Abstract

In April 2008 we conducted observational studies of post-op dressing technique used by nurses and resident physicians. Dressings were done in the early morning using standard dressing technique. After analyzing results with surgeons, a decision was made to let nurses do the primary and follow-up dressings, using an antimicrobial gauze that contains 0.2% PHMB (Polyhexamethylene Biguanides). This would be covered with a layer of AMD gauze and then secured with Mefix tape. Nurses do dressings in 5 hours. Work with the nursing staff to assess the incisional sites and to inform the MD, PA, or NP if any incisional complications.

Introduction:

Primary and follow-up dressings, using an antimicrobial gauze that contains 0.2% PHMB (Polyhexamethylene Biguanides) ordered on a post-op dressing order form. The dressing would be affixed with a hypoallergenic self-adhesive fabric tape to prevent skin tears and blisters.

Methodology:

In October 2008 antimicrobial gauze dressings replaced traditional gauze dressings in the post-op dressing line used by all surgeons for resident and outpatient surgeries. Beginning in October 2008 the standardization program was developed and implemented. Nurses were trained in procedures to remove primary post-op dressings and to re-apply an antimicrobial dressing. A train the trainer program was developed by the infection control manager and clinical nurse educators and included education sheets. Surgeons, residents and physician assistants were informed at monthly staff meetings during the implementation process.

Results:

In FY2009, an evaluation of 8890 orthopedic surgeries for signs of surgical site infection resulted in a rate of 0.31%. In the prior fiscal year there were 36 infections in 8884 cases with a rate of 0.41%. Distribution of infections in surgical categories is detailed in Table 1. Overall there was a 24% reduction in surgical site infections after AMD gauze dressings were used. With incisions to moderate copious amounts of drainage, alternative dressings may be required such as Aquarol or Aquacel Ag. Consult with a wound care specialist or the MD, PA, or NP.

Discussion:

The standardization of post-op dressings was a major undertaking at our facility. The first year focus was on getting the AMD gauze to post-op dressing kits. Working with residents and physician assistants to increase their knowledge on AMD gauze and to identify physician and resident factors that may affect post-op incisional complications.

References: