Focus on caring for a patient with a post-operative wound*

**MY 5 MOMENTS FOR HAND HYGIENE**

Immediately before touching the post-operative wound dressing/site, for example:

1. Before physically examining the post-operative wound site, including before taking wound samples for microbiological investigations, if required
2. Before touching the wound to remove stitches/ clips
3. Before preparing the necessary items for replacing the wound dressing
4. Before replacing the actual post-operative wound dressing

Immediately after any task involving potential body fluid exposure, such as:

1a. After post-operative wound examination / sample collection
1b. After removing stitches / clips
1c. After undertaking a post-operative wound dressing change
2a. After post-operative wound examination / sample collection
2b. After removing stitches / clips
2c. After undertaking a post-operative wound dressing change
3a. After post-operative wound examination / sample collection
3b. After removing stitches / clips
3c. After undertaking a post-operative wound dressing change
4a. Immediately after touching the post-operative wound dressing
5a. Immediately after touching the post-operative wound dressing

**KEY ADDITIONAL CONSIDERATIONS FOR POST-OPERATIVE WOUNDS**

- Avoid unnecessary touching of the post-operative wound site, including by the patient.
- Wear gloves if contact with body fluids is anticipated; the need for hand hygiene does not change even if gloves are worn, as per the WHO 5 Moments.
- Follow local procedures regarding use of aseptic non-touch technique for any required dressing change / wound procedures.
- Don’t touch dressings for at least 48 hours after surgery, unless leakage or other complications occur.
- Routine post-operative wound dressings should be basic dressing types (e.g. absorbent or low adherence dressings).
- When approaching a patient for the examination of a wound, the health worker may also perform other tasks (e.g. accessing a venous catheter, drawing blood samples, checking urinary catheter). Hand hygiene may be needed before and after these specific tasks, to once again fulfill Moments 2 and 3, for example (refer to WHO dedicated 5 Moments posters for line or catheter management).
- When indicated, pre-operative surgical antibiotic prophylaxis (SAP) should be administered as a single parenteral dose 2 hours or less before the surgical incision, while considering the half-life of the antibiotic. Do not prolong administration of SAP after completion of the operation.
- Antibiotic therapy for any proven surgical site infection should ideally be administered based on wound sample culture and sensitivity results.
- Common signs and symptoms of wound infection are: pain or tenderness; localized swelling; erythema; heat; or purulent drainage from the superficial incision.
- This guidance does not include information on complicated post-operative wound care, when specific treatments or therapies may be required.

---

*Based on the ‘WHO hand hygiene improvement approach’ posters, URL: [http://www.who.int/entity/gpsc/5may/EN_PSP_GPSC1_5May_2015/en/index.html](http://www.who.int/entity/gpsc/5may/EN_PSP_GPSC1_5May_2015/en/index.html)
© World Health Organization 2015. All rights reserved.