Keeping the shoulder arthroscopy patient dry

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CORRESPONDENCE TO

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BACKGROUND

Shoulder arthroscopy requires on average 3.2l of pressurised irrigation fluid.¹ Patients who are wet from leaking fluid are a common problem. We describe a draping technique to keep patients dry.

TECHNIQUE

The patient is placed in a lateral decubitus position. The arm is held with longitudinal skin traction. Four 60cm x 60cm fluid absorbent incontinence pads (Cover Dri, Attends Ltd, Newcastle upon Tyne, UK) are taped to the patient. Pad A is placed midway between the iliac crest and the lower margin of the rib cage and pad B along the mid-clavicular line intersecting distally with pad A. Pad C is placed 1cm lateral to the lateral border of the scapular body intersecting with pad A, and pad D along the root of the neck intersecting with both pads B and C. A shoulder U drape covers the absorbent pads and the patient's head. Its free edges are taped to the operating table, thereby tensioning the drape. This allows fluid to slide, preventing any pooling over the patient. Finally, a

Figure 1 Location of pads (A, C and D) and warming blanket (E)

Figure 2 Location of pads (A, B and D) and tensioned shoulder U drape (F)

Figure 3 Final drape with collecting pouch (G)

sterile, fluid impermeable drape with a fluid collecting pouch covers the patient (Figs 1–3).

DISCUSSION

In a study by Kim *et al*, 91% of patients exposed to irrigation fluid at room temperature developed hypothermia.² Cases of thermal burns, from exposure to overheated irrigation fluid while using radiofrequency devices, have been reported.^{3,4} The re-flow of irrigation fluid from wet patients back to the operative field can lead to increased infection rates.⁵ Our technique potentially reduces the risk of hypothermia, thermal injury and surgical site contamination, and it allows better utilisation of operative time and nursing resources.

References

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