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Cetrimide vs sodium chloride: postoperative wound cleansing practice, a clinical audit project proposal

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Background

Postoperative wound care could affect early wound healing and can increase the risk of surgical site infection (SSI). Current NICE (2020) guidelines recommend sterile saline for wound cleansing up to 48 hours after surgery and advise against routine use of topical antimicrobials or irrigations to reduce surgical site infection (SSI) risk. According to the Association for Perioperative Practice (AfPP, 2023), uncertainties regarding the relative effectiveness of cetrimide (an antimicrobial) versus saline delaying healing or harming tissue exist. Despite these recommendations, practice varies between surgical teams and specialties (Gillespie *et al.*, 2020). This audit is justified by ongoing uncertainty and practice variation in the use of wound cleansing solution, and the need to address the actual clinical practice against current standards.

Aim

This audit aims to assess current postoperative wound cleansing practice for selected inpatient surgical wounds, with specific focus on adherence to national standards (sterile saline use) and on local recommendations regarding antiseptic use (including cetrimide) (Leaper *et al.*, 2015).

Method

Routine records of the cleaning solution used are not consistently kept at the end of each case. Therefore, a prospective audit will be established to observe wound cleansing practice in four general theatres, over four weeks, Monday to Friday, for an anticipated one hundred patients. Eligibility: patients undergoing elective surgery. Exclusion criteria include emergency, contaminated or dirty wound surgical cases and procedures where wound cleansing observation was not feasible. The scrub practitioner for each case will record the cleansing solution (saline or cetrimide) used to clean wounds post-closure at the end of the surgery, using a predefined audit data collection form based on current NICE and AfPP guidance. The form will contain the surgical specialty, wound type, cleansing solution applied, and staff role. To maximise data collection, staff will be reminded in the theatre

meeting at the beginning of each week, and forms will be distributed in the designated theatres, along with an approved poster. Data confidentiality and governance standards will be strictly observed throughout the project. Audit approval and registration will be in line with the Trust's Clinical Audit Department, in keeping with institutional policy. Data will be stored in a secure Excel database for further analysis.

Discussion

The expected outcomes are a descriptive profile of current local wound cleansing practice, identifying adherence to NICE guidance and deviations from national standards. Results will inform recommendations for staff education, local policy alignment, and protocol development to standardise practice with national guidance. Further outcome-focused research linking cleansing practice to SSI rates may follow based on findings.

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