

Preoperative phase

- encourage the patient to stop smoking
- screen patients for malnutrition
- advise patients to wash (shower or bath) at least the day before surgery
- do not routinely remove hair at the surgical site; if hair has to be removed to perform surgery, use electric clippers with a single-use head on the day of surgery. Do not use razors for hair removal because these increase the risk of infection
- see 'Surgical antibiotic prophylaxis' in *eTG complete* for prophylaxis regimens

Intraoperative phase

- immediately before incision, prepare the skin at the surgical site using an antiseptic (aqueous or alcohol-based) preparation; povidone-iodine or chlorhexidine are most suitable
- cover surgical incisions with an appropriate dressing at the end of the operation

Postoperative phase

- use an aseptic technique for changing or removing dressings
- aim to keep the postoperative dressing intact, uncontaminated and dry for up to 48 hours after surgery; if necessary, use sterile saline (sodium chloride 0.9%) for wound cleansing during this period
- advise patients that they can shower 48 hours after surgery
- use an appropriate dressing for surgical wounds that are healing by secondary intention (see 'Ulcer and wound dressings' in *eTG complete*)
- avoid:
 - topical antimicrobial products on wounds healing by primary intention
 - Edinburgh University Solution of Lime (EUSOL) and gauze, moist cotton gauze, and mercuric antiseptic solutions on wounds healing by secondary intention

For antibiotic treatment of surgical site infections, see 'Surgical site infections' in *eTG complete*.

All stages

Provide patients and carers with clear information and advice for each stage of care. This should include the risk factors for surgical site infection, the approaches taken to reduce the risk, how to recognise a surgical site infection, and how they are managed.