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Over-Draping: A Practice Question

By Bonnie J. Blacklock RN, CPN(C)

Increasing dialogue on over-draping can be heard between operating room practitioners and disposable drape suppliers. Examination of the issues related to over-draping is multifactorial with the provision of optimum outcomes for surgical patients being the most significant factor. Other factors to consider include draping standards and literature, the features of reusable drapes versus disposables, actual drape utilization, and the ever present fiscal bottom line. When draping practices are questioned and potential over-draping identified, practitioners must be assured that using fewer drapes will not adversely affect their patients.

With the introduction of disposable drapes, surgical supply companies duplicated reusable drape configurations as closely as possible. This was partly in response to consumer demand specifications and partly a marketing strategy to assure consideration of the disposable products over their reusable counterparts. Cost containment initiatives of the 90's have spearheaded the examination and the attempted elimination

of "sacred cows" (Patterson, 1990; Shewchuk, 1996). In other words, close scrutiny is being given to some operating room practices which seem based more on tradition than on reason or fact. One such "sacred cow" related to over-draping is the squaring-off of the boundaries of the prepped surgical site with drape towels prior to application of the disposable drape(s) and/or adhesive plastic incise drape.

"...Some OR's even use cloth huck towels with disposable drapes, discarding the ones provided".

The original rationale for using drape towels stemmed from the use of cloth drapes and was two-fold. First, cloth HUCK towels provided absorbency away from the surgical field, helping to prevent strike-through and contamination. Second, these side towels, afforded a layered aseptic boundary in the event that the fenestration needed to be smaller or the actual

Abstract:

Traditional OR practices are under scrutiny today and perioperative practitioners are being asked to examine practices which do not affect the quality of patient care but potentially impact the cost of delivery. This article focuses on overdraping related to disposable products and proposes improved liaisons between supply and demand.

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drape was to shift during the operation. With the inception of disposable drapes, little consideration was given to the superior adhesion and fit to the operative field and the moisture resistant qualities they provided. Conversion to disposable products found both practitioners and suppliers continuing to use and supply drapes consistent with the previous reusables.

A recent investigation of the use of drape towels in a variety of facilities in Canada and the United States, demonstrates that the practice of using drape towels with disposable drapes persists but is certainly not consistent. Some OR's even use cloth huck towels with disposable drapes, discarding the ones provided. The use of disposable drape towels by surgeons and operating room personnel would seem to have more to do with habit and deeply held values (Patterson, 1990) rather than a need to decrease the size of the drape fenestration. This is understandable given that many practitioners began their operating room experience using layers of cloth drapes. Certainly, advancements in the features of disposable drapes since their introduction is also a factor. Reinforced, absorbent, impervious, and elastic fenestrations coupled with the adhesive boundaries now found in disposables raises questions about the need for drape towels at all. A single disposable drape provides the equivalent thread count required by layered reusables (ORNAC Standard 1.5.19, 1993) in addition to possessing superior moisture resistance. Strike-through contamination and the shifting of the drapes during surgical procedures are both minimized when disposable drapes are used.

“...Many managers are now faced with the issue of regional standardization of products...”

Practice standards published by the Operating Room Nurses Association of Canada (ORNAC) and the Association of Operating Room Nurses (AORN) provide no clear directives on the use of drape towels. Their standards provide practitioners with guidelines only on draping fabric requirements, procedures, selection, aseptic application, and removal of drapes (AORN, 1995/96; ORNAC, 1993). The only reference to the layers required applies to the utilization of cloth drapes and states “...there shall be a minimum of two layers” (ORNAC Standard 5.3.3, 1993). Strike-through is addressed by ORNAC in Standard 5.3.11

(1993): “To complete the draping procedure, a barrier drape should be placed around the operative site whenever strike-through is likely to occur.”

“...Skin towels are unnecessary when a plastic incise drape is utilized...”

Very little has been published in OR texts and journals with regards to over-draping. Both operating room texts reviewed suggested that towels “may” be used (Meeker & Rothrock, 1995; Atkinson & Kohn, 1986). *Alexander's Care of the Patient in Surgery* (Meeker & Rothrock, 1995) goes on to state that skin towels are unnecessary when a plastic incise drape is utilized. OR journals offer few articles on over-draping and none specifically addressing the use of drape towels. In its first examination of “sacred cows”, *OR Manager* published two articles on overdraping and on how much draping is really necessary (Patterson, 1990). Patterson is quick to observe that though draping has been an operating room ritual for more than a century, most draping practices have not been formally studied. Of the studies referred to, most have to do with the testing of drape fabrics for moisture permeability which is seen to be the most important issue. Results show that disposable drapes performed well and better than reusables in the long term.

Site Visits

Site visits, over the last four years, to six western Canadian hospital operating rooms using disposable drapes revealed continuing use of drape towels by most practitioners prior to the application of the drape sheet. These towels are placed around the boundary of the prepared surgical area and infrequently used to decrease the size of the drape fenestration. The decision not to use towels is generally based on surgeon preference. Operating room nurses remain very much involved in directing and applying the drapes for most surgical procedures. Perioperative nurses have raised questions during disposable drape implementations about the need for drape towels but continue to use them. A growing trend towards managed care is replacing surgeon's preferences with clinical acceptability (Patterson, 1996) and will help to bring suppliers and user groups together. It is essential that surgeons participate in any decisions related to over-draping (*OR Manager*, 1995).

Telephone Survey

A telephone survey of operating room nurse managers and clinicians in eight major facilities conducted in August, 1996, indicated continuing queries related to the need for and use of disposable drape towels. Their comments referred to the actual practice utilization similarities of reusable and disposable products and the features afforded by disposables which have not been assimilated into practice. All agree that the practice of using drape towels with disposable drapes is based more on tradition rather than logical rationale and is questionable unless a smaller fenestration is required. Some managers observe that often drape towels get used simply because they are supplied and they are uncertain on how to delete them from the contents of predetermined disposable packs. In addition, many managers are now faced with the issue of regional standardization of products and are being directed to obtain consensus within user groups on the acceptability of drape products (*OR Manager*, 1995). This is seen as an opportune time to tackle over-draping issues like the use and supply of disposable drape towels.

Of utmost importance to all involved in this debate is patient safety. We are reluctant to change practices for fear of compromising the outcome for our surgical patients. The old adage, “if it isn't broken, don't fix it, applies to the persistent use of disposable drape towels. On the other hand, fiscal responsibility to our medical system warrants consideration. Is it not time to review, evaluate, and work to change those operating room practices which do not adversely affect quality patient care but do impact on the cost of the overall system? The use of drape towels to square-off the surgical site prior to disposable drape application is only one of these practices. Patient focused interdisciplinary teams and drape manufacturers need to work together to provide superior surgical experiences for patients while eliminating unnecessary and potentially costly practices. ■

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