



## Sterile Prep Protocol Recommendations

### OPTION 1: PREP FIRST THEN APPLY PRS

- 1.) Using sterile technique, prep entire abdomen that will be in sterile field with ChloroPrep or approved sterile prep product.
  - a. If there is excess tissue in the sterile field that causes the tissue to roll over on itself, it may have to be physically pushed or held back with either gloved hand or sterile towel to ensure that ChloroPrep or approved sterile prep product fully dries.
- 2.) Wait minimum of 3 minutes for prep solution to dry on patient's skin (or follow hospital protocol for approved sterile prep product drying time if longer than 3 minutes).
- 3.) Using sterile technique, open PRS pouch and empty contents onto sterile field.
- 4.) Using sterile technique, peel backing from adhesive pad and adhere two adhesive pads to underside of patient panniculus (one at a time), ensuring pad fully adheres flat against skin and that there are no bubbles or creases in pad. Position pads according to physician preference. Hand off remaining two adhesive pads to circulator or anesthesia provider at head of procedure table.
- 5.) Anesthesia provider or circulator will peel the adhesive pad backing of the two pads and place pads on the underside/edge at the head of procedure table, positioning them as far apart as possible (at underside corners of table).
- 6.) Employing sterile technique, scrub tech/physician will attach ends of both straps to hook & loop pads on patient panniculus (one at a time), then hand distal ends of straps up to circulator/anesthesia provider at head of table.
- 7.) Anesthesia provider will grasp the straps, position them over patient shoulders, and put tension on them to retract the pannus and position the patient for surgery. Scrub tech/physician can help move panniculus into position by gently pushing panniculus toward head of table while circulator pulls on straps.
- 8.) Once panniculus is positioned optimally and to physician satisfaction, the anesthesia provider/circulator will then anchor the straps to the hook & loop pads on the underside of the head of the procedure table.
- 9.) After PRS is in place, drape patient as per normal hospital protocol and proceed with case.
- 10.) To remove PRS from patient, remove straps from hook & loop pads and peel pads off of procedure table. To remove hook & loop pads from patient, start at one corner and gently peel edge of pad straight up with one hand, while holding patient skin down with the other hand. Discard PRS according to hospital protocol.

\* If re-positioning the panniculus becomes necessary during the procedure, circulator/anesthesiologist will remove straps from hook & loop pads at head of procedure table. Adjust patient and panniculus positioning as necessary, then re-affix straps to hook & loop pads on underside of procedure table to re-secure.

## Sterile Prep Protocol Recommendations

### OPTION 2: APPLY PRS FIRST THEN PREP

- 1.) Ensure area where pads will be placed is clean and dry. Peel release liners and apply two adhesive pads to underside of patient panniculus (one at a time), ensuring pad fully adheres flat against skin and that there are no bubbles or creases in pad. Position pads according to physician preference.
- 2.) Hand off remaining two adhesive pads to circulator or anesthesia provider at head of procedure table. Peel release liners of remaining two pads and place pads on the underside/edge at the head of procedure table, positioning them as far apart as possible (at underside corners of table).
- 3.) Attach ends of both straps to hook & loop pads on patient panniculus (one at a time), then hand distal ends of straps up to circulator/anesthesiologist at head of table.
- 4.) Anesthesia provider/circulator will grasp the straps, position them over patient shoulders, and put tension on them to retract the pannus and position the patient for surgery. Nurse/physician can help move panniculus into position by gently pushing panniculus toward head of table while circulator pulls on straps.
- 5.) Once panniculus is positioned optimally and to physician satisfaction, the anesthesiologist/circulator will then anchor the straps to the hook & loop pads on the underside of the head of the procedure table.
- 6.) Prep patient surgical site according to hospital protocol. (Retention of excess tissue by PRS should help facilitate skin prep).
- 7.) After PRS is in place, drape patient as per normal hospital protocol.
- 8.) If PRS components (pads and/or straps) are in the sterile field, prep over the surface of the PRS pads and straps where they present themselves, taking care to gently blot sterile prep sponge over pad surface (the hook and loop component of the adhesive pad can catch on the sterile prep sponge).
- 9.) Wait minimum of 3 minutes for prep solution to dry on patient's skin (or follow hospital protocol for approved sterile prep product drying time if longer than 3 minutes), then proceed with case. (We have tested the drying time of CholoraPrep on patient skin vs. the drying time on the adhesive pads and straps of the PRS and found that there is no additional drying time needed).
- 10.) To remove PRS from patient, remove straps from hook & loop pads and peel pads off of procedure table. To remove hook & loop pads from patient, start at one corner and gently peel edge of pad straight up with one hand, while holding patient skin down with the other hand. Discard PRS according to hospital protocol.

\* If re-positioning the panniculus becomes necessary during the procedure, circulator/anesthesiologist will remove straps from hook & loop pads at head of procedure table. Adjust patient and panniculus positioning as necessary, then re-affix straps to hook & loop pads on underside of procedure table to re-secure.

