Surgical Hygiene

The development of surgery

Development of anaesthetic techniques
Development of surgical techniques
Rehabilitation, postoperative treatment
Development of surgical hygiene

Dates from the history of surgical hygiene 1. 1786 Hôtel Dieu, Lyon: 2000 beds, 4800 patients 1841 Berlin: 60 % of amputations fatal 1874 80 % had gangrene 1878 Billroth, Vienna: dissection 7-8, operation 8-10 on the same table! **1917** Godlee: he was despised for wearing a clean coat

Dates from the history of surgical hygiene 2.

- 1847 Ignaz Semmelweis: chlorine water principles of ASEPSIS
- 1867 Joseph Lister: carbolic acid principles of ANTISEPSIS
- 1874 Louis Pasteur: infected substance in 200 °C for 20 mins became sterile
 HOT AIR STERILISATION

Dates from the history of surgical hygiene 3.

1883 Robert Koch: Spores cannot be killed by "Pasteur's heating" Henle-Koch triad:
1. The same bacteria can always be isolated from the same disease

2. They can be cultivated on a substance

3. They can be transferred

Dates from the history of surgical hygiene 4.

1888 Schimmelbusch and Redard created the first autoclave: STEAM IN OVERPRESSURE

1892 surgical gloves, masks, caps are used

Antisepsis and asepsis

Antisepsis - disinfection

Asepsis – sterility

Bacteria are present outside or inside the organism. We try to kill or reduce their number. Bacteria are kept off. They are not left in the operation area. They are kept far from wounds, instruments, etc.

Sterilisation

All living organisms are killed
Everything that can be, must be sterilized
The patient and the surgeon cannot be sterilized.
If something cannot be sterilized we disinfect it.

Requirements of sterilization

- 1. To kill all micro-organisms in a short time
- 2. Not to damage instruments and materials
- 3. To store instruments in a box or cloth
- 4. To be economical and simple to use
- 5. To be 'fool proof'

Sterilization methods

- Mechanical
- Physical
- Physical and chemical
- Chemical

Autoclave

Overpressure steam

 Advantage: -not just surface effect, but deeper layers are effected as well

Disadvantage: expensive

Hot air sterilizer

Dry hot air Advantages: - Does not damage instruments - cheap Disadvantages: - only for 'heat resistant' materials - too slow - does not kill spores - sterile only until the first opening Most dentists have hot air sterilizers, because they are cheap.

Gas sterilizer

Two gases:

-etylene oxide (prohibited, carcinogenic) - formaldehide -low temperature - quick - does not harm instruments Disadvantage: -carcinogenic

Advantages:

Disinfection

Only for non-sterilizable objects
often used in dentistry
various agents

Disinfectant agents 1.

Oxidizing agents – hydrogene peroxide
 3% kills anaerobic bacteria

10% decrease bleeding

2. Halogens

mechanical cleaning - chlorine - iodine (eg. Betadine)

Disinfectant agents 2.

3. Alcohols

etyl alcohol: most effective in a 70 % solution isopropyl alcohol: kills mycobacteria as well

4. Aldehides

formaldehide: in gas sterilization

Disinfectant agents 3.

5. Organic compounds - phenol - hexachlorophen (Ritosept) 6. Heavy metal salts - AgNO₃ - HgCl (sublimate) 7. Soaps, invert soaps

Surgical handwash 1.

1. Semmelweis

2. Fürbinger-Ahlfeld method

twice with soap, hot water for 10 mins
disinfectant solution (alcohol)

3. Spasokukochky-Kochergin method

twice for 3 mins in 2 litres of 0.5 % ammonium water
does not need running water
does not have disinfectant effect

Surgical handwash 2.

4. Hexachlorophen compounds

3 mins hot running water + soap + brush 2 mins 10 ml Hexachlorophen + brush 3 mins 10 ml Hexachlorophen without brush
bactericid for a long time
it does not kill TB bacteria

5. Today

various methods, eg:
 3 mins with soap without brush
 3x1 min disinfectant solution

Thank you for your kind attention!