



TO CLIP OR NOT TO CLIP? THAT IS THE QUESTION

SURGICAL SERVICES HAIR REMOVAL PROTOCOL

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BACKGROUND

- The incidence of SSIs is influenced by several risk factors, one of which is preoperative hair removal. One of the sources of pathogens for SSIs is the endogenous flora of the patient's skin.
- Removing hair at the surgical site abrades the skin surface and consequently enhances microbial growth
- Perioperative hair removal is one component of the many risk factors which may contribute to SSI
- Joint Commission 2017 NPSG.07.05.01;When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organization.

PURPOSE

- The purpose of this protocol is to establish a standardized process for implementation evidence base practice to achieve optimal surgical site infection prevention.

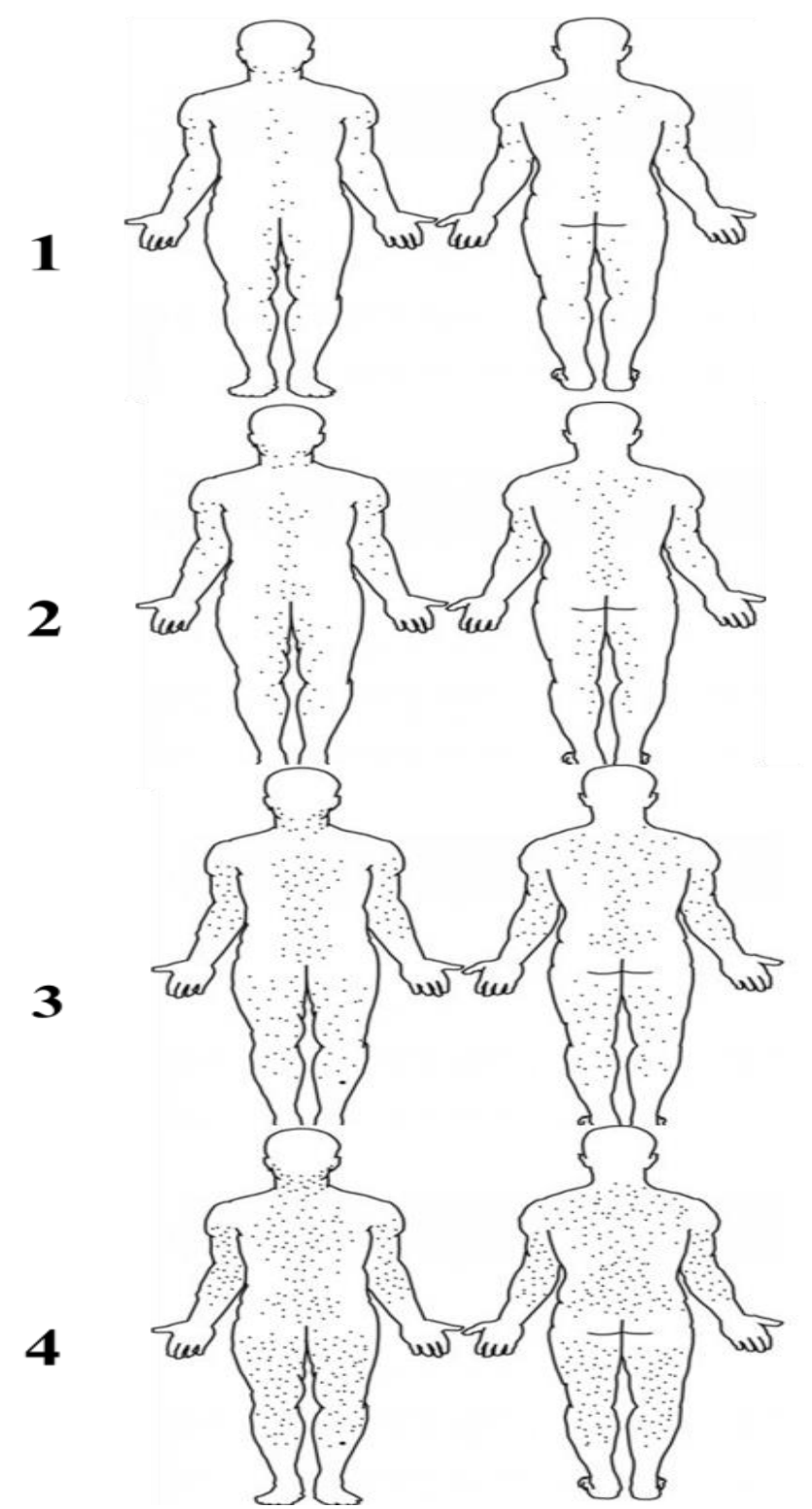
EVIDENCE BASE PRACTICE

- Hair shall NOT be removed from the operative site unless it physically interferes with the surgical incision or procedure.
- If hair is to be removed it shall be done by single use clipper head, surgical clipping method; which best preserves skin integrity.
- Hair removal should be kept at a minimum
- Hair removal shall be done as near to the time of surgery as practical
- Hair removal shall take place outside of the operating room.

