

# Draping of tibia

## Sandwich technique



### Critical points

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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.

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.

### Note

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

## 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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Fix edges of both drapes so that spaces and openings are avoided.

1. Prepare material:
  - Universal set: check for completeness
  - Second pair of gloves for ORP/surgeon that will assist draping
  - Sterile glove size 8 to cover the toes
  - Tape, if required
2. Unfold the table cover and place it under the patient's injured leg (used as protection sheet) and over the healthy leg. An alternative is to use the large distal drape immediately (see point 3).
3. Position the large distal drape (under the injured leg and over the healthy leg). Two team members each hold one end of the drape and undrape it gently. The drape is positioned with the adhesive band towards the posterior side of the femur and then folded over.
4. Remove the paper and fix the drape on the leg.
5. Position the proximal drape over the patient with the adhesive band at level of the proximal femur.
6. Remove the paper and fix the adhesive band of the proximal drape on the leg and on the adhesive band of the distal drape.
7. Fix the edges well.
8. Unfold the rest of the drape over the anesthetic frame.
9. If necessary, the sides can be fixed additionally with a tape.
10. Cover the toes with a large glove and fix with a tape, if necessary.
11. Make sure that:
  - The drape does not touch the floor. The table is raised (if possible).
  - The entire surgical field is covered.
  - The drapes are well-fixed to the anesthetic frame.
12. Change the second pair of gloves.
13. Fix cables and aspiration tube with a tape.
14. If required, position a rolled drape under the foot or ankle.



\*Universal set (as used for this case)

1 Mayo stand cover 7 9x 145 cm

4 Cellulose towels 18 x 25 cm

1 Tape 9 x 49cm

2 Adhesive towels 90 x 75 cm

1 Adhesive sheet 175 x 175 cm

1 Adhesive sheet 300 x 175 cm

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

*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.