

<b>Section:</b> UTMB On-line Documentation	<b>01.29 - Policy</b>
<b>Subject:</b> Infection Control & Healthcare Epidemiology Policies and Procedures	<b>2.3.2022 Revised</b>
<b>Topic:</b> 01.29 – Management of Hysterectomy Surgery Patients	<b>2020 - Author</b>

## 01.29 - Management of Hysterectomy Surgery Patients

- Purpose** Prevention of infection for all patients undergoing hysterectomies at all UTMB clinical sites regardless of approach. The recommendations below (with some modifications) are based on the American College of Obstetrics and Gynecology 2018 Practice Bulletin on the Prevention of Infection Following Gynecologic Procedures and the CDC 2017 guideline for the prevention of surgical site infection, 2017/Healthcare Infection Control Practices Advisory Committee.
- Audience** The following procedures will be followed for all patients undergoing hysterectomies at all UTMB clinical sites regardless of approach.
- Pre-op Procedure**
- Treat remote infections prior to elective surgeries (e.g., UTIs)
    - Pre-op screening for BV at no greater than 60 days prior to surgery.
      - Positive screening-Treat with Metronidazole 500 mg BID X 7 days or one full applicator (5g) intravaginal, once daily for 5 days (CDC guidelines).
        - Patients whose surgery falls during the treatment course, can have their therapy extended an additional 4 days post-op. PO option should be used for patients whose surgery falls during the treatment course.
      - Negative screening-No treatment
      - Patients who are not able to be screened pre-operatively, may begin empiric treatment before surgery: Metronidazole 500 mg PO BID X 7 days
  - Do not shave the incision site unless there is concern about interference with the procedure
    - Clippers preferable
    - Do not use a razor
  - Glycemic control
    - Screen all women pre-operatively for diabetes by checking serum glucose and HgbA1C levels. If HgbA1C levels are > 6 %, refer patients to Internal Medicine/Endocrinology to develop treatment plan for diabetes.
    - Target serum glucose within 2 weeks prior to surgery is <200 mg/dL.
  - Shower or full body bath
    - Patients will bathe with 4% chlorhexidine gluconate (4% CHG; Hibiclens) daily beginning 1 day before surgery (PM) and on the day of surgery (AM).
    - Patients will be given an educational pamphlet on reducing the risk for infections, including instructions on CHG bathing.
  - Provide education hand out during pre-op appointment

<b>Section: UTMB On-line Documentation</b>	<b>01.29 - Policy</b>
<b>Subject: Infection Control &amp; Healthcare Epidemiology Policies and Procedures</b>	<b>2.3.2022 Revised</b>
<b>Topic: 01.29 – Management of Hysterectomy Surgery Patients</b>	<b>2020 - Author</b>

**Intra-op Procedure**

- Pre-op surgical skin prep with alcohol-based agent unless contraindicated
  - If a patient has not bathed (TDC/County patients), wipe the site to be prepped with a CHG bathing cloth then proceed to next bullet.
  - Chlorhexidine–alcohol: Scrub for 2 minutes for moist sites (inguinal fold and vulva) and 30 seconds for dry sites (abdomen); dry for 3 minutes prior to draping
- Vaginal cleansing prior to all hysterectomy or vaginal surgeries
  - Use povidone– iodine
    - 4% chlorhexidine gluconate soap (4% alcohol) is well tolerated and an alternative to iodine-based preparations in cases of allergy or when surgeon preference
  - Maintain aseptic technique by all members of scrubbed staff
- Minimize traffic in the OR
- Minimize wound disruption and use excellent surgical technique (e.g., hemostasis, gentle tissue handling, avoidance of hypothermia etc.)
  - Maintenance of intraoperative warming by forced-air warming devices
- Gown and Gloves changed intraoperatively when switching from vaginal to abdominal.
  - Separate closing trays for abdominal wall closure.
- Open Abdominal Hysterectomy: Silver wound dressing placed in OR and to remain for 1 week is the preferred method,
- Appropriate use of antimicrobial prophylaxis (see ‘Antibiotic choices’)
  - Pre-operative antibiotics should reach acceptable tissue concentrations (Above Minimum Inhibitory Concentration) prior to the incision time in order to be effective.
  - Obesity: Increase dosing based on weight
  - Prophylactic antibiotics shall be administered by the Anesthesia Department
  - Intravenous Cefazolin infusion shall be used for prophylaxis. 2 grams of Cefazolin, and 3 grams of Cefazolin for patients weighing greater than 120 kg must begin administration at 15 to 60 minutes before the skin incision
  - Re-dosing should occur for procedures lasting greater than 4 hours
- Antibiotic Choices (ACOG Recommendations):
  - In all types of hysterectomy (abdominal, vaginal, laparoscopic and robotic), Laparotomy, Vaginal sling and Colporrhaphy: 2 g IV Cefazolin ( $\leq$  120 kg) and 3 g IV Cefazolin ( $>$ 120 kg)
    - Cefazolin should be redosed 4 hours from the preoperative dose for lengthy procedures
  - Penicillin allergy
    - Clindamycin 900 mg or Metronidazole 500 mg PLUS Gentamicin 5 mg/kg or Aztreonam 2 g
    - Gentamicin – no redose is needed for lengthy procedures
  - Patients who did not receive screening or begin pre-operatively empiric treatment for BV, may begin their Metronidazole 500 mg PO BID X 7

