SKIN ANTISEPSIS
Guideline at a Glance

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**Step 1**

PREOPERATIVE BATHING

*Instruct the patient to:*

- bathe or shower the night before or day of surgery with either soap or a skin antiseptic.
- follow the product manufacturer’s instructions for use.
- refrain from applying alcohol-based hair or skin products, lotions, emollients, or cosmetics.
- refrain from applying deodorant (for surgery involving the axilla).
- shampoo hair before surgery (for head and neck surgery).
- keep nails clean and free of artificial nail surfaces (for hand and foot surgery).

*Preoperative bathing before surgery may reduce microbial skin contamination and may lower the patient’s risk of developing a surgical site infection.*

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**Step 2**

HAIR REMOVAL

*Leave hair at the surgical site unless the hair will interfere with the surgical procedure.*

- If hair removal is necessary, use clippers or a depilatory, not a razor.
- Perform hair removal in a location outside the procedure room.
- If hair must be removed in the procedure room, use methods (wet clipping, suction) that prevent dispersal of hair into the air.
- Use single-use clipper heads and disinfect the clipper handle after each use and according to the manufacturer’s instructions.
- Follow the manufacturer’s instructions when using depilatories, including testing for allergies and sensitivity away from the surgical site.
- Document the hair removal method, the area of hair removal, and the time in the patient’s health care record.

*Hair removal may increase the patient’s risk for surgical site infection. In clinical situations where removal is necessary, clipping or using a depilatory instead of shaving with a razor may lower the patient’s risk for surgical site infection.*

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**Step 3**

PRODUCT SELECTION

*Assess the patient for allergies or sensitivities to preoperative skin antiseptics.*

*In collaboration with the surgeon and anesthesia professional, select a safe, effective, facility-approved antiseptic product based on the patient assessment and the procedure type.*

*Review the manufacturer’s instructions for use.*

*Saturation of a preoperative skin antiseptic based on individual patient assessment may reduce the risk for patient complications. A collaborative evaluation can help identify the risks and benefits of using specific products.*
BEFORE APPLICATION
- Confirm the surgical site.
- Assess the condition of the patient’s skin.
- Clean the surgical site of soil, debris, emollients, cosmetics, or alcohol-based products.
- Remove jewelry at the surgical site.
- If patient did not bathe or shower before surgery, wash the skin at the surgical site with soap or an antiseptic.
- Clean areas of greater contamination in the surgical field (umbilicus, foreskin, under nails, intestinal or urinary stoma).
- Isolate highly contaminated areas (anus, colostomy) with a sterile barrier drape.

APPLICATION
- Perform hand hygiene before applying the skin antiseptic.
- Wear sterile gloves and surgical attire that covers your arms.
- Use sterile technique and sterile supplies.
- Apply the antiseptic according to the manufacturer’s instructions for use.
- Apply the antiseptic to a large enough area to accommodate shifting of drapes, extension of the incision or additional incisions, and all drain sites.
- Start at the incision site and move away toward the periphery of surgical site.
- Discard the applicator after reaching the periphery or a contaminated area and use another sterile applicator for additional applications.
- When the incision site is more highly contaminated than surrounding skin (anus, perium, stoma, open wound, catheter, drain, axilla), prep the area with a lower bacterial count first, followed by the area of higher contamination.
- Allow antiseptic to dry for the full time recommended in the manufacturer’s instructions.
- Ensure that the surgical site marking is still visible.

PROTECTIVE MEASURES
- Take protective measures to prevent prolonged contact with skin antiseptics.
- Protect sheets, padding, positioning equipment, adhesive tape, electrodes, and tourniquets from dripping or pooling skin antiseptics.
- For procedures requiring the lithotomy position, place a fluid-resistant pad under patient’s buttocks. Remove the pad after the antiseptic is dry and before sterile drapes are applied.
- Remove and replace as necessary any material near patient that is in contact with skin antiseptic solution (tourniquet cuff, padding, ESU pads).
- At the end of procedure, remove skin antiseptic before dressings are applied unless otherwise indicated by the manufacturer’s instructions for use.

Protective measures to avoid prolonged contact with skin antiseptics may prevent chemical skin injury.

Applying preoperative patient skin antiseptics in a safe and effective manner and according to the manufacturer’s instructions may prevent patient harm (inadequate skin antiseptic, fire, chemical injury).
MINIMIZING FIRE RISK

- When an alcohol-based skin antiseptic will be used for a procedure involving an ignition source, clip hair at the surgical site before applying the antiseptic.
- Prevent flammable skin antiseptics from pooling or soaking into linens or the patient’s hair.
- Use sterile towels to absorb drips and excess solution during application.
- Remove saturated materials before the patient is draped.
- Allow adequate time for the skin antiseptic to dry completely and for fumes to dissipate before surgical drapes are applied or a potential ignition source is used.
- Before the procedure begins, make sure all team members are aware a flammable skin antiseptic was used.
- Do not heat flammable skin antiseptics.

Flammable skin antiseptics are a fuel source and pose a fire hazard.

DOCUMENTATION

Document the following:

- removal and disposition of any jewelry
- skin condition at the surgical site (presence of rashes, skin eruptions, abrasions, redness, irritation, burns)
- the antiseptic used
- the person performing skin antisepsis
- the area prepped
- postoperative skin condition, including any skin irritation, hypersensitivity, or allergic response to preoperative antiseptic solutions

Comprehensive, consistent documentation reflects the patient’s experience, helps direct patient care, helps determine fluctuation in the patient’s status and allows for comparison of actual versus anticipated patient outcomes.

HANDLING, STORING, DISPOSING

- Review and follow skin antiseptic manufacturer’s instructions for use and safety data sheets for handling, storing, and disposing of skin antiseptics.
- Store unopened antiseptics in the original, single-use container.
- Do not dilute skin antiseptics after opening.
- Discard containers after use and do not refill them.
- Do not warm antiseptics in a microwave oven or autoclave.
- Consult the manufacturer’s instructions for use before heating nonflammable skin antiseptics.
- Have safety data sheets for all skin antiseptics available in the practice area.
- Dispose of unused flammable skin antiseptics in accordance with local, state, and federal regulations.

Following the antiseptic manufacturer’s instructions for use and the safety data sheet for the product will help ensure safe handling, storage, and disposal of skin antiseptics.