Vaginal Skin Prep Procedure-CHG

Surgical Services

This guide outlines the steps for the OR circulating nurse to perform a vaginal skin prep using 4% Chlorhexidine Gluconate for vaginal only procedures, and combination of abdominal and vaginal procedures. The American College of Obstetricians and Gynecologists (ACOG) support the off-label use of chlorhexidine gluconate as an alternative prep solution. Please check with your facility's leadership and specific provider guidance to ensure this is an approved surgical skin prep.

For vaginal cleanse prep, refer to ***C-Section Prep Steps for Laboring or Ruptured Patients*** education.

Required Supplies & Equipment:

- Prep table
- Prep tray with 4% Chlorhexidine Gluconate (CHG) prep solution
- Sterile gloves
- Clean gloves
- Towels or fluid-resistant pads
- Trash bag

Preparation

After positioning the patient in lithotomy, a non-scrubbed team member should:

1. Don **clean gloves** and place a **fluid-resistant pad** or **trash bag** under the patient's buttocks to prevent pooling of prep solution.
2. Assess the operative site for soil or debris. If present, **clean** the area with soap or approved antiseptic bath wipes.
3. Perform **hand hygiene** and open the disposable tray using **sterile technique** on prep table. (Pour appropriate antiseptic solutions into tray if using a dry tray.)
4. Don **sterile gloves**. Saturate the handheld sponges and all but one sponge stick with the antiseptic solutions.

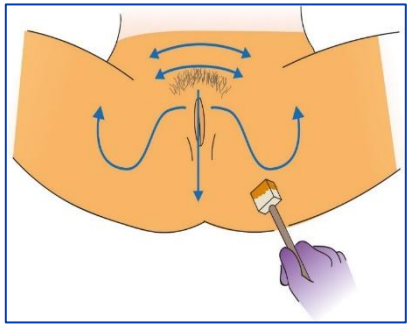
References:

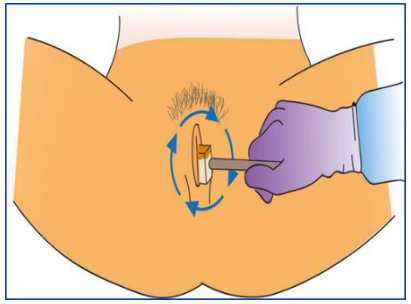
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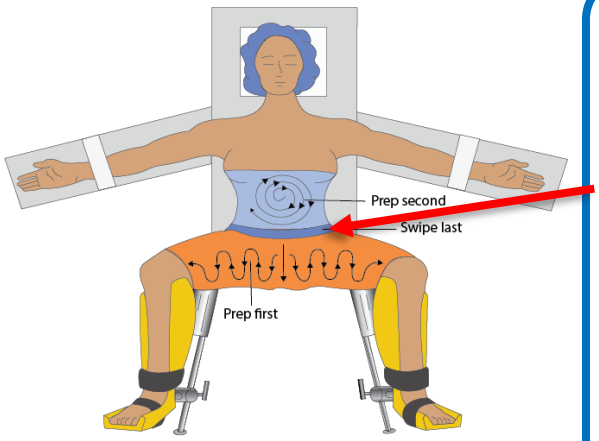
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Scrub Phase using CHG 4%

1. Using an antiseptic-soaked sponge, start **above the pubic symphysis** and scrub back and forth. Then scrub downward over the **vulva and perineum**. Discard the sponge after passing over the anus.
2. Using a new sponge, scrub the **inner thigh,** starting at the **labia majora**, moving outward in an **up-down motion** to the **periphery of the thigh,** then discard. Repeat on the other side with a new sponge.
3. Repeat steps 1 & 2 as needed to ensure full coverage and meet the antiseptic contact time per product IFU.
4. Insert a **sponge stick** soaked in antiseptic solution into the vagina. Cleanse the **vaginal vault and cervix** using a circular motion. Repeat as necessary until thorough cleansing and contact time is achieved per product IFU or facility protocol. A **dry sterile sponge stick** may be inserted into vagina to absorb excess prep solution.
5. Carefully remove the **fluid resistant pad and trash bag** without contaminating the prepped area.



Special Considerations:

If **hair removal** is deemed necessary, it should be performed **prior** to entering the operating room.

For **Abdominal-Perineal Prep**, **perform two separate preps.** Perineal prep first to avoid splashing/contamination of the abdomen. Ensure there is no gap between abdominal and vaginal prep areas and swipe the area between last.

If inserting a **urethral catheter** post-prep: remove gloves, perform hand hygiene, and **don new sterile gloves** before insertion.

Remove antiseptic from the patient's skin at the end of the procedure unless otherwise directed by the product IFU.