METHODS

- Stakeholder knowledge and engagement
- Develop clinical practice guideline
- Develop Hirsute Scoring Tool
- Develop Hair Removal parameter Chart
- Clinical staff education plan

HIRSUTE SCORING TOOL

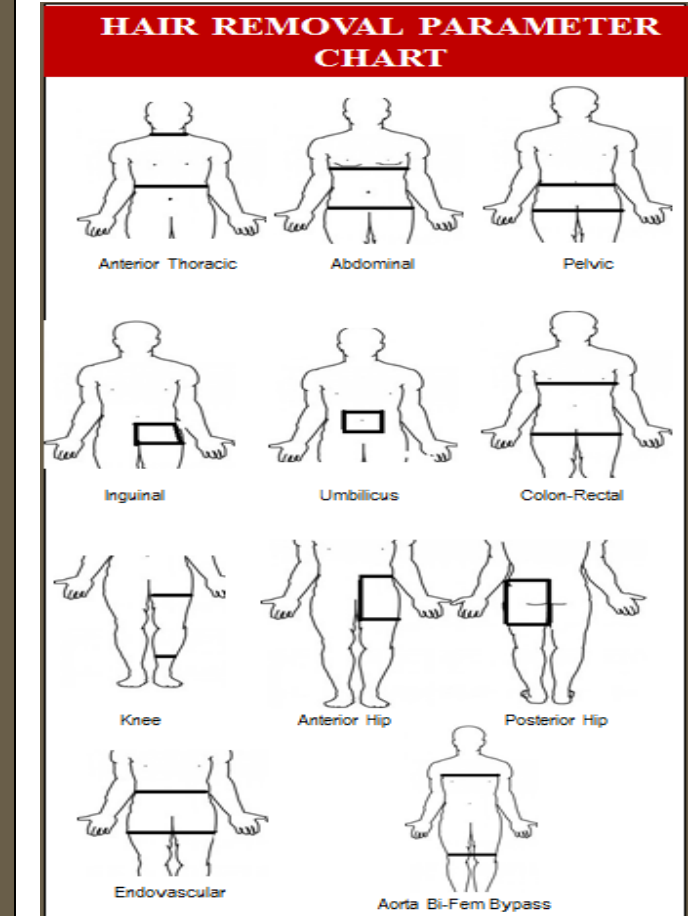
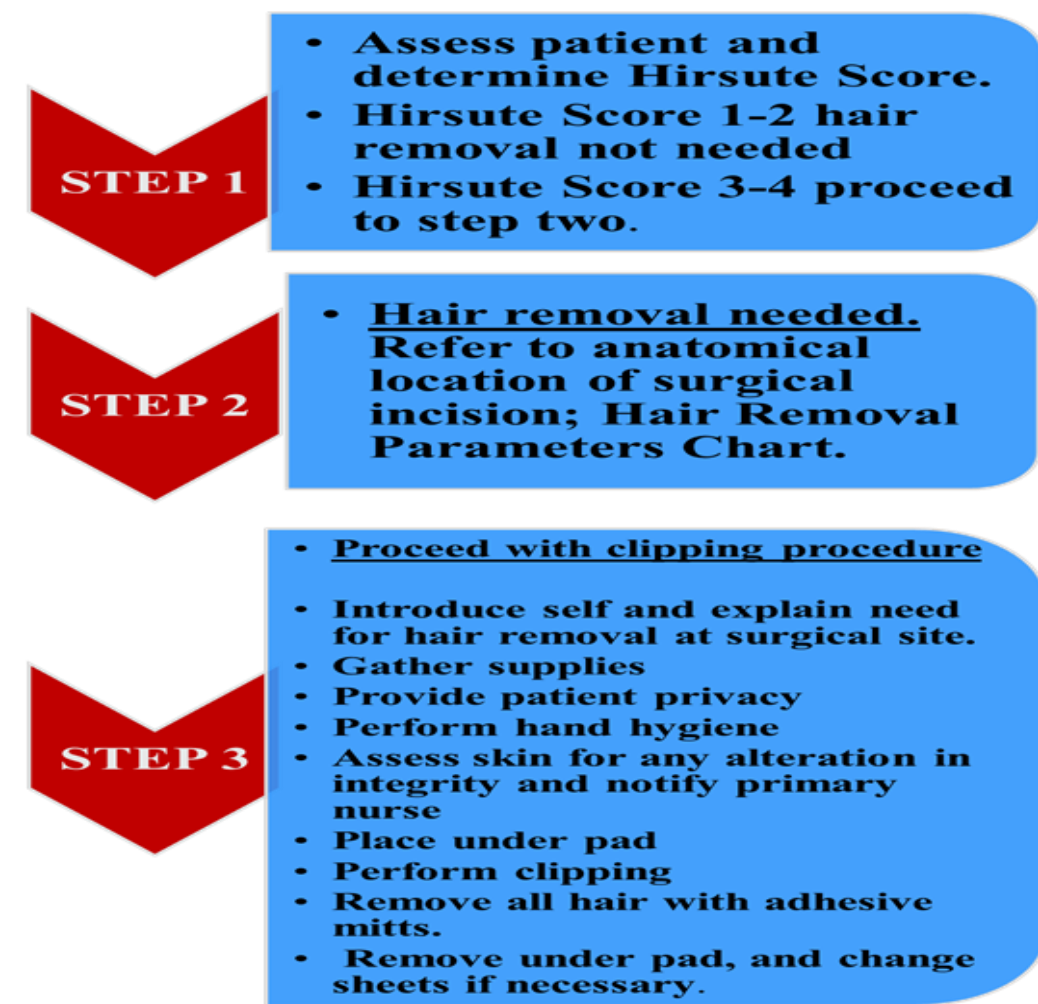


