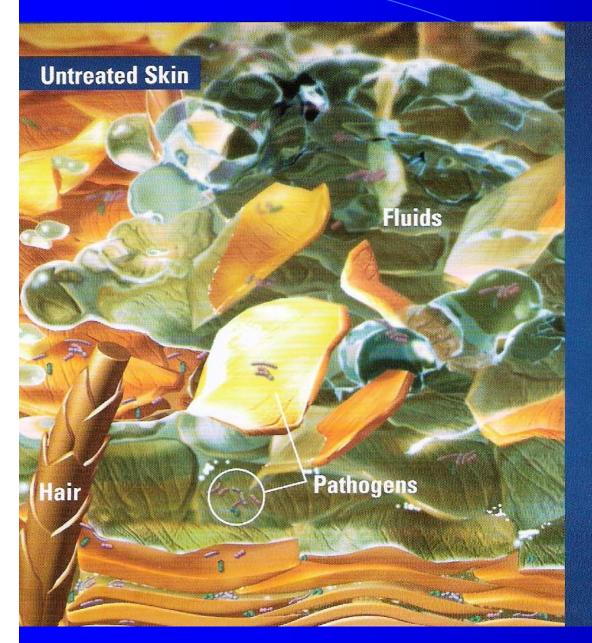
- Chlorhexidine is a more effective skin disinfectant
- indicated for surgical patients with known MRSA in or in Cluster of MRSA
- Povidone lodine is another choice

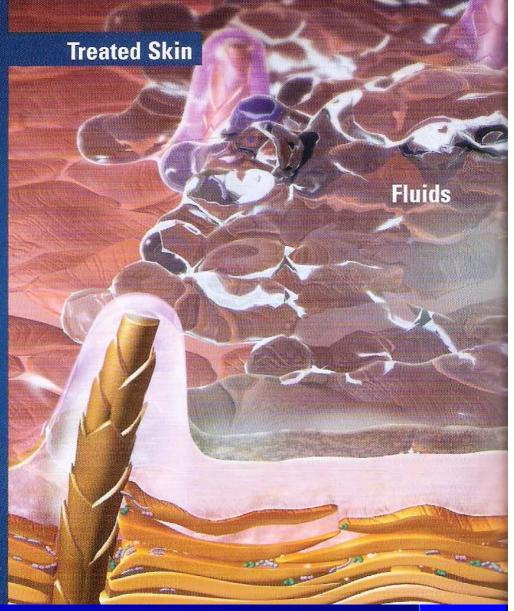
New Product





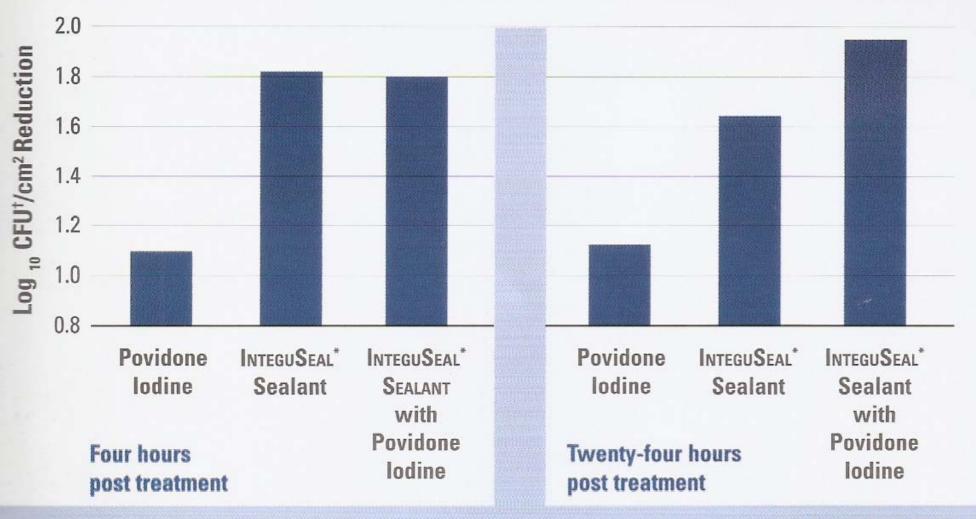






Highly effective with a variety of prep solutions

Reduction of bacteria recovered in vivo using a cup scrub sampling technique four hours and twenty-four hours post treatment⁶



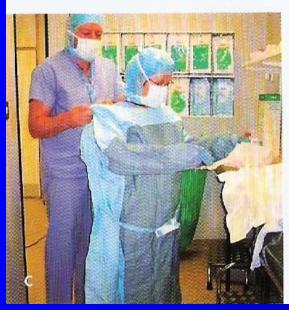
Surgical Attire and Drapes (Surgical site barrier)

- Surgical Gowning Technique
- Use of Surgical Helmet
- Woven fabrics VS Non Woven fabrics

