

C3L17 - Ashley Hay

(0:05 - 0:24)

Hi, so we're in the last lesson here of course three. We'll talk about surgical skin prep and also draping. So some important principles of skin prep that you absolutely should be comfortable with is the fact that we're reducing microbes, right? Microbial reduction.

(0:25 - 0:44)

And we've talked about microbes and those specifically in a prior lesson. So just know obviously the skin cannot be sterilised, right? Because there will always be something on your skin. Our skin has good bacteria on it as well.

(0:44 - 1:01)

It is just something that we cannot achieve. You cannot achieve sterile skin. But preparation of the skin and proper preparation of the skin aims for the highest amount of microbial reduction possible.

(1:02 - 1:22)

You also wanna make sure that you're doing kind of a wide margin to prevent any sort of contamination. So if the site is only, let's say, two inches, we wanna make sure that we're going much wider than that to ensure that we have a really clean working area. Spiral application is really imperative.

(1:22 - 1:52)

So that's because the antiseptic is applied starting at the incision site centre, and then you work your way out in a spiral. We avoid contamination by not going back over the same area and not passing sponges over previously covered areas, right? And prioritising contaminated areas, that's important. So less contaminated areas are prepped first.

(1:54 - 2:28)

So let's say that maybe we're prepping an area which can be a little bit more dirty, maybe even like under the armpit or something like that. We wanna try and do what we can to prioritise kind of cleaning the areas appropriately. And also we want to use plastic or synthetic barrier drapes to exclude nearby highly contaminated areas.

(2:28 - 2:45)

So in the example I just mentioned, right, let's say that we're doing a lymph node surgery here, but the armpit traditionally has a very high bacteria count. So if possible, we wanna try and drape the area and then clean spiral out of the site that we're working on. And that's the type of

catheter that we're gonna use.

(2:46 - 3:03)

There was some mentions of different types of urinary catheters. I would like you to just kind of know the basics there. What is a catheter used for? Removing fluid, monitoring bodily function, perhaps even injecting fluid sometimes.

(3:05 - 3:27)

But you want to make sure that you know the different types. So there are urinary catheters, non-retaining and self-retaining. Moving on also to just for the catheter, you should know that there is an inflated balloon that holds the catheter in place.

(3:29 - 3:45)

So as a nurse before, when I'm prepping my urinary catheter, it is standard practise that we inject the balloon with a bit of saline, a very certain amount. We make sure that the balloon is working and that there's no leaks. Then we deflate it.

(3:46 - 4:12)

Then we do our whole procedure, enter it into the patient. And once we have confirmation with urine streaming out, then we inflate the balloon to hold it inside the bladder there. So just knowing that Foley catheters are used for continuous drainage of urine and that the inflated balloon is inflated once it is in proper positioning and it holds it inside of the bladder.

(4:15 - 4:41)

There is a technique for catheterisation, although I don't know that you need to go so deeply into that. But I would be familiar with the process and knowing that it is different male versus female, but always of course, draping and exposing only when we're ready to insert the catheter. Maintaining patient privacy is key.

(4:43 - 5:00)

So there's some really helpful videos on that. We also talk a little bit about hair removal prior to surgery. All of these things will be instructed from the provider on ways to skin prep.

(5:03 - 5:41)

We also want to prevent, of course, any sort of risks of skin prep, things like chemical burns or being rough with the patient in terms of cleanup. So using things like soft towels are helpful, waterproof drapes, depending on where they're needed, and then just knowing basic skin prep supplies, which is really important in terms of knowing surgical setups. So you'll definitely need an antiseptic skin prep solution.

(5:41 - 6:00)

You'll need scrub soap. You may need small bowls or cups for holding sterile water, saline, antiseptic, things like that. Prep sponges for sure, gauze sponges also, forceps to handle said sponges, sterile gloves, sterile towels, cotton-tipped applicators.

(6:02 - 6:51)

And then when we are ready to skin prep, we know that we will prepare the patient, prepare the supplies, prepare ourselves, and then we will go ahead with our prep stages. And then we talked about the spiral technique, and I think it's really helpful here to see some examples of what we were talking about. So this here shows just some kind of really brief examples in looking at how we can skin prep in a spiral for a different kind of site C. So with the arrows here, you can see that we start at the incision site.

(6:51 - 7:23)

This might be something like a thyroid surgery, and we then work our way out, right? And we're never going back and re-passing over the same area. We are starting, if we have to do more than one, we're starting with a clean new skin prep and working our way out. And you'll see that sometimes it kind of varies, right? Like if there is a perineal surgery, we're not gonna spiral this way because then we would be contaminating it with the anal area.

(7:23 - 7:38)

So we want to kind of spiral our way outward in a bit of a zigzag pattern. I think the shoulder one is particularly helpful too. So you can see how those are done as well as the back or certain shoulder procedures.

(7:45 - 8:13)

The Chloraprep video is incredibly helpful too, as well as the Betadine scrub, the scrub and paint video. It'll just kind of show you how we typically use those for skin prep. And then learning to drape, just knowing that there's a lot of different variables and that there's a tonne of different shapes and sizes and it has to be just properly positioned, you know, just so.

(8:13 - 8:37)

So learning, there's a little bit of a learning curve here and it does take some practise to learn how to do it best. But, you know, in getting some assistance from your preceptors or other, you know, seasoned professionals, you'll get the hang of it pretty quickly. So I think just knowing the basic principles of draping right now is incredibly helpful.

(8:38 - 9:05)

So do you know the difference between fan folding versus layering a drape? So those are things

to make sure that you are aware of. Also knowing the difference in how you might drape a patient if they're placed supine or prone and what that might look like in those differences. Also, sometimes equipment has to be draped as well.

(9:06 - 9:29)

So just take a look in your ebook, just for some real basics on that. But I think just knowing the reasons behind draping and, you know, the fact that we're trying to reduce any sort of microbes makes sense, right? As to why we're draping certain parts of the patient or draping certain parts of equipment. So that's pretty much it for this one.

(9:29 - 9:35)

And we will be moving towards course four next time I see you. All right.