Purpose

Audience
The following procedures will be followed for all patients undergoing open abdominal hysterectomies at all UTMB clinical sites.

Pre-op Procedure
- Treat remote infections prior to elective surgeries (e.g., UTIs)
  - Pre-op empiric treatment for bacterial vaginosis. If the therapy duration of 5 days encroaches on the scheduled time for surgery, it should be continued postoperatively for at least 4 days.
  - Metronidazole 500 mg BID x 5 days
  - Please see one time dose for patients unable to complete pre-op therapy.
- 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 HbA1C levels. If HbA1C 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 booklet on reducing the risk for infections, including instructions on CHG bathing.
- Provide education hand out during pre-op appointment
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.
- Silver wound dressing placed in OR and to remain for 1 week is the preferred method.
- Appropriate use of antimicrobial prophylaxis (see ‘Antibiotic choices’)
  - Administer within 1 hour prior to procedure
  - Obesity: Increase dosing based on weight
  - If pre-operative screening for bacterial vaginosis was not performed, use intraoperative dose of metronidazole and continue post operatively for 4 days.
- Antibiotic Choices (ACOG Recommendations):
  - In all types of hysterectomy (abdominal, vaginal, laparoscopic and robotic), Laparotomy, Vaginal sling and Colporrhaphy: 2 g IV Cefazolin (≤ 120 kg) and 3 g IV Cefazolin (> 120 kg)
  - Bacterial vaginosis empiric treatment (if not completed pre-operatively)
    - Metronidazole 2 g (one dose)
  - Penicillin allergy
    - Clindamycin 900 mg or Metronidazole 500 mg PLUS Gentamicin 5 mg/kg or Aztreonam 2 g.

Post-op Procedure

- 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.

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
- New nausea or vomiting
- New or worse abdominal pain
- Drainage from your wound
- Rash or irritation around the dressing
- 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.

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