

Draping of hip

With a vertical 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.
- Wet drapes are removed.
- Access with 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 raised up.
- Forceps to fix drapes, cables, or aspiration are not used.

Specific actions related to the vertical drape:

- The incision area must be well air-dried before the drape is fixed.
- Two perfusion holders must be prepared. Make sure that the horizontal bar, placed on the perfusion holders, is well-fixed.

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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The incision foil is placed on dry skin.

Correct fixation of the drape allows good access with the image intensifier.

1. Prepare material:
 - Vertical drape: Check set for completeness.
 - Four adhesive drapes 75 x 75 cm
 - Second pair of gloves for people who will drape (ORP and surgeon)
 - Tape, if required
2. Position the four adhesive drapes around the incision field, so the boundaries (medial, lateral, proximal, and distal) are clearly marked. Points of reference are:
 - Cresta iliaca
 - Medial line of femur until just under the knee
 - Lateral of the gluteo until just under the knee
 - Anterior side of the cresta tibiale
3. Hold the vertical drape in the direction indicated on the instruction label.
4. Remove the release paper. Note the direction of the arrow.
5. Place the incision foil on the patient.
6. Unfold the drape first up, then down, left, and right.
7. Make sure that the runner (circulator) is ready to fix the top of the drape. This is done by bringing the adhesive edge over the anesthetic frame back on the backside of the drape.
8. Open the fluid bag and connect the suction tube to the outlet, if needed.
9. Make sure that
 - The drape does not touch the floor. The table is raised (if possible) to avoid this problem.
 - The entire operation field is well covered.
 - The vertical drape is well fixed around the anesthetic frame.
 - Good access with the image intensifier is guaranteed.
10. Change the second pair of gloves.
11. Fix cables and aspiration with a tape.

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.