

Draping

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Draping is the process of forming a sterile perimeter around the operating site using disposable or reusable sterile sheets. The drape sheets ideally serve to form a fluid-resistant barrier; they are antistatic, flame resistant, lint free and, although waterproof, are porous enough to prevent heat build-up. Each procedure has a unique method of draping; this is beyond the scope of this chapter. However, a few practical considerations are discussed below. The drapes are usually placed over the periphery of the area that has been painted, once the antiseptic solution has dried. This can be aided by dabbing the perimeter with a sterile cloth or waiting for the antiseptic solution to dry. It is advisable to stand an arm's length away from the operating table and spread the drapes with arms extended. Avoid reaching across the operating table to drape. Sharp towel clips pierce the drapes and thereby contaminate the sterile field; they should be avoided if possible. Karl Ritter von Edenberg Langer, 1819–1887, Professor of Anatomy, Vienna, Austria, described these lines in 1862. technique, then it is advisable to redo the process or at least replace/cover the offending drape. Draping non-disposable equipment such as laparoscopic cords, ultrasonic devices, image intensifiers and light handles may be required. Prefabricated, customised drapes are preferred where possible. The routine use of transparent adhesive skin drapes (with or without antibiotic impregnation) over the surgical site cannot be recommended based on the available literature. Summary box 7.3 - Salient features in preparing the operative area

Remove metal rings and piercings from the surgical field Hair removal is advised only if it interferes with surgery Hair clippers are preferred to razor blades Alcohol-based povidone-iodine or chlorhexidine solution for skin antisepsis Drape the perimeter of the operative field using sterile drapes

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Revision #1

Created 2025-12-31 15:25:56 UTC by Omar Ayman

Updated 2025-12-31 15:25:56 UTC by Omar Ayman