Bundle elements for colon surgery, emergent and elective:

These are guidelines but care of a patient is always individualized and you should carry out the care you think best at the time.

Before surgery (when possible)

- Pre op teaching
- Mechanical bowel prep
- PO antibiotics bowel prep
- CHG scrub/shower
- Hgb A1c- Tight glucose control if abnormal

Day of surgery pre op (when possible)

- Clearfast pre op drink
- CHG wipe
- Warming (30-60 minutes, continues through to post op)
- POC glucose determination- Tight glucose control

Intraop

- IV antibiotics
- Limit IV fluids intraop
- Wound protector: use, and document use
- Change gloves for closure
- Separate instrument tray for closure
- Triclosan suture
- Closure type/dressing based on Wound class: document wound class in op note
- Tight glucose control

Post op

- Leave dressing for 48 hours if possible
- Early ambulation
- Early feeding
- Tight glucose control

Developed by Colon SSI Reduction Team
Contact Dr. Roberts or Olivia Morejon with questions

Colon wound closure standardization

1. Use a wound protector intraop. Recommend single ring (SteriDrape, ViDrape) or dual ring (Alexis). Document use of wound protector.
2. Separate wound closure instruments tray
3. Closure method based on Wound class and abdominal wall thickness
   - Wound class II: Close wound
     - Recommend staples or interrupted subcuticular, NOT continuous suture
     - Option to leave wound partially open with wicks for example in case of subcutaneous thickness > 3-4 cm
   - Wound class III and IV: leave wound open
     - Delayed primary closure
     - VAC
     - Secondary intention
     - partial closure ok, but wound should be predominantly open
4. Use triclosan suture material for closure in all cases
   - Please document use of triclosan suture
5. Leave dressing in place for 48 hours unless significant strike through, bleeding
6. Document wound class in operative note by stating class and descriptive terms