# Standard Operating Procedure

## SKIN PREPARATION PRIOR TO SURGICAL PROCEDURE

**Purpose:** To ensure that the patient's skin is prepared for surgery in an aseptic manner to ensure safety whilst preserving patient privacy and dignity.

**Scope:** All theatre staff

### Procedure

- To maintain patient's dignity and avoid heat loss, unnecessary exposure of the patient should be avoided. However, the area exposed must be sufficient to comply with recognised skin preparation guidelines and procedure requirement.
- The skin must be assessed for any breaks, cuts, abrasions and sores prior to application.
- Any skin breaks must be documented. The presence of any skin conditions at the surgical site must also be documented before prepping starts.
- Scrub practitioner must ensure that the patient does not have an allergy to any of the antiseptic agents. If any issues are identified they must be documented, and an alternative found.
- The standard type of antiseptic used in orthopaedics is alcohol based. Alcohol based solutions may be used on skin that is not sensitive and is intact.
- Aqueous based solutions should be used on sensitive areas and pre-existing open wounds.
- Skin solutions must be checked by the scrub and circulating practitioner to ensure they are in date and sterile.
- Solutions must be poured into a container at the edge of the sterile field, from height of approximately 10cm, to avoid contamination of the sterile area. Care must be taken to avoid spillage onto the sterile area.
- Staff must document the time and date that each prep bottle was opened. The bottle must be discarded within 24 hours of being opened.
- Skin preparation should be carried out using an aseptic and non-touch technique.
- Skin cleansing must begin at the incision site and continue outwards to the periphery in a circular or rectangular motion. This will prevent any micro-organisms being returned to the incision site. The swab/prepping stick should never be returned across the incision site once used.
- Areas which are are considered to be heavily contaminated such as the perineum, anus, vagina and axilla must be prepped last.
- If the surgical site is infected, then start at the beginning of the clean area.
- Skin ulcers and draining sinuses are also considered heavily contaminated areas and should be prepped last.
- Multiple incision sites must be prepped separately.

- An adequate area of skin surface must be prepared to allow for possible extension of the incision and placement of drains.
- Staff should avoid using excess solution in order to prevent running on to the diathermy pad or pooling/ seeping under the patient. Only the necessary amount of solution should be used each time. Staff must not pour excess solution on to the patient.
- To prevent seepage or pooling, absorbent or sterile towels can be placed under the patient. All solution-soaked pads must be removed after skin prep is completed.
- Care must be taken to avoid solutions running onto diathermy electrode plates, electrocardiogram (ECG) leads and underneath tourniquet cuffs. This will reduce the risk of chemical burns.
- Once finished, staff must allow time for the prep to air dry in order to optimise its antiseptic effectiveness.

**Shaving**

- Patients with excess hair over and around the incision site may need to be shaved.
- Hair removal should take place as close to the time of surgery as possible to minimize the risk of bacterial contamination to the skin surface.
- Hair removal should be carried out in the anaesthetic room, away from the surgical field/instruments.
- Single use clipper heads must be used and discarded.
- The reusable body must be decontaminated with Clinell wipes between patient uses.

**Reference**

AFPP: Standards and Recommendations for Safe Perioperative Practice.

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SOP Compliance to be audited on a quarterly basis.