

A 14-POINT PLAN FOR AN OPTIMAL ASEPTIC APPROACH

DESIGNED TO MINIMISE BACTERIAL CONTAMINATION AND CAPSULAR CONTRACTURE IN YOUR BREAST AUGMENTATION PROCEDURES¹

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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^{2,3}
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2 Avoid periareolar incisions
Decrease the risk of capsular contracture by 9-fold with inframammary incisions^{4,6}
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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^{4,8}
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4 Perform careful atraumatic dissection
Minimise de-vascularised tissue with direct vision, precision and no blunt dissection¹
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5 Perform careful haemostasis
Minimise de-vascularised tissue with direct vision, precision and no blunt dissection^{1,9}
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6 Avoid dissection into the breast parenchyma
Minimise the number of ducts cut through, and the potential for bacteria spillage⁵
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7 Use a dual-plane pocket¹
Anatomic advantages that decrease contamination and capsular contracture rate^{10,11}
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8 Perform pocket irrigation with correct proven triple antibiotic solution or Betadine^{12,13}
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^{1,11}
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10 Minimise the time of implant opening, repositioning and replacement of implant or sizers¹
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 instruments¹
When re-entering the pocket
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12 Avoid using a draining tube where possible¹
A potential site of entry for bacteria
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13 Use a layered closure^{1,3}
 1. Superficial fascia
 2. Dermis
 3. Epidermis
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14 Use antibiotic prophylaxis to cover subsequent procedures that breach skin or mucosa¹
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.”¹⁴ Dr. William P. Adams, Jr., MD