<b>Section: UTMB On-line Documentation</b> <b>Subject: Infection Control &amp; Healthcare Epidemiology Policies and Procedures</b> <b>Topic: 01.29 – Management of Hysterectomy Surgery Patients</b>	<b>01.29 - Policy</b>  <b>2.3.2022 Revised</b> <b>2020 - Author</b>
--	--

days in the OR, starting with 500 mg IV then continue post-operatively for 7 days.

**Post-op Procedure**

- Open Abdominal Hysterectomy: If silver dressing is placed intraoperatively, dressing remains in place for 1 week post-op.
  - Clinic appointment should be set up for one week wound check and dressing removal.
- Provide patient educational hand out for pre-op and post-op wound care prior to discharging from hospital.
- Patients are to be instructed to bathe daily until wound is healed.

**References:**

ACOG. (2018). Prevention of infection after gynecological procedures. *The American College of Obstetricians and Gynecologists*, 131(6), e172-e189.

American Society of Health-System Pharmacists, Inc. (2013) ASHP Therapeutic Guidelines. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/therapeutic-guidelines/therapeutic-guidelines-antimicrobial-prophylaxis-surgery.ashx>

Workowski KA, B. G. (2015). Sexually transmitted diseases and prevention. *MMWR Recomm Rep*, 64, 1-137.

American Society of Health-System Pharmacists, Inc. All rights reserved.

**See Preparing for Your Hysterectomy on the next page**



## Hysterectomy: Preventing Infection



### Review: What is a Hysterectomy?

Hysterectomy is a surgery to remove the uterus. Removing your uterus means that you can no longer become pregnant. This surgery is used to treat many women's health conditions. Some of these conditions include:

- Uterine fibroids
- Gynecologic cancer
- Endometriosis
- Chronic pelvic pain
- Pelvic support problems
- Abnormal uterine bleeding

### Preparing for Hysterectomy Surgery at UTMB: Skin Decolonization

Colonization is the presence of bacteria on a body surface (like on the skin) and does not usually cause disease. However, colonization with certain bacteria is associated with increased risk of infection. The goal of decolonization is to reduce or eliminate the bacteria on the skin to prevent infection and transmission.

At UTMB, we use body wash with chlorhexidine gluconate (CHG) to reduce the colonization of skin with germs that can cause infection of your surgical wound. Bathe with CHG cleanser the day before surgery and again the morning of surgery.

### Chlorhexidine (CHG) Baths for Patient Cleansing

- Liquid 4% Chlorhexidine gluconate (CHG) is available for purchase over the counter in local pharmacies. Product names include: Hibiclens (cheaper generics may be used)
- CHG cleansing should only be done on unbroken skin.
- Bathe first with soap and water, then apply CHG to a wet washcloth and scrub the body from the neck down. Rinse with water after scrubbing.

### Wound Care After Surgery

- Your surgeon will place a special covered dressing over your surgical wound to protect it from infection. It will remain in place for up to 7 days. Before leaving the hospital, make sure that you have a *nurse visit* scheduled with UTMB, within that first week. During this visit, your nurse will remove your dressing so your healthcare provider can look at your incision.
- The silver dressing is waterproof, so it can get wet while showering. You should not submerge your dressing under water (sitting in a bathtub). Be sure to shower daily with soap and water and clean the area surrounding your dressing by washing above the area and letting the soap suds run down your body. Do not scrub over the incision. CHG liquid may be used to scrub the body as above. Pat the area dry after showering.
- If your dressing was removed before you went home from the hospital, be sure to shower daily with soap and water (as mentioned above) and wash your hands thoroughly before touching the incision.

