

# 9th EORNA Congress

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# Latex to Latex Free Initiative – which benefits?

Stephan Rohleder, Pediatric Surgeon

KINDERchirurgie

Kinder werden bei uns groß geschrieben.



# What is Latex and where do we use Latex?

- Natural rubber Latex is a milky fluid harvested from the rubber tree (Hevea brasiliensis)
- Orig. caoutchouc from the words "caa" (tear) and "ochu" (tree)





 Synthetic Latex can be made by polymerizing e. g. styrene/styrol





# Latex Allergy: Type I Reaction

- Severe immediate IgE-mediated
   hypersensitivity reaction which may
   lead to significant morbidity or
   mortality.
- Sensitization after first exposure induces production of IgE-antibodies specific to Hev b.
- Cross-reactions with food intolerances
   (avocado, banana, kiwi, chestnut etc.)

According to the American Latex Altergy Association (ALAA),



# Latex Allergy: Type I Reaction - Symptoms [1]

- · Skin: itching, redness, urticaria
- Oral: itching and swelling of lips and/or tongue
- Throat: scratchy throat, tightness, hoarseness
- Lung: cough, wheezing, difficulty breathing, bronchospasm
- Gastrointestinal: vomiting, diarrhea, cramps
- · Cardiac: weak pulse, hypotension, dizziness,

1 Summofainting ANAPHYLAXIS tact sheet 2014 http://datexallergyresources.org/anaphylaxes-tact-sheet.



Latex Allergy: Type IV Reaction

- Delayed onset immunologic T-cellmediated reaction to additives (accelerators) of latex
- Most common (chronic) reaction to latex exposure (12-72h)
- Never life-threatening, but bothersome

Latex Allergy: Type IV Reaction - Symptoms [1]

- Erythema with papules, vesicles, oozing skin areas.
- If repeatedly contact with the allergen, may become a chronic problem



 Simmons E. Latex altergy. ANAPHYLAXIS fact sheet. 2014. http://datexallergyresources.org/anaphylaxis-fact-sheet.



Who is at risk for Latex allergy?

Newborns and small infants with multiple surgeries [1] or repetitive exposure [2] to latex:

> o 13-fold increased risk for Latex hypersensitivity after previous surgery [3]

o Repetitive urethral , rectal or intrathecal catheterization

Spina bifida patients [4]:

⇔ 65% Latex hypersensitivity

⇒ 49% allergic reactions after exposure

to Latex

Children/Patients with atopic neurodermitis

Hourihane, J.O., of at , Impact of repeated surgical procedures on the incidence and prevalence of tales

allergy: a prospective study of £263 chicken. J Pediatr, 2002, 140(4): p. 479-62.

RA13/05/19 Yannin, M.S., et al. Evaluation of latex alluryy in pullents with minimpomy placesis. Ann Allurgi, 1997-69(3) p. 207-11



Who is at risk for Latex allergy?

- Emergency patients or patients in the trauma bay due to limited time for screening, lack of information and urgent need for action [1]
- Woman during cesarean delivery and sensitization of the newborn after delivery [2]

 Pryor, J.P., et al., Anaphyloctic shock from a latex allergy in a patient with aprival trauma. J. Trauma, 2001, 50(5), p. 927-30.



Peer, L., et al., Evaluation of a prospectively administered written questionnaire to reduce the incidence of auspected lates anaphylaxis during elective ceaurean delivery. let J Otratet Amerith, 2014, 23(4), p. 335-40.

Who is at risk for Latex allergy?

- Surgeons, nurses, lab technicians, face an increased risk of developing a latex allergy [1]
- Up to 12-17% of Healthcare providers are affected by contact dermatitis or hypersensitivity reactions [2]

United States Department of Labor, Occupational Safety and Health Administration, Hospital eTool, healthcare wide hazards—lates altergy https://www.osha.gov/St\_TC/eloots/bospital/hazards/lates/lates/lates. Html
 American Lates Allergy Association, Statistics, http://lates/allergy resources.org/statistics.



# Non-Latex-free versus 100% Latex-free OR

Non-Latex-free OR	100% Latex-free OR
Provision of both Latex and Latex- free products	
Patient assessment for Latex allergy mandatory preoperatively	
Last minute OR rescheduling or cancelation	
Screening and surveillance Programs for Type I und IV Reactions	
Emergency Intervention Plan for Patients and Staff	



Is a 100% Latex-free OR really more expensive?





