01.29 - Prevention of Infections in Open Abdominal Hysterectomy

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 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 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.

- Aquacel 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:
  - Low risk robotic or laparoscopic-assisted abdominal hysterectomies, and vaginal hysterectomies: Clindamycin 900 mg; repeat dose in 6 hours if prolonged surgery
  - For high risk open abdominal hysterectomies: Clindamycin 900 mg; repeat dose in 6 hours if prolonged surgery **PLUS** Ceftriaxone 2 g
  - Bacterial vaginosis empiric treatment (if not completed pre-operatively)
    - Metronidazole 2 g (one dose)

**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.

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

What is a hysterectomy?
A hysterectomy is a surgery to remove the uterus. Removing your uterus means that you can no longer become pregnant.

Why is a hysterectomy done?
Hysterectomy is used to treat many women’s health conditions. Some of these conditions include:
- Uterine fibroids
- Endometriosis
- Pelvic support problems
- Gynecologic cancer
- Chronic pelvic pain
- Abnormal uterine bleeding

Preparing for Surgery

Decolonization
Colonization with health care-associated pathogens is associated with increased risk of infection. The goal of decolonization is to reduce or eliminate the bacterial load on the body to prevent infection and transmission.

Chlorhexidine Baths
Methods of preventing the spread of pathogens have historically focused on handwashing and improving adherence to infection control practices. Chlorhexidine Gluconate (CHG) Baths or Hibiclens is a new approach being used in infection control techniques.

CHG Protocol for Patient Cleansing-Do it x 2
CHG cleansing should only be done on intact skin. Bathe the patient first with soap and water, and then perform CHG cleansing.
- Bathe with 4% Chlorhexidine gluconate (Hibiclens 4% CHG cloths)
- Bathe the night before surgery
- Bathe the morning of surgery

Post-Op Wound Care
- Shower daily with soap and water.
- The silver dressing should remain in place for up to 7 days. Please ensure you have a post-operative visit for 7 days after your surgery so your healthcare provider can take a look at your 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