



Title Cleaning Routines in Operating Theaters

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Aim

To systematically evaluate the scientific documentation on cleaning of operating theatres, ie, washing/disinfecting surfaces and equipment, and how these routines influence rates of postoperative wound infection. The effect of compressed air/gas-driven surgical power tools on postoperative wound infection is also addressed.

Conclusions and results

No solid documentation was found regarding an association of cleaning and postoperative wound infections. The effect of disinfecting the floor has not been demonstrated. Thorough cleaning after the last operation appears to be reasonable. The same applies after septic operations. Using ultraviolet light during the surgery is proven to reduce postoperative wound infections in a subgroup of clean wounds only.

Relevant literature was not found on the risk of postoperative wound infections from using power tools during surgery, or the customary use of rest time between operations.

There are no Norwegian regulations on specific cleaning routines of operating theatres. Our survey assessing routines of daily cleaning of operating theatres in Norwegian hospitals revealed that the units had specific routines and that routines varied between hospitals and, in some instances, within a hospital.

Given no increase in the incidence of postoperative infections, the option of reducing cleaning time between clean operations will depend on the balance between additional costs and cost benefit.

Methods

A literature search included the following databases: MEDLINE, EMBASE, CINAHL, MiDirs, Cochrane Controlled Clinical Database, Cochrane Database of Systematic Reviews, Database of Abstracts and Reviews of Effectiveness, NHS Centre for Reviews and Dissemination.

The literature search included publications from 1966 and onward and written in English, German, French, or a Scandinavian language.