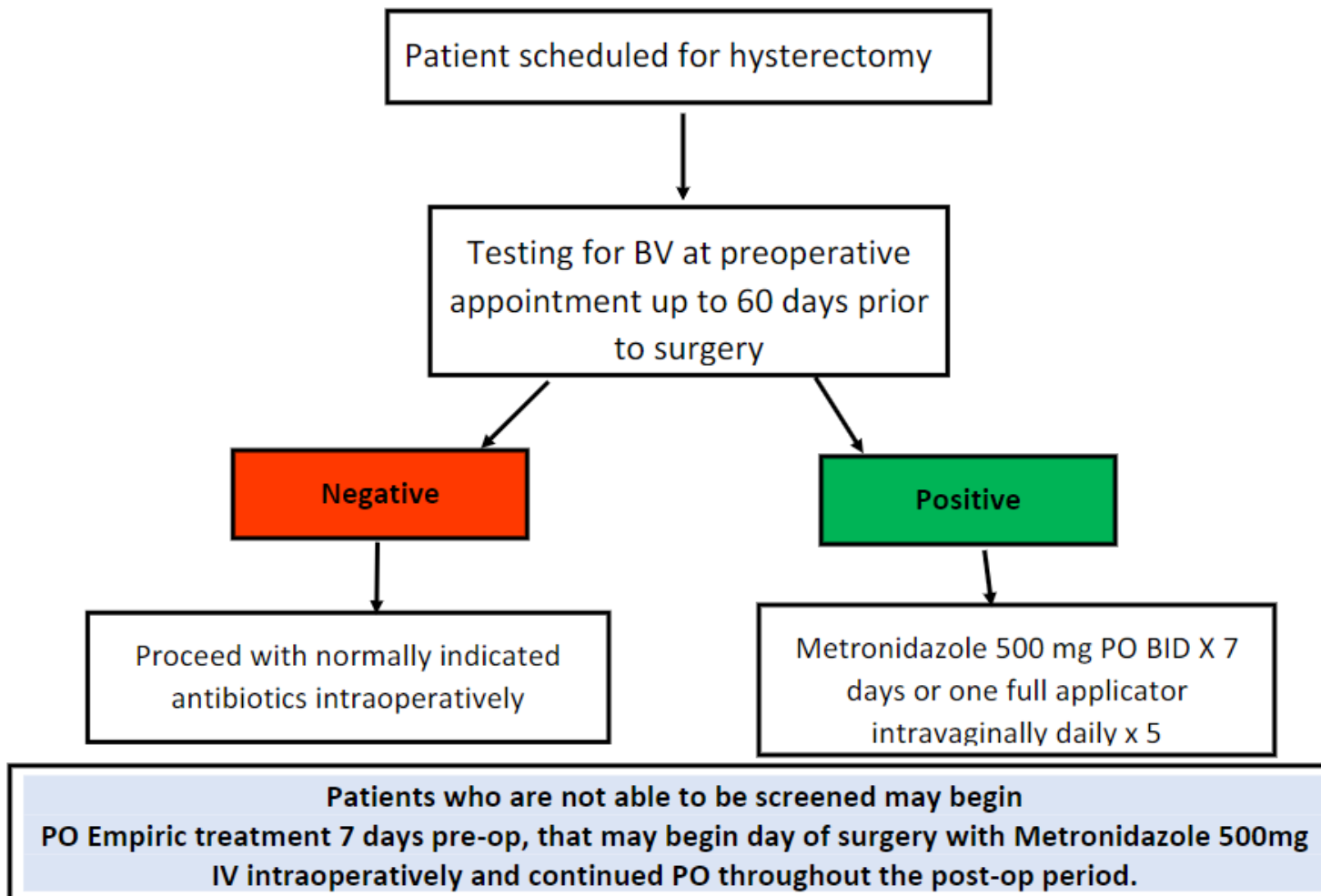
### Call your doctor if you experience:

- Fever >100.4F
- Drainage from your wound
- New nausea or vomiting
- Rash or irritation around the dressing
- New or worse abdominal pain
- Your incision feels like it has opened

**Disclaimer:** This content is educational and cannot replace advice or care provided by qualified healthcare providers. Medical information may become quickly outdated and accuracy cannot be guaranteed.

UTMB Patient Health Education, 2019  
Authored by: Department of Infection Control & Healthcare Epidemiology

## Screening & Management of Bacterial Vaginosis Prior to Surgery



## Empiric Antibiotic Prophylaxis without BV Screening in Abdominal, Laparoscopic and Vaginal Hysterectomy, Vaginal Sling, and Colporrhaphy Surgery

Patient scheduled for hysterectomy

Intraoperative antibiotics to be given by anesthesiologist 15-30 minutes prior to incision

- 2 g IV cefazolin\* (< 120 kg) or 3 g IV cefazolin (>120 kg); re-dosing every 4- hours
- AND**
- Give 1<sup>st</sup> dose of IV metronidazole, 500 mg x 1 dose during surgery (if not available due to shortage, may omit)
  - Begin oral metronidazole immediately post-operatively; 500 mg PO BID X 7 days

\*For severe penicillin allergy or any type of cephalosporin allergy, use IV levofloxacin 500 [mg](#); or IV clindamycin 900 mg PLUS IV gentamicin 5 mg/kg (adjusted weight-based dosing)