# A Cost-Savings Case Study

Facility: Sutter Health | Alta Bates

Medical Center

Location: Berkeley, California

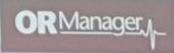
Q: Can converting to synthetic surgical glove lower hospital operating room costs?

A: Yes. Converting an OR department to synthetic surgical gloves reduces overall operating costs.

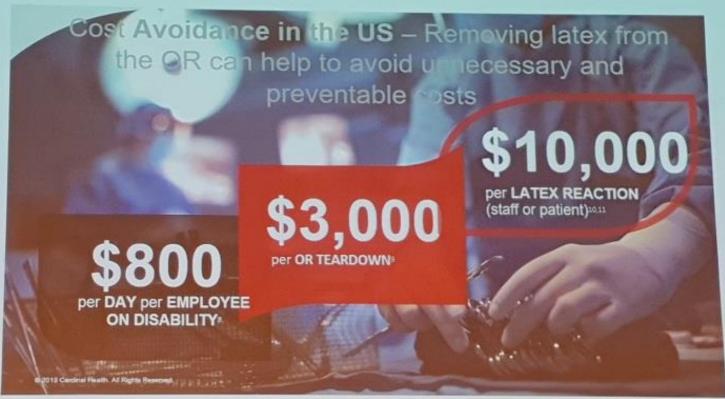
This case study has proven Alta Bates Medical Center significantly reduced overall OR operating costs by \$74,542 (25%) after converting fully to synthetic surgical gloves.

Alta Bates Medical Center's
decision to convert their
surgical gloves 100% to
synthetic has significantly
reduced overall costs,
eliminated Type 1 NRL allergy
events for both patients and
staff, stopped NRL-related OR
teardowns, and improved
patient and staff safety.

 OR Manager, "Can converting to synthetic surgical gloves lower hospital operating room costs?" May 2016. Available at http://www.ormanager.com/can-converting-synthetic-surgical-gloves-lower-hospital-operating-room-costs/.







B. Travel Staffing News, Stephen Halasrik, March 2010

9. Estimates from Donna McDaniel, Director Surgical Services and Carol Miller, Per-operative Services Educator: Face-to-face interview, June 2011. http://ortoday.com/a-lates-free-approach-to-operating-room-savings/

 Becker's Hospital Review, 11 Statistics on Average Hospital Costs per Stay, Mediscape, Anaphytaxis Treatment & Management, 5
Shahcad, MD. Average cost per hospital stay. \$10,000. http://www.beckershospitalreview.com/finance/11-statistics-on-average-hospitalcosts-per-stay.html

"A hospital-based streening program for natural number lates allergy," Annals of Allergy, Austrina and Immunistry Vol. 88, Page 560-567 (June 2007)



The "hidden cost"

- Interruption of OR-Schedule if Latex-Allergy is discovered at last minute
- Additional effort and expenses to change the OR set-up into Latex-free if not known before
- · Rescheduling and interruption in the logistic chain
- · Absence of OR-Staff due to illness or rehabilitation

... offer less protection and puncture resistance as natural Latex gloves!





# Failure rates in nonlatex surgical gloves

Denise M. Korniewicz, DNSc, RN, FAAN.\* Laurel Garzon, DNSc, RN, CPNP.\*

Judy Seltzer, MS, RN, CNOR.\* and Manning Feinleib, MD, DrPH.

Coral Gables, Florida, Norfolk, Virginia, and Baltimore, Maryland

Buckground: The purpose of this study was to compare the frequency of glove defects for nonlatex surgical gloves while surgeons performed routine surgery and to evaluate surgeons' satisfaction with nonlatex steeds gloves.

Methods: Two brands of latex gloves and 6 brands of nonlatex gloves were tested. Gloves were collected at the end of each surgical procedure and tested for visual defects and barrier integrity using an automated calibrated water test machine consistent with FDA's recommended standards. A total of 6586 gloves used by 101 surgions and 164 residents representing 15 surgical services were included in the analysis.

Results: Higher after use defect rates occurred in nonlatex surgical gloves than in latex gloves. Higher times of use were related to higher defect rates for some surgical specialties, and both surgicons and residents were less satisfied with nonlatex surgical gloves.

