

A (2012) states that
to maintain asepsis



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A hernia is when part of an organ protrudes through an abnormal opening or in an abnormal way (Ramanan, Maloney and Fitzgibbon, 2014). According to Campanelli (2016), inguinal hernia occurs when part of the intestine bulges through a weak spot in the abdominal wall at the inguinal canal (Campanelli, 2016).

The inguinal canal is a passageway through the abdominal wall near the groin (Ramanan et al., 2014). The theatre staff must wear blues/scrubs, this is to decrease transmission of infections and diseases from spreading in an operating sterile field (Williams & Smith, 2008).

According to Boyd (2014) before any equipment is collected hand wash should be performed pre and post patient care. Hand washing is important as it reduces the chance of equipment contamination and removes majority of transient and resident microorganism (Boyd, 2014). When equipment is collected, it is important to visually check the correct tray/instruments pack is prepared (Woodhead & Fudge, 2012). According to Woodhead & Fudge (2012) to ensure safe use of equipment is to report any damages to the scrub nurse and inform the surgeons to make a decision. Any packaging that feels damp or contains moisture is discarded, as it could be contaminated (Woodhead & Fudge, 2012). Also is important to look out for the Sterile Services Department label to check if the equipment is sterile, this is done by the circulating practitioner who checks visually for any tear/damage to the equipment also checking the expiry date hasn't been exceeded (Woodhead & Fudge, 2012). The scrub nurse will have to perform systematic washing and drying hands and then put on gloves and gown (Boyd, 2014). According to Boyd (2014), scrub nurses will have to do this correctly to avoid

contaminations, the gown and the gloves are barriers to protect the patient and other staff.

According to Criscitelli (2014) drapes are used to create a sterile field and are put on the equipment trolley, operating table and exposing the incision site. The drapes reduce the risk of contamination and make equipment safe for use (Criscitelli, 2014). Circulating practitioners must not touch drapes to keep operating field sterile and safe, also when giving instruments they keep an appropriate distance and only place items with the scrub nurses permission (Criscitelli, 2014). Woodhead & Fudge (2012) states that to maintain asepsis all staff must be aware of correct methods for opening sterile packages to avoid contamination.

Scrub nurses and circulators have to make surgical counts of swabs, needles and other instruments (Woodhead & Fudge, 2012). Surgical counts are part of infection control and the safety of staff and patients (Williams & Smith, 2008). Scrub nurses and circulators count these out loud to prevent mistakes and for accurate records (Flin & Mitchell, 2009). According to Woodhead & Fudge (2012) that counts are done before surgery, one at the time of closure of cavity, at the closure of the wound and final one at skin closure, this is so that nothing left in the patient's body which can lead to further problems. An incision is made just above the groin between the pubic tubercle and the anterior superior iliac spine to perform an inguinal hernia procedure (Lange et al., 2014). The incision is about six centimetres long (Lange et al.

, 2014). A wound creates, quickly to react is the hemostasis process that releases epinephrine to constrict blood vessels and minimises bleeding

(Nawaz & Bentley 2011). According to Cheret et al. (2011), the main function of hemostasis is platelets cells, which are responsible to form a clot to stop further bleeding. Following hemostasis, the inflammatory stage starts the signs and symptoms are swellings, increased fluid, perfusion of blood, redness, heat and pain (Cheret et al.

, 2011). According to Nawaz & Bentley (2011), the main function is to prevent infections. Leukocytes and macrophages destroy damage cells, bacteria and clean out the wound (Cheret et al., 2011). Macrophages promote wound healing, it attracts other cells, amino acids and glucose to repair and grow tissues (Nawaz & Bentley 2011). If the inflammatory phase prolongs further problems can occur in the wound (Cheret et al., 2011).

The proliferation phase focuses on forming granulation tissue (Kibe et al., 2017). According to La Torre et al.

(2016), healthy blood vessels are constructed to provide oxygen and nutrients to granulation tissue, which fills up the cavity of the wound. The granulation tissue helps the wound to contract and decreases the size of the wound until it is sealed (Kibe et al., 2017). Dark granulation tissue can be a sign of infection (Kibe et al., 2017). The final stages of the Proliferation phase epithelial cells resurface the injury; this happens effectively when the wound is moist and hydrated (La Torre et al., 2016).

The final stage is called the maturation phase and it can take up to two years (Kibe et al., 2017). According to La Torre et al.

(2016) during the maturation phase, the collagen fibres reorganise, remodel and matures gaining tensile strength. Platelets and microphages are a key part of procollagen growth, which then matures to collagen fibres that give the wound tensile strength (Kibe et al., 2017). A healed wound is tended to be weaker because it has less tensile strength than uninjured skin (La Torre et al., 2016).