A 14-POINT PLAN FOR AN OPTIMAL ASEPTIC APPROACH

DESIGNED TO MINIMISE BACTERIAL CONTAMINATION AND CAPSULAR CONTRACTURE IN YOUR BREAST AUGMENTATION PROCEDURES

1. Use intravenous antibiotic prophylaxis at the time of anaesthetic induction
   Administer a first-generation cephalosporin 15 minutes prior to skin incision

2. Avoid periareolar incisions
   Decrease the risk of capsular contracture by 9-fold with inframammary incisions

3. Use nipple shields
   Prevent spillage of bacteria into the pocket, and shield further contamination of the field with nipple discharge

4. Perform careful atraumatic dissection
   Minimise de-vascularised tissue with direct vision, precision and no blunt dissection

5. Perform careful haemostasis
   Minimise de-vascularised tissue with direct vision, precision and no blunt dissection

6. Avoid dissection into the breast parenchyma
   Minimise the number of ducts cut through, and the potential for bacteria spillage

7. Use a dual-plane pocket
   Anatomic advantages that decrease contamination and capsular contracture rate

8. Perform pocket irrigation with correct proven triple antibiotic solution or Betadine
   If using Betadine, a 1:1 dilution (or stronger i.e. at least 50% strength) with saline is essential to work against all of the bacteria

9. Minimise skin-implant contamination
   Consider wiping skin and using barriers or introducer sleeves

10. Minimise the time of implant opening, repositioning and replacement of implant or sizers
    Keep the implant packaging sealed as long as possible to reduce introduction of bacteria into the pocket

11. Change surgical gloves prior to handling implant, and use new or cleaned instruments
    When re-entering the pocket

12. Avoid using a draining tube where possible
    A potential site of entry for bacteria

13. Use a layered closure
    1. Superficial fascia
    2. Dermis
    3. Epidermis

14. Use antibiotic prophylaxis to cover subsequent procedures that breach skin or mucosa
    e.g. for dental procedures

“What we have learned over the past 15 years is that the best time to minimise the bacterial load is at the 1st surgery. The 14-point plan contains simple evidence based steps we as surgeons can take to reduce risks for patients.”

Dr. William P. Adams, Jr., MD
# 14-Point Plan

**Patient Record**

Minimise bacterial contamination and capsular contracture in breast augmentation

1. **Antibiotic prophylaxis**
2. **Incision type**
   - IMF
   - Periareolar
   - Transaxillary
   - Other
3. **Nipple shields**
4. **Atraumatic dissection**
5. **Pre-emptive haemostasis**
6. **Avoid breast parenchyma**
7. **Implant pocket**
   - Subglandular
   - Subfascial
   - Dual plane
   - Other
8. **Pocket irrigation**
   - Betadine: 50 cc Betadine, 1 g Cefazolin, 80 mg Gentamicin, 500 cc saline
   - Triple Antibiotic and Betadine: 50 cc Betadine, 1 g Cefazolin, 80 mg Gentamicin, 500 cc saline
   - Triple Antibiotic Non-Betadine: 50,000 U Bacitracin, 1 g Cefazolin, 80 mg Gentamicin, 500 cc saline
9. **Skin barriers (drape/introduction sleeve and antibiotic wipe)**
10. **Sizer**
11. **Change of gloves/instruments**
   - Glove
   - Ioban
   - Sleeve
   - Wipe skin TAB
12. **Drains**
13. **Layered closure**
14. **Patient surveillance/antibiotic prophylaxis**