[Is use of surgical caps and masks obsolete during percutaneous heart catheterization?].

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Abstract

Introduction

Despite the lack of scientific evidence, surgical caps and masks are worn routinely by many physicians and nurses in the catheterisation laboratories to avoid local and generalised infections. When we changed our practice, we performed a randomised study to assure the quality of our routine.

Material and methods

All patients undergoing left- or right-sided cardiac catheterisation were randomly allocated to our five laboratories. About two months after the procedure, the patients were sent a questionnaire concerning signs and symptoms of possible inflammation or infection after the procedure.

Results

Of 1,034 patients, 855 (82.7%) responded to the questionnaire. Although 25 patients in the caps and mask group vs 19 patients in the other group (6.1% vs 4.3%, ns) had complaints from the procedural access site in the groin, none of these could be ascribed to definite infection.

Discussion

The use of caps and masks during percutaneous cardiac catheterisation procedures is based on the concept that the infection rate of patients is reduced. The size of the catheter used, procedure time, and the use of caps and masks by both the surgeon and the assisting staff are discussed.

Conclusion

The routine use of caps and masks does not seem to have that much beneficial impact on the occurrence of procedure-related inflammations or infections in the cardiac catheterisation laboratory.