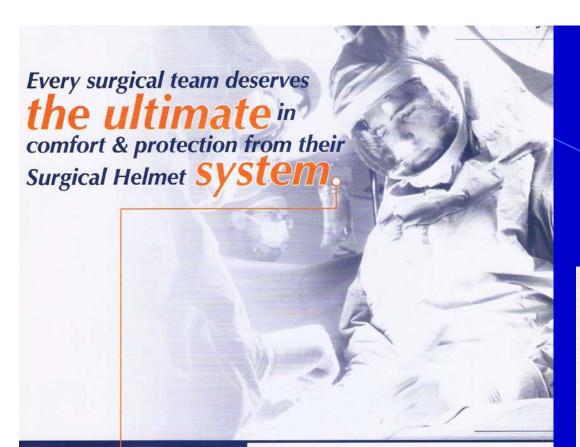
Gowning Technique















- Lightweight, Compact Helmet with Comfortable Secure Headgear
- High Airflow with Smooth Quiet Operation
- Ergonomically Designed to Help Reduce Neck Fatigue
- No Cumbersome Chin-Guard to Interfere with Head Movements
- · Optically Correct Impact Resistant Lens
- UV Protection and Wide Field of Vision
- Rigid Lens to Withstand Wiping During Surgical Procedures
- · Powerful Lightweight Battery Pack with Charge Level Indicator

The FA2 Helmet combined with FreedomAire TOGA or Lens Hood, offers protection from blood and body fluid splatters, potentially infectious microorganisms while providing your surgical team with a cool, comfortable work environment.





Airflow: • 5 airflow settings - 8 to 16 cfm – allow each user to chose an airflow setting to maximize their personal comfort and provide a cool comfortable breathing environment

 Patented inner plenum design circulates a continuous high volume of cool fresh air throughout the entire helmet system

Helmet: • At 16 oz, the FA2 Helmet is lightweight and compact to help reduce neck strain - yet durable for long lasting use

 Revolutionary multi adjustable headgear provides a comfortable secure customized fit

· Ergonomically balanced for smooth quiet operation

 Designed without a cumbersome chin-guard which can interfere with head and body movements

Battery: • Run time of 9 hours on high setting - over 12 hours on low

Lithium Ion technology for a long lasting and dependable charge

ON/OFF, Airflow Settings and Battery Charge Indicator all are

conveniently located on battery face for easy access

LED display for visual confirmation of remaining battery charge

Vibratory low level warning feature

· Lightweight - clip to scrubs waist band or fit inside pocket

 Compact 8 bay charger displays Charged, Charging or Fault for accurate status of each battery's charge

Optically correct "Bubble" Lens helps reduce eye strain while providing clear accurate vision

 Impact resistant polycarbonate lens provides additional facial protection from surgical debris while the rigid design withstands wiping during surgery

UV protection for specialized procedures





Recommendation

- 6.3 Surgical gowns and drapes should be sterile and resistant to liquid penetration and remain effective barriers when get wetted.
- 6.7 Change surgical gowns and scrub suit if visibly soiled or penetrated by blood or body fluids.

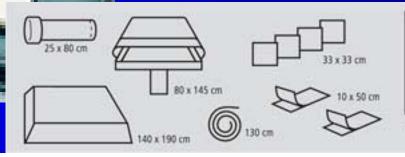
Linen Drape

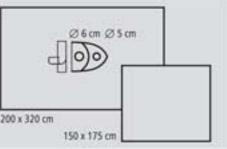


Non Woven Drape



- impermeable to moisture & bacteria
- absorbent non-woven top layer
- abrasion resistant
- **extremely low linting**
- highly conformable

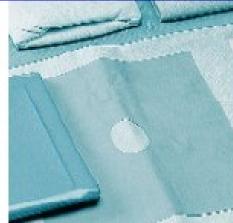




Non Woven Drape



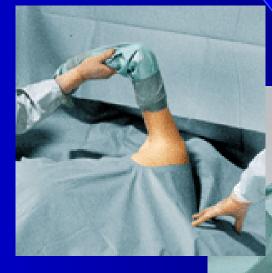














Drape with Pouch

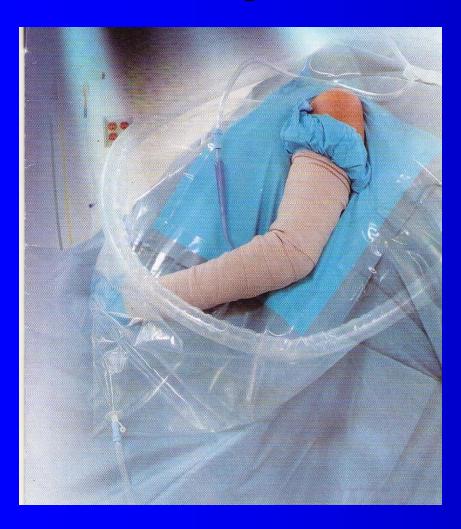








Special Feature





Drape for Fluoroscope



Drape for Fluoroscope



Drape for Fluoroscope

C-ARM Draping Guideline







Pre-op preparation



Sterilization of Surgical Instruments

Not the duty of TSSU staff only

Team

Sterilization of Surgical Instruments

New recommendation

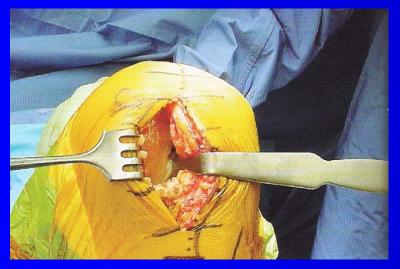
Pre mature release on Plasma Sterilization

