



3 Showers. 3 Days. Fewer germs.

[Surgical Site Infections and Pre-Operative Skin Preparation for Joint Replacement Surgery: What You Can Do](#)
[Questions: Please call 315-448-5410 and ask to speak with a nurse or 315-448-6286 and ask for Amy](#)

Before surgery, your body needs to be thoroughly cleansed with a special soap. This is because all humans have bacteria and germs that live on their skin. These bacteria normally help us by digesting dead skin cells and other materials on our bodies, clothing, and furniture. When you have surgery, these bacteria can sometimes cause an infection. You will receive a special soap from your doctor or pre-admission testing called Chlorhexidine Gluconate (CHG) solution 4%. This soap must be used for *three* showers prior to your surgery.

Caution: *Do not use Chlorhexidine Gluconate solution 4% on your head or face. Avoid contact with your eyes. (If contact occurs, flush eyes thoroughly with water). Do not use if you are allergic to Chlorhexidine Gluconate or any inactive ingredients in this soap. Avoid use in the genital area, as irritation may result. Use your regular soap in this area.*

Special Instructions:

Do not shave the surgical area! Your nurse will use clippers to remove hair, if needed, at the surgical site on the day of surgery. Using a razor to remove your hair before surgery can cause infections because it can leave small cuts on the skin. You will shower with the soap provided *three* times prior to your surgery.

Shower #1 (or sponge bath if necessary)

1. Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap/cleanser.
2. Using a fresh, clean washcloth and 1/3 of the Chlorhexidine Gluconate solution 4% soap; wash from your **neck down**. *This is very important.*
3. Rinse your body thoroughly. *This is very important.*
4. Using a fresh, clean towel, dry your body.
5. Dress in freshly washed clothes.
6. Fresh clean sheets and pillowcases should be used after *this* shower.
7. ***Do not*** use lotions, powders, or creams after this shower.

Shower #2

- REPEAT steps 1-4 from the first shower day; ***do not*** use lotions, powders, or creams.

Shower #3

- REPEAT steps 1-4 and remember:
 - Dress warmly with fresh washed clothes. Keeping warm before surgery decreases your risk of developing an infection.
 - ***Do not*** use lotions, powders, creams, hair products, makeup, or deodorant after this shower.

The nursing staff at Saint Joseph's Hospital Health Center (SJHHC) wishes you a speedy recovery. We thank you for choosing SJHHC for your surgical needs. If you have questions after reading this information, *please call 315-448-5410 or 315-448-6286* and ask to speak with a nurse.

Please complete the Showering Checklist and bring it in with you when you come in for your Joint Replacement Surgery.

	Shower #1	Shower #2	Shower #3
Shower with CHG Soap			

*The most important thing is that you take three showers once a day before your joint replacement surgery. If you cannot shower, you can use the soap with a washcloth at your sink paying close attention to the knee or hip that we are operating on.

DECOLONIZATION PATIENT CHECKLIST

for Arthroplasty/Joint Surgery Bactroban/Mupirocin Ointment Use:

You will complete this checklist if we call you about your staph screening

- Use ointment for five days, twice a day
 - Read medication label to make sure the you have the correct ointment
1. Wash your hands
 2. Using a cotton tipped applicator (Q- tip), apply approximately a pea sized amount of the ointment directly on the cotton applicator (Q-tip)
 3. Tilt head back slightly
 4. Insert the cotton tipped applicator (Q- tip), into one nostril and then repeat for the other nostril using a new cotton tipped applicator.
 5. Avoid contact of the ointment with your eyes
 6. Press the sides of your nose together and gently massage to spread the ointment throughout the inside of the nostrils
- You may experience a slight irritation when used as directed. Discontinue the use of the ointment and contact your doctor if you have a SEVERE reaction.

Please complete and bring this form with you the morning of surgery and give it to your nurse.

date	Morning dose	Evening dose
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Surgical Day	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX