

MEMO SHEET - Surgical skin preparation: what the patient have to know and do



Patient tag

Surgical procedure: _____ Date of surgery: ____/____/____

To be completed
by the surgical staff



HAIR REMOVAL (if the patient is asked to do so)

Is hair removal necessary?	Body area?	How to do it?	Safety precautions before use?
<input type="checkbox"/> No , it's not <input type="checkbox"/> Yes , to be done <u>at home</u> <i>Time for hair removal:</i> _____ <i>(date/number of days before surgery)</i> <input type="checkbox"/> Yes , to be done <u>in the surgical ward</u>	IF YES See drawing on back	<input type="checkbox"/> Electric hair clippers → <input type="checkbox"/> Hair removal cream → <input type="checkbox"/> Another method → _____ <i>(in accordance with the patient)</i>	Clean the clippers and replace/clean the blade Test the tolerance to cream before hair removal <i>(at another location than the surgical site)</i> <i>Time for the test:</i> _____ <div>  Mechanical razor not allowed  </div>




SURGICAL SHOWER (step used to prevent infectious complications)

BEFORE the shower

To be removed: ☐ jewelry ☐ piercings

Oral care: ☐ teeth brushing ☐ antiseptic mouthwash – product to use: _____

Nails: ☐ cut and brushed nails ☐ varnish removal ☐ false nails removal To do for: ☐ hands ☐ feet

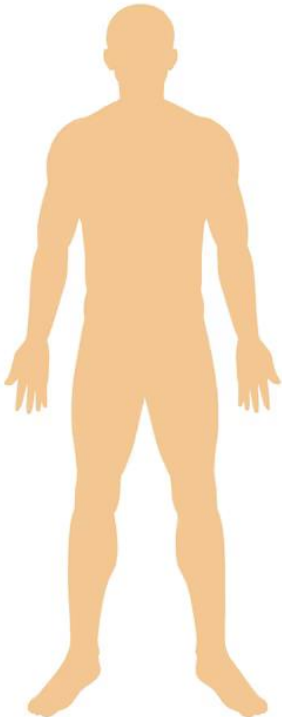
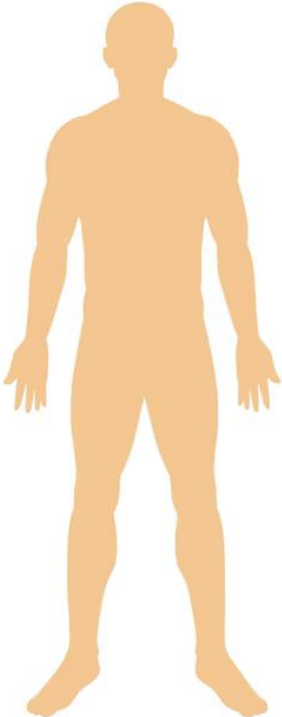
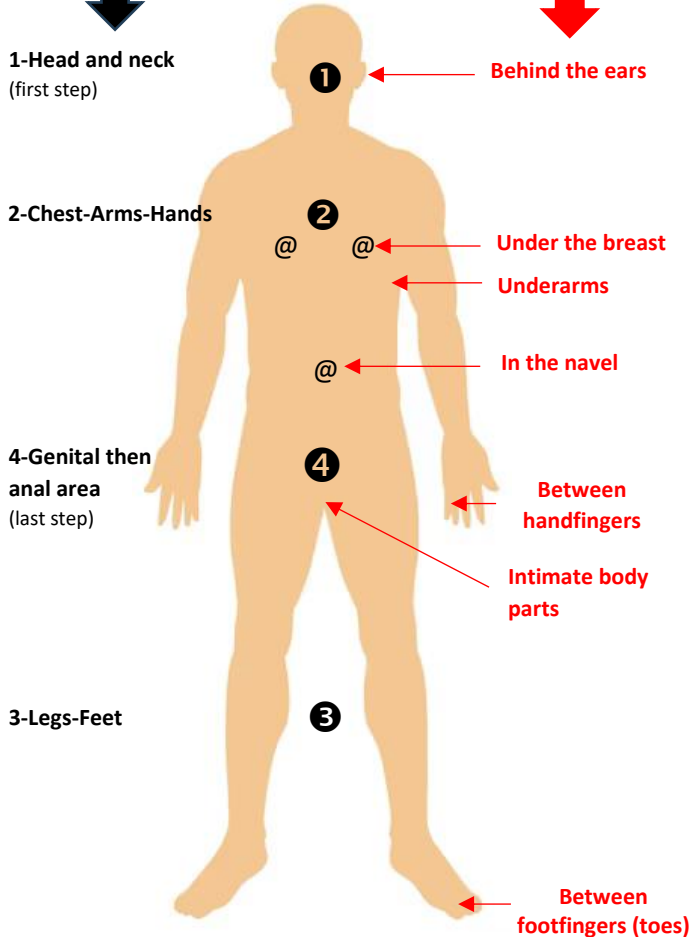






Where and when the shower is to be done*?	How to do it?	Which type of soap?	Safety precautions?
<input type="checkbox"/> <u>at home</u> : <input type="checkbox"/> the day before surgery <input type="checkbox"/> the day of surgery <input type="checkbox"/> <u>in the surgical ward</u> : <input type="checkbox"/> the day before surgery <input type="checkbox"/> the day of surgery <div>  *in case of difficulty: provide assistance in the shower or do a complete toilet at the sink </div>	<input type="checkbox"/> entire body <input type="checkbox"/> including shampoo The surgical shower is a special shower with requirements to be met - See drawing on back	<input type="checkbox"/> personal soap <input type="checkbox"/> plain soap <input type="checkbox"/> antiseptic soap Name of the product: <i>(according to patient allergies)</i> _____ <input type="checkbox"/> to purchase <input type="checkbox"/> provided by the service	<u>Personal soap</u> : a new bottle of liquid soap is recommended <u>Washcloth</u> : a clean one is to be used

AFTER the shower

☐ dry off with a new towel ☐ do not apply cream, deodorant, perfume or make-up on the skin

☐ wear clean clothes after each shower (including nightwear, underwear, etc.) ☐ bed linens to be changed (if showering the day before surgery)

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HAIR REMOVAL (if asked to do so)	PREOPERATIVE SHOWER	PERSONAL BELONGINGS
<p>Relevant areas are circled by the surgeon</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <p>Front</p> <p>Back</p> </div>	<p>1 to 4: steps to follow</p> <p>Areas not to be forgotten</p> <div style="display: flex; justify-content: space-around; align-items: center;">  </div>	<p>Before your transfer to the operating theatre:</p> <p><input type="checkbox"/> Replace your contact lenses with glasses</p> <div style="display: flex; align-items: center; margin-top: 10px;">  </div> <p>You can keep the following devices to facilitate the communication in the operating theatre:</p> <p><input type="checkbox"/> Glasses </p> <p><input type="checkbox"/> Hearing devices </p> <p><input type="checkbox"/> Dentures </p> <p>Additional informations :</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>If you have any question:</p> <div style="display: flex; align-items: center;">   <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </div>
<p>On your arrival, your skin will be checked by a healthcare professional</p>		<p>Remember to bring this document on the day of your intervention</p>