

# A 14-POINT PLAN FOR AN OPTIMAL ASEPTIC APPROACH

DESIGNED TO MINIMISE BACTERIAL CONTAMINATION AND CAPSULAR CONTRACTURE IN YOUR BREAST AUGMENTATION PROCEDURES<sup>1</sup>

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**1 Use intravenous antibiotic prophylaxis at the time of anaesthetic induction**  
Administer a first-generation cephalosporin 15 minutes prior to skin incision<sup>2,3</sup>
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**2 Avoid periareolar incisions**  
Decrease the risk of capsular contracture by 9-fold with inframammary incisions<sup>4,6</sup>
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**3 Use nipple shields**  
Prevent spillage of bacteria into the pocket, and shield further contamination of the field with nipple discharge<sup>4,8</sup>
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**4 Perform careful atraumatic dissection**  
Minimise de-vascularised tissue with direct vision, precision and no blunt dissection<sup>1</sup>
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**5 Perform careful haemostasis**  
Minimise de-vascularised tissue with direct vision, precision and no blunt dissection<sup>1,9</sup>
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**6 Avoid dissection into the breast parenchyma**  
Minimise the number of ducts cut through, and the potential for bacteria spillage<sup>5</sup>
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**7 Use a dual-plane pocket<sup>1</sup>**  
Anatomic advantages that decrease contamination and capsular contracture rate<sup>10,11</sup>
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**8 Perform pocket irrigation with correct proven triple antibiotic solution or Betadine<sup>12,13</sup>**  
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
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**9 Minimise skin-implant contamination**  
Consider wiping skin and using barriers or introducer sleeves<sup>1,11</sup>
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**10 Minimise the time of implant opening, repositioning and replacement of implant or sizers<sup>1</sup>**  
Keep the implant packaging sealed as long as possible to reduce introduction of bacteria into the pocket
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**11 Change surgical gloves prior to handling implant, and use new or cleaned instruments<sup>1</sup>**  
When re-entering the pocket
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**12 Avoid using a draining tube where possible<sup>1</sup>**  
A potential site of entry for bacteria
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**13 Use a layered closure<sup>1,3</sup>**  
1. Superficial fascia  
2. Dermis  
3. Epidermis
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**14 Use antibiotic prophylaxis to cover subsequent procedures that breach skin or mucosa<sup>1</sup>**  
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.”<sup>14</sup> Dr. William P. Adams, Jr., MD**

# 14-POINT PLAN PATIENT RECORD

MINIMISE BACTERIAL CONTAMINATION AND CAPSULAR  
CONTRACTURE IN BREAST AUGMENTATION

AFFIX PATIENT LABEL

Mark **X** in checkbox.

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  Triple Antibiotic and Betadine<sup>10</sup>  Triple Antibiotic Non-Betadine<sup>12,13</sup>   
(≥50% strength) 50 cc Betadine, 1 g Cefazolin, 80 mg Gentamicin, 500 cc saline 50,000 U Bacitracin, 1 g Cefazolin, 80 mg Gentamicin, 500 cc saline
9. Skin barriers (drape/introduction sleeve and antibiotic wipe)
10. Sizer Yes  No
11. Change of gloves/instruments Glove  Ioban  Sleeve  Wipe skin TAB
12. Drains Yes  No
13. Layered closure
14. Patient surveillance/antibiotic prophylaxis

RIGHT IMPLANT LABEL

LEFT IMPLANT LABEL