



2015 BAHRS MEMBERS COMMON PRACTICE

INFECTION PREVENTION, CONTROL AND TREATMENT



2015 BAHRS MEMBERS 'COMMON PRACTICE'
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INTRODUCTION

The following summary of 2015 BAHRS Members 'Common Practice' with regards to Infection Prevention, Control and Treatment was developed by Hair Transplant Surgeon members of the British Association of Hair Restoration Surgery (BAHRS) following the 25/7/15 AGM.

The items chosen for comparison in this fourth version present a small cohort of questions regarding Hair Restoration Surgery Practice in the UK and the Republic of Ireland and are by no means exhaustive. Future versions will aim to widen the scope of coverage.

It should be specifically noted that being an 'outlier' from the 'Common Practice' does not necessarily imply poor or substandard practice. Indeed, there might be instances when the majority learn from the good practice of the minority and therefore the 'Common Practice' might evolve over time. However, documentation of 'Common Practice' allows Hair Transplant Surgeons in the UK (and around the world) to 'benchmark' themselves against the practice of the majority of BAHRS Hair Transplant Surgeon members.

WITH REGARDS TO INFECTION PREVENTION

THE MAJORITY OF BAHRS MEMBERS

- Routinely give prophylactic antibiotics (of those who give prophylactic antibiotics there was a range of antibiotics used including penicillin based antibiotic (eg flucloxacillin, amoxicillin, co-amoxiclav), macrolides (eg erythromycin), cephalosporins and tetracyclines with no specific antibiotic group being used by the majority)
- Use a skin preparation solution to clean the hair/scalp pre-op which is chlorhexidine based
- Use tap water to wash the hair/scalp at some point after incisions have been made as part of, or after, the procedure on the day of surgery
- Do not use an antimicrobial containing ointment on FUE donor sites

WITH REGARDS TO INFECTION CONTROL

THE MAJORITY OF BAHRS MEMBERS

- Routinely wear a surgical hat/cap (and so do their surgical staff)
- Routinely wear a surgical mask (and so do their surgical staff)
- Routinely wear sterile gloves when operating on a patient
- Do not routinely wear sterile gloves when handling grafts away from the patient (and nor do their staff)
- Routinely use sterile drapes/sheets on/around the patient
- Have the majority of their instruments as single use disposable

WITH REGARDS TO INFECTION DIAGNOSIS

THE MAJORITY OF BAHRS MEMBERS

- Mention the possibility of infection in their consent form
- Mention the features of infection to look out for in their post op instructions
- Do not routinely do a wound swab prior to starting antibiotics if they diagnose a scalp infection post hair transplant
- Do not choose a different antibiotic treatment if they diagnose a folliculitis versus a cellulitis
- Do not choose a different antibiotic treat if they diagnose a superficial folliculitis versus a widespread/deep folliculitis

WITH REGARDS TO INFECTION TREATMENT

THE MAJORITY OF BAHRS MEMBERS

- Would use a penicillin based antibiotic (eg flucloxacillin, amoxicillin, co-amoxiclav) as the first line antibiotic treatment of choice for a superficial scalp folliculitis
- Would use a macrolide (eg erythromycin) as the antibiotic treatment for a superficial scalp folliculitis in a penicillin allergic patient
- Would use a penicillin based antibiotic (eg flucloxacillin, amoxicillin, co-amoxiclav) as the first line antibiotic treatment of choice for cellulitis
- Would take a wound swab for persistent infections (folliculitis or cellulitis)



APPENDIX

The Working Group involved with compiling this version of BAHRS Members 'Common Practice' was comprised of the following:

PRESENT:

Maurice Collins
Christopher D'Souza
Ash Dutta
Bessam Farjo
Nilofer Farjo
Harris Haseeb
Conor Kiely
Vikas Kunnure
Shahab Mahdi
Max Malik
Bhagwat Mathur
Michael May
Hassan Nurein
Joe O'Connor
Andrea Tchalakov
Greg Williams

BY WRITTEN PROXY:

Ed Ball
Mabroor Bhatty
Lucy Glancey
Peter Williams