Nothing is everything

The best surgical complication is the one that never happens

Discover newly published evidence supporting a surgical care bundle proven to reduce SSIs and improve patient outcomes.[1]



When it comes to surgical site infection (SSI) prevention, no single clinician can do it alone. Published in the *International Journal of Surgery* in 2026,

> **"A cross-specialty, evidence-based Delphi consensus of a care bundle to reduce surgical site infections"**[1] ...

united experts across specialties to define a shared approach to protecting patients and improving outcomes.

What's it all about?

10 cross-specialty experts leading the initiative‡,1

820 operating room clinicians sharing experience[1]

28 countries united behind mission[1]

1,184 publications reviewed[1]

36 consensus statements developed[1]

75% agreement reached[1]

One goal: Turn evidence into action: reduce SSIs where it matters most[1]

What came of it?

36 evidence-based statements focused on 3 critical moments in surgery,[1] targeting the actions that make the biggest difference.

Key findings

Domain A: Preoperative

Topic: Rethinking hair removal practice

95% agree
Avoid unnecessary hair removal

If required:

- Use electric clippers with a single-use head
- Clip on day of surgery[1]

93% agree
Keep hair removal outside the OR

Use wet clipping or a vacuum device to control hair dispersal[1]

Domain B: Intraoperative

Topic: Getting skin antisepsis and surgical wound irrigation protocols right

93% agree
CHG-alcohol is first choice for skin prep[1]

87% agree
Use 2–2.5 % CHG–alcohol or 1.5 % olanexidine for SSI prevention[1]

91% agree
Use sterile antiseptic solution where skin integrity is compromised[1]

97% agree
Only use skin prep medicines, devices and ancillary materials licenced for clinical use[1]

Topic: Making sterile antiseptic wound irrigation the standard of care: formulation and sterility

80% agree
Avoid antibiotic wound irrigation[1]

85% agree
Tailor wound irrigation to the procedure, considering antiseptic solutions rather than saline alone[1]

89% agree
Wound irrigation requires sterile solutions[1]

Domain C: Postoperative

Topic: Drain or not drain? Surgical drain use and removal

78% agree
Drains shouldn't be used for SSI prevention[1]

97% agree
When drains are required, remove as early as possible[1]

Evidence alone doesn't change outcomes. Action does.

This consensus is a call to rethink practice, challenge pre-conceptions and unite around what matters most: preventing SSIs.

Get involved

Access the publication, explore the data in full and share it with your colleagues.

Want to go further?

Contact us and a BD representative will be in touch to discuss how these insights—and access to our clinical database[2]—can support your practice.

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1. Badia JM, Bartoli S, Keeley L, et al. A cross-specialty, evidence-based Delphi consensus of a care bundle to reduce surgical site infections. *Int J Surg*. 2026;112(4):10266-10278. doi:10.1097/JS9.0000000000004577

2. REF-66221 BD ChloraPrep™ Clinical Compendium. Franklin Lakes, NJ; Becton, Dickinson and Company; 2020

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