

Research paper on nursing evidence - shaving of patients preoperatively

[Law](#), [Evidence](#)



Abstract

Evidence based from a common sense perspective means just what it says. There must be some measure of proof or elements supportive of propositions or assumptions made by the practitioner or researcher. As such, in contemporary scientific interrelations there is evidence based practice as well as evidence based research and application of findings. In the following pages of this document the writer will engage the reading audience with an exposition relating findings and application pertaining to Evidence Based and Applied Research when pre-operative shaving of patients is executed. A description of the procedure will be given as well as pertinent background information regarding its emergence within nursing practice. Also, a literature review will be outlined highlighting critical implications based on assumptions derived from studies conducted by other researchers on the subject under review. A discussion regarding elements of the procedure itself and the way stakeholders can make an impact into changing perceptions is expected to be part this presentation. Finally, aspects of the actual application process would be outlined in detail.

Nursing: Evidence Based and Applied Research-Shaving of Patients Preoperatively

Description of procedure

Shaving the operative site prior to surgery is in itself a surgical intervention undertaken by the nurse or surgeon's assistant. It usually precedes a skin scrub or thorough cleaning to minimize any complication occurring from infection before or after surgery. In contemporary surgical procedures there has been immense research into advocating that shaving is not altogether

necessary and can be more harmful to the patient than beneficial.

Since this has caught the attention of Health Care providers surgeons have to place an order for the execution of this procedure. Shaving intervention has specific guidelines and varies with the type of surgery to be undertaken. However, the basic process involves informing the client prior to the action; gaining consent and cooperation; assembling all equipment needed and taking them to the client's bedside or the surgical room where the intervention is conducted.

A desired technique is adopted to remove excessive hair. It could be clipping, use of mechanical or manual hair removal mechanism. After hair has been cut it is removed from the site once again by cleaning off the area leaving it clear for the incision

While this procedure is still being carried out in many surgical units around the country and world; Surgeons have been debating the efficacy of the intervention to the surgery itself. One concern is whether instead of reducing infection is if it introduces more infection when a device is applied to disturb sensory nerves found within the epidermis and dermis. On many occasion despite how carefully the process is executed, unfortunately, damage to the integument occurs.

Consequently, research has shown that making an incision to a skin festured with hair which has been surgically cleansed does not affect the patient post operatively. Based on these foregoing assumptions the author of this document also advocates that shaving be optional on surgical units and not a routine procedure conducted to reduce infection.

Background Information of the procedure

The background to shaving operative sites dates back to the era when surgeons felt that hair carried microbes which can influence postoperative infections. This was without researching all the other factors that really cause an infection after surgery.

Precisely, the rationale appeared quite intelligent in the absence of an evaluation of the efficacy of the process. Centers for Disease Control have since investigated the incidence of post operative infections when patients are shaved and when they were not. The recommendations of a 1999 survey proved that it was unnecessary (Kjonnixsen et. al, 2002). Some surgeons are still in doubt and have upheld the practice, nonetheless.

Literature Review List

Research

Source Database

Remarks

1. High Beam Research

Celik SE, Kara A

Does shaving the incision site increase the infection rate after spinal surgery
2007

Spine: 32(15): 1575-1577

2. PubMed

<https://assignbuster.com/research-paper-on-nursing-evidence-shaving-of-patients-preoperatively/>

Broekman ML, van Beijnum J, Peul WC, Regli L.

Neurosurgery and shaving: what's the evidence?

2011

Neurosurg. Oct; 115(4): 670-8. Epub 2011 Jul 1.

3. PubMed

Tanner J, Norrie P, Melen K.

Preoperative hair removal to reduce surgical site infection.

2011

Cochrane Database Syst Rev. 9; 11: CD004122

4. PubMed

Dizer B, Hatipoglu S, Kaymakcioglu N, Tufan T, Yava A, Iyigun E, Senses Z.

The effect of nurse-performed preoperative skin preparation on postoperative surgical site infections in abdominal surgery.

2009

J Clin Nurs. 18(23): 3325-32

5. PubMed

Adisa AO, Lawal OO, Adejuyigbe O.

Evaluation of two methods of preoperative hair removal and their relationship to postoperative wound infection.

2011

Infect Dev Ctries. Oct 13; 5(10): 717-22.

Clinical Implications based on literature review

The foregoing literature review asking, whether shaving the incision site increase the infection rate after spinal surgery; also, relating Neurosurgery and shaving: what's the evidence; preoperative hair removal to reduce surgical site infection; the effect of nurse-performed preoperative skin preparation on postoperative surgical site infections in abdominal surgery and Evaluation of two methods of preoperative hair removal and their relationship to postoperative wound infection have all both collectively and individually aroused controversies related to shaving preoperatively which must be addressed by leaders of surgical units in health care management. The major contention is that it is not all together necessary. Also some methods appear to be safer than others when it becomes imperative.

