

Hygiene Instructions for Osseointegration Patients

A strict hygiene regimen is required after stage II surgery. Cleaning should be done twice daily, once in the morning and once at night or as needed when the area is dirty or has become sweaty. Before cleaning it is preferable to use an alcohol based hand gel prior to touching the **skin aperture**. If an alcohol based gel is not available washing hands thoroughly with soap and water is acceptable. Gauze and mepilex (if needed) will be changed with each cleaning. Notify a member of the team if you require more supplies.

Be sure you have these items on hand for cleaning:

- Sterile water solution (normal saline is also acceptable)
- 4x4 gauze pads (gauze)
- mepilex AG

Daily Cleaning:

1. Remove hockey puck and mepilex. Discard the mepilex.
2. Inspect the aperture for any drainage and/or debris.

It is normal to occasionally see small amounts of drainage from the aperture, especially with vigorous physical activity. If drainage occurs, simply wrap a piece of gauze around the post to absorb excess drainage and change out as needed

Using saline and gauze:

1. Put on gloves.
2. Moisten gauze with saline and wrap around the post at the aperture.
3. With gentle pressure, twist the gauze back and forth around the aperture (this will help loosen any excess dirt and/or built up material).
4. Remove gauze and discard.

If debris is stuck to the post:

1. Moisten gauze with saline.
2. Moving away from the aperture, gently scrape with fingernail behind gauze until debris is removed.

In case of irritation or infection:

- If you are currently ill the aperture may become irritated and careful attention to hand hygiene is important. Use extra meticulous hand washing techniques, preferably with alcohol based hand gel if available.
- At the earliest sign of irritation, you should clean the aperture at least 4 times a day, paying close attention to any “open” areas.

Questions? Contact Yessenia Gomez: 301-335-5607(p) yessenia.d.gomez.ctr@mail.mil (email)
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- It is NOT normal for large amounts of fluid or blood to drain from the aperture. If large amounts of blood or purulent looking fluid are actively draining from the site, please contact our office so that we can consult you further.
- If irritation continues and symptoms of fever, chills, and/or aching occur, please contact our office at your earliest convenience so that we can consult you further.
- In case of a high fever over 103 F (39.4 C) and/or severe pain PLEASE GO TO THE NEAREST EMERGENCY DEPARTMENT.

For Bathing/Swimming:

Swimming:

- When swimming it is permissible to put a small amount of vaseline or bacitracin around the aperture as a barrier to keep excess moisture and/or any potential bacteria from entering the body.
- Chlorinated water is preferred over others, however you may also swim in salt water.
- Take caution when swimming in freshwater lakes as these carry the highest potential to cause infection in any open wound.
- It is very important to clean the SPS carefully after swimming, especially if it has come in contact with fresh water.

Bathing:

- When bathing you do not need to apply anything directly to the aperture. You can simply allow the soap and water to run off the aperture like normal.
- A silicon liner (provided by the prosthetist) can be used as a "bathing cap" if you wish.
- Gently pat dry the aperture to remove excess moisture after bathing.
- It is very important to clean the aperture carefully after bathing.

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