OPERATION THEATRE ETIQUETTES

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ABSTRACT: Standard operating room etiquettes are minimum infection prevention practices that apply to all patient care, regardless of suspected / confirmed infective status of patient, in any healthcare setting. Apart from sterilization of instruments and equipments, cleaning and disinfection of the operation theatre, maintaining discipline and following certain etiquettes while in the theatre is of utmost importance. These are followed in order to protect the Health Care Personnel from getting infected as well as to prevent the personnels themselves from spreading infections among patients. There is extensive literature available on sterilization and disinfection, but not enough has been mentioned about OT behaviour. Information about this is usually passed on by word of mouth. Therefore, through this review article we aim to highlight the important rules to be followed while circulating in the operating room, scrubbed or unscrubbed, because nothing is more important to a surgeon than a post-operative period free of infections. **DEFINITION:** Standard Precautions / Etiquettes are minimum infection prevention practices that apply to ALL patient care, regardless of suspected / confirmed infective status of patient, in any healthcare setting. Their aim is dual – to protect Health Care Personnel from getting infected and to prevent the personnels themselves from spreading infections among patients.

WHY ALL THE FUSS? :-

It has been found that 10 % of all Hospital acquired infections are due to surgery and that around 2.5% of all surgical patients acquire wound infection.

This turns out to be a costly affair for both, the patients (emotionally, physically) and for the doctors (extra hospital stay, interventions, litigations).

The etiquettes are most important in the ophthalmic operation theatre because the eye being the most sensitive structure of the body, any infection can culminate in extremely devastating consequences.

The significance is further more in developing countries like INDIA due to following factors --

- More dust
- More sweating
- Poor hygiene
- Poor immunity
- Lack of education / periodic assessment & training of personnels
- Lot of charitable hospitals and philanthropic people are doing good work but they do not have appropriate knowledge about the importance of asepsis.
- Lack of enforcement of rules

Etiquettes before entering OT:-

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- Strict OT dress code has to be followed
- All personnel working in OT must wear clean surgical attire in place of their street clothes.
- OT clothes should not be worn outside the designated area.

All personal protective equipment (cap, mask, gown, gloves, and footwear) should be worn properly and proudly.

Etiquettes within OT:-

When a person is scrubbed for surgery:

Sterile area is considered from fingertips to elbows, circumferentially & 2 inches above elbows and from scrubbed person's chest to horizontal surface of draped table / draped pt. So the front should always be facing towards the sterile area.

Figure 1:

Unsterile regions are back of gown, from waist below, region of armpit, around neck and area of sleeve above elbow.

The gloved hands must be kept above waist / on top of sterile field / clasped in front.

Figure 2:

Figure 3:

When changing places with other scrubbed persons, one should always go back to back.

Figure 4:

One should not move around with hands folded onto armpit or in gown pocket.

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Figure 5:

If there is an itchy nose or ear or if the eyeglasses need adjustment, one should always ask the unscrubbed nurse / assistant for help.

While circulating unscrubbed in OT:

- Hands must be kept behind back
- One should not --
touch or pass sterile field unnecessarily / repeatedly
lean over sterile field
pass between sterile fields
- Should not pass items above sterile field.
- Check sterility and expiry date of each presterile pack before opening.
- A sterile item if it is not to be used immediately should be kept covered.
- Packs should be opened away from body keeping the fingers outside the wrapper. While opening the flaps, the farthest away is opened first taking care not to reach over the sterile field. Then the side flaps are opened and the flap nearest is dealt with last.
- While pouring liquids, one should hold the container 6 inches above the sterile field. The outer surface of the bottle & cap are considered unsterile, whereas the inside area & solution are sterile. The sterile liquid is poured without reaching over the sterile container.

Injection Safety --

Avoid –

1. Use of a single syringe for multiple patients.
2. Reinsertion of a used syringe into medication / solution & then using the same vial / solution container for subsequent patients.
3. Preparation of medications in close proximity to contaminated supplies / equipment.

While observing surgery:

- It is best for students and other trainees to observe surgery from a remote location on CCTV rather than crowd around the surgeon's table.
- 1 foot clearance from sterile area must be strictly observed.
- Etiquettes as for scrubbed / unscrubbed persons should be followed.

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Colonized or Infected Surgical Personnel:

Personnels operating with active infection have been linked with outbreaks of infection. All skin lesions should be covered with waterproof dressing. Depending on the infectivity and type of patient contact, the person may be excluded from work (esp. upper respiratory tract infections, draining skin lesions, infections of eyes / ears / mouth). Due to fear of loss of surgical work or wages, the personnels should not hesitate from reporting their illnesses but in fact, they should be encouraged to do so.

While in the OT, care should be taken to avoid accidental puncture from contaminated needles & other sharps to avoid transmission of HIV, Hepatitis B and Hepatitis C.

General etiquettes:-

- Avoid excessive coughing or sneezing. If one needs to, step back from sterile field & turn away. If one is standing at the patient's side & suddenly must cough or sneeze, they should look directly at the surgical wound, so that so the fine aerosol created shoots out the sides of the mask & not into the wound.
- Avoid unnecessary movement in OT.
- Personnel entering OR complex should be strictly controlled. (Maximum 5 personnel / 180 sq. ft.)
- Any casual observers / VIPs should not be allowed inside the OT.
- Woollen wear of any kind should not be permitted inside, as it attracts and harbours dust & micro-organisms.
- If there is any doubt about the sterility of an item, it should be considered unsterile
- The edge of anything that encloses a sterile content is considered unsterile
- Trolleys are considered sterile only on their surface.
- All biomedical waste should be discarded appropriately.
- Avoid light banter, unwanted or irrelevant talks inside the OT.
- Use of cell phones within the OT should be discouraged as they are an important source of dust, organisms and distraction.

It has to kept in mind that majority of the ophthalmic patients are operated under local or topical anaesthesia. So they are well aware of our remarks, comments and talks!

Do not --

- Let the mask hang loose around neck or reuse it if it is soiled.
- Wear same footwear from unrestricted to restricted area.
- Throw soiled linen, covers, swabs etc. around.
- Stand anywhere such that you come in way of others.
- Keep OT doors open.

To avoid feeling faint in the theatre, take adequate food & fluid beforehand. Do not tie the mask too tight. If you are feeling unwell, inform someone. It is better to allow time to unscrub & leave on time than to collapse on the floor, in a sterile environment.

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