

Draping of tibia

With an extremity drape



Critical points

1. The patient is vulnerable to complications related to positioning.

Action: Check before draping that:

- The patient is well-positioned.
- The tourniquet (if required) and diathermy electrode are applied correctly.
- All wet drapes are removed.
- Access with the image intensifier is optimal.
- All the equipment is functional.

Note

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Irregularities related to patient positioning, disinfection and draping are reported immediately to the surgeon.

2. The sterility of the sterile field is compromised.

Action:

- Only drapes providing a barrier to microorganisms are used (absorbent and impervious).
- The scrub nurse has the entire drape in eyesight at all times.
- Irregularities are reported immediately to the surgeon.
- Draping is always carried out in a team of at least two members.
- Double gloves for draping are recommended.
- Gloves are protected by folding the drape around the gloved hand.
- Drapes are
 1. Manipulated as little as possible and not unfolded ahead of time.
 2. Not flipped or shaken.
- A sterile drape might be placed under the extremity to protect the gown of the assistant during disinfection.
- Drapes below the safe working level can never be lifted up.
- Forceps to fix drapes, cables, or aspiration are not used.

Procedure

This is a suggested procedure. Please follow the guidelines and instructions of your hospital. Regular training of the team members leads to an improved outcome.

Note

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The hole of the drape is placed over the foot.

The drape is placed until the boundary points and then unfolded.

1. Prepare material
 - Extremity set* (A hand or foot set can be used. Note that the dimensions for each are different. Adjust according to the patient. Check the set for completeness.)
 - Second pair of gloves for ORP/surgeon that will assist draping
 - Stockinette
 - Tape
2. Unfold the table cover and place it under the patient's injured leg (used as protection sheet) and over the healthy leg.
3. Cover toes with a stockinette and fix this with a tape.
4. Place the hole of the drape over the foot and in the direction that is indicated.
5. Reach through the opening and grasp the foot. Position the drape at the boundary points. Do not exceed the prepped area. If necessary, fix the hole at the boundary points with a tape.
6. Unfold the drape distally.
7. Unfold the drape over patient and over anesthetic frame (proximal).
8. Make sure that:
 - The drape does not touch the floor. The table is raised (if possible) to avoid this problem.
 - The entire surgical field is covered.
 - The drapes are well fixed to the anesthetic frame.
9. Change second pair of gloves.
10. Fix cables and aspiration with a tape.
11. If required, position a rolled drape under the foot or ankle.

*Extremity set (as used for this case)

1 mayo stand cover 79 x 145 cm

1 table cover 150 x 190 cm (Also a U-shaped drape can be used as protection sheet.)

4 cellulose towels 19 x 25 cm

2 tapes

1 adhesive towel 75 x 75 cm

1 extremity drape 230 x 315 cm

1 table cover 150 x 190 cm

Reference(s)

- **AfPP.** Standards and recommendations for safe perioperative practice. 3rd ed. Harrogate: Association for Perioperative Practice (AfPP); 2011.
- **AORN.** Perioperative standards and recommended practices. 2010 Edition. Denver: AORN Inc; 2010.