



Letters to the Editor

Reader Disagrees With Contaminated Field Advice

I disagree with the advice given in the January 1988 "Clinical Issues" column regarding contamination of the sterile field. The author described a scenario involving a contaminated suture packet that landed on a corner of the sterile setup. The response stated that "the whole setup became contaminated." How? If the packet only contacted one corner of the setup, then only that corner is contaminated. Microorganisms can not jump from one place to another. If the scrub nurse covered the involved area without contacting the packet, then the rest of the setup is safe to use. If, however, the scrub nurse touched the packet and subsequently touched other areas of the setup, then the entire setup should be replaced.

We must have clinical practice based on scientific principles, rather than perpetuating rituals that have no scientific basis.

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Author's response. In the AORN "Recommended practices for basic aseptic technique," recommended practice III reads "all items used within a sterile field should be sterile."¹ In the same recommended practice, one rationale states that "only sterile items touch sterile surfaces."²

Using both of these statements and the logic of a "surgical conscience" as a guideline, the nurse must believe that once a sterile field is contaminated, the entire field is considered unsterile. The short time involved in replacing the sterile setup and the cost of surgical supplies is minimal

compared to the potential outcome and cost of surgical wound infection.

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Notes

1. "Recommended practices for basic aseptic technique," in *AORN Standards and Recommended Practices for Perioperative Nursing* (Denver: Association of Operating Room Nurses, Inc, 1988) III:2-2.

2. *Ibid.*, III:2-3.

More on Prosthetic Fingernails

I read with interest the article entitled, "Prosthetic fingernails in the OR: A research study," in the April issue of the *Journal*. I would like to share the conclusions of an unpublished scientific paper entitled, "Semi-quantitative comparison of bacterial colonization levels of artificial nails versus natural nails before and after handwashing," which was presented at the Association for Practitioners in Infection Control 14th Annual Educational Conference on May 7, 1987, in Miami Beach, Fla.

The authors, J. Patterner, RN, BSN; S. Burns, RN, BSN; and C. Manske, MT, conducted a study to measure bacterial colonization on artificial and natural nails and to compare the levels of colonization between the two groups. The sample consisted of 50 nurses with artificial nails paired with 50 nurses with natural nails from the same patient care areas. Cultures were obtained by agitating the fingertips of the dominant hand in

thioglycollate broth. Next, a timed 10-second handwash was observed and repeated cultures of the fingertips were obtained for comparison. Culture media was plated within 12 hours.

The author's results showed that nurses with artificial nails had a higher number of colony-forming units (CFUs) of microorganisms as compared to nurses with natural nails (225 CFUs compared to 175 CFUs before handwashing; 375 CFUs compared to 340 CFUs after handwashing). Gram negative organisms were significantly increased in artificial nail wearers and increased after handwashing. Artificial nails were longer (greater than 0.5 mm) than natural nails for a significant p value of 0.001.

Based on the results of the study, the authors concluded that the use of artificial nails including nail wraps, acrylics, and tips should be restricted to health care workers not involved in direct patient care.

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Author's response. I believe that the stated conclusion is not substantiated by the results given in Ms Mowry-Hanley's letter. The only p value given, which is necessary to know for statistical significance, is one showing that artificial nails were longer than natural nails. This statement is irrelevant to the research question.

The authors of the study quoted by Ms Mowry-Hanley also state that gram negative organisms were significantly increased, but where are the data to substantiate this statement? Stating that colony counts were higher in one group than the other is not enough. The question is: Is there a statistically significant difference?

I believe that this study (as presented in the letter) along with the article in the April issue of the *Journal*, "Prosthetic fingernails in the OR: A research study," show a trend only. This is not enough to draw the conclusion that artificial nails should not be worn by health care workers giving direct patient care. Further research is needed to support that statement.

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Letters that are included in the "Letters to the Editor" column must contain the reader's name, credentials if applicable (eg, RN, BSN, CNOR), position or title, employer, and employer's address. Submit all correspondence to AORN Journal, Letters to the Editor, 10170 East Mississippi Ave., Denver, CO 80231.

Isotretinoin Should Stay on Market

An advisory committee to the Food and Drug Administration (FDA) unanimously recommended that isotretinoin (Accutane®) remain on the market despite a recent report linking the drug with thousands of birth defects. The committee advised the FDA to require stronger warnings on the drug, which is used to treat recalcitrant cystic acne, and to require women of child-bearing age to test negatively for pregnancy before using it.

Three FDA scientists previously recommended that the drug be taken off the market because they believe it caused between 900 and 1,300 birth defects and between 700 and 1,000 spontaneous abortions.

Officials at a manufacturer of the drug claim that those estimates are flawed and that the number of birth defects attributable to the use of the drug is closer to the 62 officially reported to the FDA.

Leading dermatologists also do not believe that the amount of damage caused by the drug and the number of prescriptions written inappropriately or for pregnant women could be anywhere near the numbers reported by the three scientists.