



### Decolonization Program

To reduce your risk of infection, we need to suppress any nasal and skin bacteria by “decolonizing” your nose and body before surgery. The decolonization program reduces your risk of infection.

- The program starts 5 days before surgery
  - Twice a day for 5 days - Apply a pea sized gob of antibiotic ointment deep into your nose with a cotton swab. Really work it around inside with the cotton swab and then rub the outside of your nose to squish it all over inside. Dr Cowley’s office calls the prescription for mupirocin (Bactroban) to your pharmacy.
  - Shower once a day for 3 days before surgery with Chlorhexidine antiseptic skin cleanser (surgical soap). Brand names include Hibiclens, Ezy-tm, Dyna-Hex, Exidine and store brands. If you have a problem with the Chlorhexidine, you can use other antibacterial soaps such as Lever 2000 or Dial antibacterial. They are not as effective as the Chlorhexidine, but better than nothing!
    - Wash your face and hair as usual.
    - Wet your entire body. Turn the water off. Apply just enough of the surgical soap to lather your entire body (chin to toes) including surgical site, underarms, navel, and groin areas.
    - Do not use the surgical soap on your face, eyes, inner ears, mouth or vagina.
    - Scrub and rub for 5 minutes.
    - Turn water back on and rinse your entire body.
    - If you develop a rash or itchy skin, discontinue and use Level 2000 or Dial Antibacterial soap instead. Call Dr. Cowley’s surgery scheduler to let them know.
  
- Your pets may sleep with you but not under the covers.
- Be sure to wear clean pajamas and have clean sheets on your bed.

We treat your nose as you are the only one in the operating room without a mask. You could blow a “bug” into the air and it could float down into your incision.

A joint infection is a disaster that could require 2 or more surgeries, months of antibiotics and steal 6 months from your life! Some infections can never be cured.

#### Pre-Operative Checklist for Bacterial Decolonization

Date	Morning	Evening
Day 1 _____	<input type="checkbox"/> Apply nasal ointment	<input type="checkbox"/> Apply nasal ointment
Day 2 _____	<input type="checkbox"/> Apply nasal ointment	<input type="checkbox"/> Apply nasal ointment
Day 3 _____	<input type="checkbox"/> Apply nasal ointment	<input type="checkbox"/> Apply nasal ointment
	<input type="checkbox"/> Hibiclens shower - either morning or evening	
Day 4 _____	<input type="checkbox"/> Apply nasal ointment	<input type="checkbox"/> Apply nasal ointment
	<input type="checkbox"/> Hibiclens shower - either morning or evening	
Day 5 _____	<input type="checkbox"/> Apply nasal ointment	<input type="checkbox"/> Apply nasal ointment
	<input type="checkbox"/> Hibiclens shower - either morning or evening	
Day of Surgery _____	<input type="checkbox"/> Hibiclens shower. Do not use nasal ointment.	