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Preparing Your Skin for Surgery

A simple two-step routine that protects against infection

From Adam J. Cien, DO

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Why this matters

Infection is one of the few things that can turn a great surgery into a long recovery. The bacteria that cause most joint infections don't come from the operating room — they come from **your own skin and your own nose**. That's not a flaw in you; it's how every healthy human body works. We all carry bacteria.

The two-step routine in this handout reduces the bacteria on your skin and inside your nose in the days before surgery. It's simple, it takes about 10 minutes a day, and it's one of the most effective things you can do to protect your new joint.

— *Dr. Cien*

What you'll do, at a glance

Step 1 — Nasal ointment (mupirocin). Twice a day for the **5 days before surgery**. Reduces the bacteria living inside your nose.

Step 2 — Antiseptic mouthwash (CHG rinse). Twice a day for the **5 days before surgery**, plus one final rinse the morning of surgery. Reduces the bacteria living in your mouth.

Step 3 — Antiseptic shower (CHG soap). Once a day for at least the **2 days before surgery**, plus the morning of surgery. Reduces the bacteria living on your skin.

Different timing if you've had MRSA or a resistant infection

If you've ever tested positive for MRSA, VRE, or another multi-drug-resistant organism, I'll extend your CHG shower routine (Step 3) to at least 5 days before surgery. Your patient letter will tell you exactly which days. If you're not sure whether this applies to you, call my office.

Step 1 — Nasal ointment (mupirocin)

You'll get a prescription for **mupirocin 2% ointment**. It may come as small single-use tubes or one larger tube. Either form works the same way. Pick it up as soon as my office sends it to your pharmacy.

How to use it — twice a day for 5 days before surgery

- Wash your hands with soap and water for 15 to 20 seconds.
- Tilt your head back. Using a cotton swab, place ointment **inside each nostril**:
 - Small tubes: use **half a tube** in each nostril, then throw the tube away.
 - Large tube: use a **pea-sized amount** in each nostril, then save the tube for next time.
- Press your nostrils together and gently rub for about one minute.
- Wash your hands again as soon as you're done.

★ A few things to avoid

- Don't use any other nasal sprays, drops, or ointments during these 5 days.
- Don't put any cream or medicine on the outside of your nose.
- Don't get the ointment near your eyes. If it does get in, rinse with cool water right away.

Step 2 — Antiseptic mouthwash (CHG)

You'll get a prescription for **0.12% chlorhexidine gluconate mouthwash** (sometimes labeled as Peridex or Periogard). My office sends this to your pharmacy along with the mupirocin nasal ointment — pick them up at the same time.

Your mouth carries more bacteria than almost any other part of your body. This rinse drops that bacterial load the same way the nasal ointment drops it in your nose and the shower drops it on your skin. The three steps work together.

How to use it — twice a day for 5 days before surgery

- Brush and floss your teeth as you normally would.
- **Rinse all toothpaste out of your mouth with water.** Toothpaste contains ingredients that cancel out the CHG, so don't skip this rinse.
- **Measure 15 mL** using the bottle cap — there's a fill line marked. Use it full strength. Don't add water.
- Swish around your entire mouth for a full 30 seconds. Then spit it into the sink — do not swallow.
- **Don't eat, drink, smoke, or rinse with anything else for at least 1 hour.** That hour is when the medicine is doing its work.

★ **A few things to expect, and one thing to watch for**

- **Bitter aftertaste and a temporary change in how food tastes** are normal. Both fade within a few days of finishing the course.
- **Mild brown staining of teeth or dental work** can happen over 5 days. It's surface stain — your dentist can polish it off at your next cleaning.
- **Stop and call us right away** if you develop hives, a rash, swelling of the face or tongue, or trouble breathing. CHG allergy is rare but can be serious.

The morning of surgery — one final rinse

Do one last CHG rinse on the morning of surgery, **as the final thing you do before leaving home** — after your CHG shower, after you're dressed, just before you walk out the door. That keeps your bacterial load at its lowest all the way into the operating room.

You'll already be NPO (no food or drink after midnight), so the "no eating or drinking for an hour" rule isn't a concern. If you take a morning medication with a sip of water per my instructions, do that **before** the final rinse, not after.

Step 3 — Antiseptic shower (CHG soap)

You'll use a **2% to 4% chlorhexidine gluconate (CHG) soap**. The most common brand is **Hibiclens**, and you can buy it over the counter at any pharmacy. You do not need a prescription.

What to gather

- A bottle of CHG soap (Hibiclens or similar).
- Two or three clean washcloths.
- A clean towel and freshly washed clothes to change into afterward.
- Clean sheets on your bed for the night before surgery — important.

In the shower — 2 days before, plus the morning of surgery

- **Wash and rinse your hair first** with your regular shampoo. Rinse it all out before moving on.
- **Apply CHG to a wet washcloth.** Step out of the water spray (or turn it off) so the soap doesn't rinse straight off. Lather your **entire body except your face**.
- **Focus on the surgical area.** Spend about **three full minutes** gently washing the hip or knee we'll be operating on.
- Pay extra attention to skin folds — under the breast, the armpits, the groin.
- Wash gently. The goal is to clean, not to scrub raw — broken skin is a problem.
- **Rinse completely.** CHG can dry and irritate skin if you leave it on. Make sure all the soap is off before you step out.
- Pat dry with a clean, freshly washed towel.

★ After your CHG shower, until you reach the hospital

- **No regular soap, lotion, deodorant, or powder.** They cancel out the CHG.
- **No CHG on your face or near your eyes — ever.** It can damage them.
- **Don't shave the surgical area.** Razors leave tiny nicks that let bacteria in.
- **Sleep on clean sheets in clean pajamas.** Old laundry re-contaminates the skin you just cleaned.

If you only have a bathtub

Don't bathe in a full tub — the bath water dilutes and rinses off the CHG too quickly. Instead, **use the CHG at a sink or in a basin**: lather your whole body (except your face), pay attention to skin folds, then rinse with warm tap water. Same rules apply.

Have a question?

Not sure when to start, can't find your mupirocin or mouthwash, or had a skin reaction last time you used CHG? Call my office at 574-247-9441 — we'll sort it out before you start the routine.

How to reach my team

My team and I are here for you before, during, and after surgery. Here's how to get in touch — and when each option is the right one.

Two quick notes on reaching us. **Whenever possible, send us a message through the patient portal** — it almost always gets a faster response than a phone call, because the message lands directly with the right person on my team. If you do need to call, please give us one to two business days to get back to you, and please leave just one message. Calling repeatedly slows our response down for everyone, including you.

PATIENT PORTAL	CALL	AFTER HOURS
sbortho.com	574-247-5164	574-247-9441
Our preferred channel. Messages, results, records — usually the fastest response.	Routine questions, scheduling, refills. Please allow 1–2 business days for a callback.	Routes urgent calls to the on-call provider when the office is closed.

★ When to go to the ER (don't wait for a callback)

- Chest pain, trouble breathing, or sudden weakness on one side of the body.
- Severe leg pain or swelling that came on suddenly (possible blood clot).
- A fall after surgery, especially if your new joint feels different afterward.
- Fever over 101°F that lasts more than 24 hours, or fast-spreading redness around your incision.

We'd rather hear from you twice than miss a real concern.