Conclusion: Imact latex and nonlatex surgical gloves provide adequate barrier protection. Nonlatex surgical gloves have higher failure rates and lower user sansfaction than latex gloves do. Both nonlatex and latex gloves should be changed after 2 to 3 hours of use because the barrier of either type of glove becomes compromised with extended use. (Am.) Infect Control 2004;32:268-73.)

Kornievicz, D. M., L. Gazzon, J. Seltzer and M. Fernleib (2004). "Failure rates in nonliatex surgical ploves." Am J Infect Control 32(5): 268-273.



# Failure rates in nonlatex surgical gloves

Defect rates by surgical specialty and duration of use

Total glove defect rates (visible defects and water leaks) for all glove types for surgical services ranged from 3.1% (pediatrics) to 11.7% (oral surgery) (Table 1). Those surgical services with the highest rates of defects were oral surgery (11.7%), plastic surgery (10.7%) and dental surgery (10.1%). Those with the lowest were pediatrics (3.1%), thoracic and transplant (each 4.4%), general surgery (4.3%) and ophthalmic surgery (4.0%).

Korniewicz, D. M., L. Garzon, J. Seltzer and M. Femleib (2004). "Failure rates in nonlates surgical gloves." Am J Infect Control 32(5): 268-273.



... offer less protection and puncture resistance as natural Latex gloves!

... do not offer the same cutaneous sensibility!







## **GENERAL SURGERY**

Ann R Cott Surg Engl 2011; 93: 95-98 doi:10.1308/003588411X12851639108150

## A comparison of the effect of different surgical gloves on objective measurement of fingertip cutaneous sensibility

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## ARSTRACT

INTRODUCTION. The prudent selection of surgical gloves can deliver significant efficiency savings. However, objective data are lacking to compare differences in cutaneous sensibility between competing gloves. Therefore, the present study examined the use of a single comparable model of sterile surgical glove from two competing providers, Gammes PF HyGrig# (Ansell Limited, Red Bank, NJ, USA) with Biogel# (Molnlycke Health Care AB, Göteborg, Sweden).

SUBJECTS AND METHODS: Cotaneous pressure threshold, static and moving two-point discrimination were measured as indices of objective surgical glove performance in 52 blinded healthcare professionals.

RESULTS: The mean cutaneous pressure threshold was  $0.0680 \pm 0.0923$  g for skin,  $0.411 \pm 0.661$  g for Ansell gloves and  $0.472 \pm 0.768$  g for Biogel gloves. Skin was significantly more sensitive than Assell (P < 0.0001) or Biogel (P < 0.0001) gloves (Wilcoson signed tank test). There was no statistical difference between Biogel and Ansell gloves (P = 0.359). There was no significant difference between static or moving 2-point discrimination of skin and Arcell gloves (P = 0.556, P = 0.617). Wilcoson signed rank test), skin and Biogel gloves (P = 0.486, P = 0.487). Wilcoson signed rank test) or Ansell and Biogel gloves (P = 0.843, P = 0.670). Wilcoson signed rank test) are signed tank test.

CONCLUSIONS. No demonstrable objective difference was found between competing gloves in the outcome measurem of cutaneous sensibility and two-point discrimination. However, a difference in subjective preference was noted. Untested factors may underlie this discrepancy, and further research should employ more sophisticated measurements of surgical performance using competing models of surgical glove.

Bucknor, A., A. Karthikesalingam, S. R. Markar, P. J. Hoff, L. Jones and T. G. Allen-Mersh (2011). "A comparison of the effect of different surgical gloves on objective measurement of fingertip cutaneous sensibility." Ann R. Colf Surg Engl 93(2): 95-98.

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3

# Let's think about

- Are all patients routinely screened for Latex hypersensitivity?
- Do you have a Latex-Policy, Latex-Screening-Program for healthcare providers and a Latex-Emergency-Plan?
- Are all Latex-free medical supplies always quickly available?
- Is it necessary to keep dual storage of Latex and Latexfree products?

Latex-free gloves have a similar molecular structure than regular gloves and therefore

o similar fit, feel and comfort

o barrier function and protection

- All interventions in infants and children should be performed latex-free LATEX
- Latex-free environment is a precondition of save care for our patients and healthcare providers themselves

Images: Cardinal Health, Protexts® Pt Micro Surgical Gloves

# Thank you for your attention