In 1961, Ferriman and Gallwey described a scoring system to determine the degree of hirsutism.

This tool scored the density of terminal hairs at 11 different body sites (i.e., upper lip, chin, chest, upper back, lower back, upper abdomen, lower abdomen, arm, forearm, thigh, and lower leg).

For each of these areas, a score of 0 (absence of terminal hairs) to 4 (extensive terminal hair growth) was assigned

CLINICAL GUIDELINE



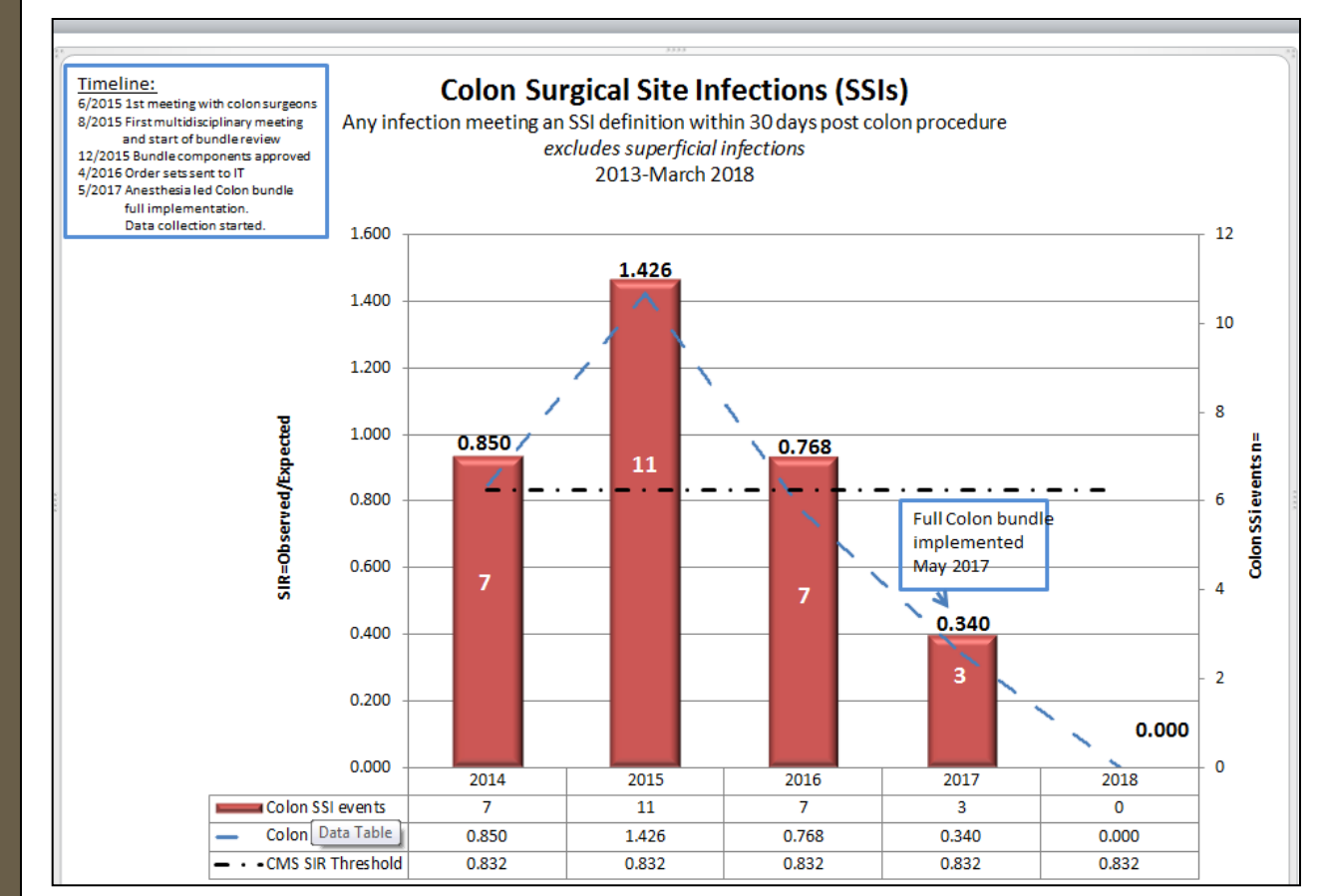
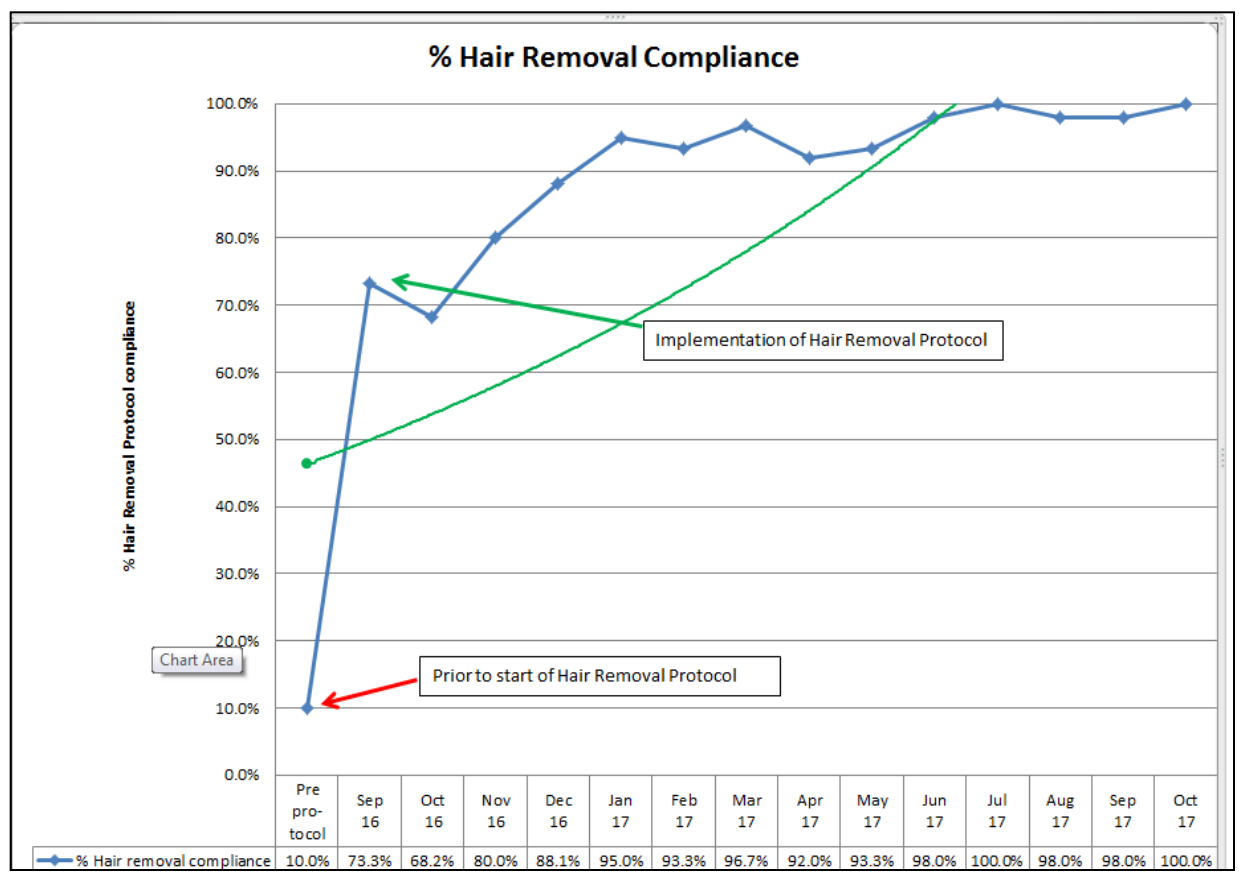
“Ongoing reinforcement to the perioperative team is to answer the question “

To Clip or Not to Clip?”

CHALLENGES

- Specific physician preferences
- Re-evaluating hair removal parameters
- Reinforcement to surgeons that unless hair is interfering with surgical site it should not be removed at all.
- Beginning many challenges were encountered where our team was needed to support the process.
- Now the process is built into the system
- Support needed infrequently (new procedures)

OUTCOMES



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