

SURGICAL SERVICES HAIR REMOVAL PROTOCOL “TO CLIP OR NOT TO CLIP”

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Introduction: The Joint Commission National Patient Safety Goal 07.05.01.8 states: When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations. Upon literature review, best practice related to surgical hair removal includes;

- 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 using the 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

Identification of the problem: The incidence of Surgical Site Infections (SSI) 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 SSIs. Despite great efforts, our organization lacked the ability to implement evidence based practice for hair removal through conventional means.

QI question/Purpose of the Study: The purpose of this protocol is to establish evidence based standardized process for preoperative hair removal.

Methods: We took a very innovative approach to develop a clinical practice guideline which included an objective assessment Hirsute Scoring Tool, Hair Removal Parameter Chart, and Hair Removal Competency validation skill checklist. Implementation required stakeholder knowledge, engagement, buy-in and education plan.

Outcomes/Results: We have improved our hair removal practice outside the operating Room . Prior to 2016, hair removal was completed in the operating room suite. Upon our strived to put evidence into practice we only achieved 50% compliance in 2016. After implementation of the surgical hair protocol we now have 98% compliance of hair removal outside of the Operating room. Appropriate hair removal is an essential component within the interventions “bundle” associated with SSI prevention. Although hair removal cannot be singled out as the main contribute to SSI prevention, we have experienced improvement in our SSI infection rate. For instance Colon Rectal SSI incidence was 7 in 2016 and decreased to 3 in 2017.

Discussion: In establishing evidence based standardized process for preoperative hair removal we used advancements in research and practice to support our protocol. Through these efforts, the surgical team can provide the safest environment for surgical intervention, reduce the risk for the development of a surgical site infection, and ultimately promote positive outcomes for all surgical patients. This Hair Removal Protocol was a change in practice for all of the perioperative staff. Other challenges incurred were specific surgeon preferences and not to remove hair at all if not interfering with surgical site.

Implications for perianesthesia nurses and future research: Ongoing research continues to support the value of not removing hair preoperatively which has been considered necessary in the past. Ongoing reinforcement to the perioperative team is to answer the question.... To Clip or Not to Clip.....?