Cidex treatment

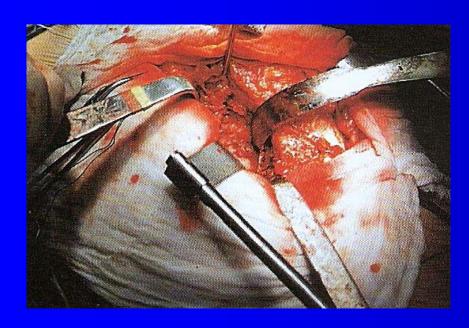
Surgical Technique

9.1 Maintain good operative technique during the operation, such as gentle tissue handling to minimize trauma

Use of Retractor









Use of Skin Knife



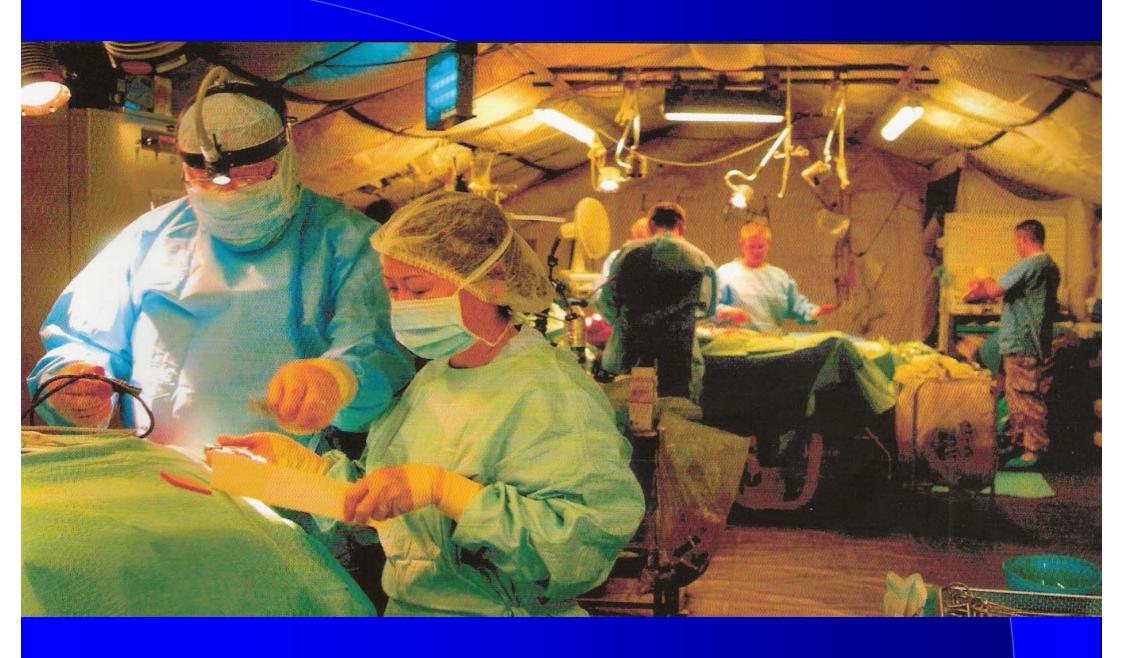
Use of Drain



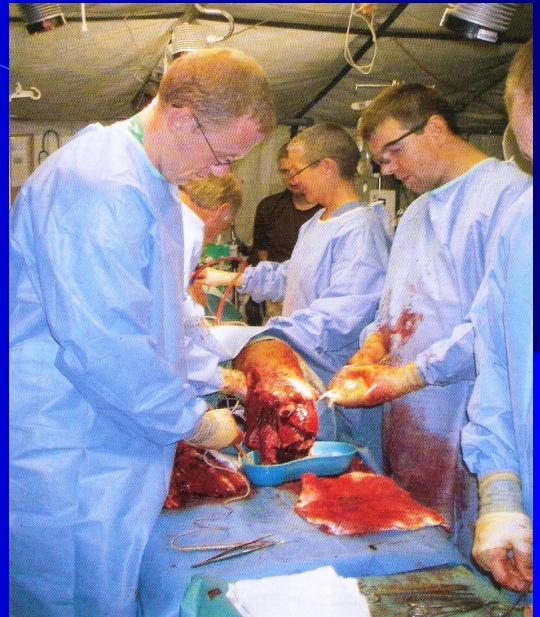
Choice of dressing



Culture of Safety Is the key To **Prevent SSI**









Thank You!