Discussion on elements of the procedure

Definitely, from data retrieved the procedure can be done more efficiently and cost effectively. Adisa (2011) and other s have indicated from their research that shaving preoperatively with a razor causes skin injury which predisposes to wound infection after surgery. Injuries were none existent or minimal in cases where a cream was used to remove hair from the incision site (Adisa et. al, 2011).

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The studies of Judith Tanner (2007) and others proved that there were no significant differences in surgical site infections when shaving was or was not done. However, they advocated for efficiency clippers was a safer means of carrying out the procedure.

Dizer (2009) and his colleagues revealed that ' using clipper on the nights before an operation and a 50 ml chlorhexidine bath are useful to reduce SSI during postoperative period '(Dizer et al, 2009). These measures can influence efficacy of preoperative shaving as well as influence the cost effectiveness of the process and surgery, generally.

Involvement of Stakeholders in change of procedure

The stakeholders who must be involved in the decision making to change the way this procedure is being conducted are mainly surgeons, Center for Disease Control Agencies and Health Care Management Officials. Already data supporting various aspects of change are available Extensive research have been undertaken with alarming results.

Repeated case studies were carried out to determine the effects of the intervention. The stale holders mentioned in the previous paragraph are well aware of the controversies and studies conducted to bring clarity to the issue. Hence, since they are already informed cooperation should be facilitated through knowledge. Heads of surgical units should then petition these stakeholders to institute changes which they already are aware needs to be applied to the phenomenon as a procedure and subsequent nursing institution intervention.

Section B-Essay

The difficulties of translating research findings into practice are two fold.

They encompass change and education. It is important in this particular scenario based on research findings to determine what will be changed.

Researchers have advocated that shaving is not necessary and shaving with razors have created more infection due to cuts inflicted on the incision site prior to the surgery.

Therefore, does nursing service recommend change of the method or change of the equipment maintaining the same principles or eliminating shaving altogether? Here lays the initial difficulty in what to change. Then another vital set back is educating nurses and surgeons alike concerning the change because years of doing the same thing over and over becomes institutionalized behavior and people are generally resistant to change. They can rebel creating factions in the work environment and industrial unrest. Possible barriers one could encounter in attempting to institute either shaving creams instead of razors or not shaving at all, based on evidence based study begins with getting Healthcare Management to accept the findings. The bureaucratic structure within organizations often becomes the greatest barriers to any change. It involves convincing stakeholders in the discipline that it is time besides, the necessity. Again the decision maker have no knowledge of health care itself and it becomes more difficult to engage their attention in such a matter which do not affect them being reelected to office for a next term. Politics plays a major role in health care across culture. Hence barriers are created from the onset.

Also, cost of implementing alternatives to shaving may be considered

another barrier. Creams could be more costly than razors. It would mean budgeting for additional costs as well as initial training and education.

Already stake holders argue that health care costs are raising and may be reluctant towards implementing this adjustment.

Two strategies which can be adopted to influence stakeholders, bureaucratic structures and persons involved in execution of the procedure itself is sensitizing them to the cost of treating post operative infections. The next strategy is to give surgeons and nurses alike opportunities to use creams; clippers and razors for a given period of time and allow them to compare the outcome and make their own assessment. Thereafter, let them be advocates for the change.

A major stimulation of change is to allow stakeholders, bureaucratic structures and executors be that change. Essentially, the discovery would be theirs and they can mobilize the implementation. Authority would have been generated since they are the decision making process.

In applying my findings to guide implementation or improvements to the procedure of shaving preoperatively, it would be necessary to report them to the relevant authorities and be convincing in my interaction by having a plan of action for the implementation process. This would describe the time frame for transmission, participants and evaluation process.

It may be necessary to conduct a pilot project to measure successes and failures. Even though there are research studies to support the effects of using clippers or creams rather than razors or eliminating shaving preoperatively altogether every situation is different and my particular clinical areas may have other elements to be addressed. As such, an overall

assessment of the clinical practice pertaining to my surgical unit must be conducted also

References

- Adisa AO, Lawal OO, Adejuyigbe O (2011) Evaluation of two methods of preoperative hair removal and their relationship to postoperative wound infection. *Infect Dev Ctries.*; 5(10): 717-22.
- Broekman ML, van Beijnum J, Peul WC, Regli L (2011). Neurosurgery and shaving: what's the evidence? *Neurosurg.* 115(4): 670-8.
- Celik SE, Kara A(2007) Does shaving the incision site increase the infection rate after spinal surgery? *Spine*; 32(15): 1575-1577.
- Dizer B, Hatipoglu S, Kaymakcioglu N, Tufan T, Yava A, Iyigun E, Senses Z. (2009) The effect of nurse-performed preoperative skin preparation on postoperative surgical site infections in abdominal surgery. *J Clin Nurs*: 18(23): 3325-3
- Tanner J, Norrie P, Melen K (2011). Preoperative hair removal to reduce surgical site Infection. *Cochrane Database Syst Rev.* 9; 11: CD004122