

00:00:07.070 --> 00:00:20.020 When performing many GYN procedures separate vaginal and abdominal preps may be required as vaginal area is considered to be contaminated. The vaginal prep should be performed first to avoid slash contamination of the abdominal area.

00:00:20.990 --> 00:00:51.040 After placing the patient in lithotomy position before scrubbing, a member of the team will wash their hands open and don sterile gloves. 4% CHD solution will be used for the vaginal prep and should be placed sterily on the vaginal prep table. The vaginal prep will be performed using disposable popsicle foam prep sticks or if unavailable, a ring forceps with a sterile sponge may also be used. The prep will begin from the cleanest area to the most contaminated. When prepping the pelvis a prep stick

NOTE Confidence: 0.879602372646332

00:00:51.040 --> 00:01:11.690 Should be used to start from the Mons pubis downward to the perineum. The inner thigh should then be prepped with sequential lateral strokes from the labia outwards to the knee. This should be done in a top to bottom fashion, to avoid bringing bacteria upwards. This step will be repeated for a total of 3 times, each time using a new sponge.

00:01:12.200 --> 00:01:15.920 The prep will extend outwards to the mid thigh from the Mons.

00:01:51.710 --> 00:02:08.960 When prepping the vagina a foam sponge will be inserted into the vaginal canal in a circular motion will be used to prep the vaginal vault, once removed this sponge will be used to prep the anus. This step should be repeated a total of 3 times, again each time with a new sponge.

00:02:39.870 --> 00:03:04.460 At this time a sterile towel can be used to cover the prepped vaginal area, attention should then be turned to the abdominal prep. If the same team member is performing the abdominal prep, the glove should be changed for robotic and laparoscopic procedures. Initially, the umbilicus should be cleaned with sterile q-tips using chlora prep.

00:03:16.570 --> 00:03:23.610 The umbilical should then be cleaned using the chlora prep sponge for 30 seconds in a continuous motion, in the area of the plant incision.

00:03:24.130 --> 00:03:29.980 If laparotomy is to be performed, the line of incision is cleaned for again a total of 30 seconds.

00:03:46.630 --> 00:04:05.230 Following this time, a triangular or oval motion extending outwards from the belly button will be used to complete the abdominal prep. Care should be taken to avoid pulling of the solution on the patient's abdomen or pelvis, a full 3 minutes should be allowed for drying, following completion of the prep prior to draping the patient.

00:04:16.180 --> 00:04:41.970 At this time, all team members should perform a surgical scrub, gown, and gloves sterily. The team will then drape the patient.

If leggings are used these drapes should be placed first to avoid any contamination. This should then be followed by placement of the under buttocks drape. A Foley catheter is then placed steriley by a train team member. If a uterine manipulator is to be placed, this can be done at this time.

00:04:42.570 --> 00:04:55.910 Prior to starting the surgical procedure, this team member should then change their gloves. Appropriate use of sterile aseptic technique to prep the patient helps decrease surgical site infections.