

know the DIFFERENCE

A guide to understanding your non-latex options



HOW CENTRE HOSPITALIER DUNKERQUE MADE THE SWITCH TO 100% NON-LATEX SURGICAL GLOVES

AT CENTRE HOSPITALIER IN DUNKERQUE THE HEALTHCARE STAFF WAS DETERMINED TO OPTIMISE THE EFFICIENCY OF THEIR SURGICAL UNIT. ABOVE ALL, THEY WANTED TO MINIMISE ALLERGY RISKS FOR THEIR PATIENTS AND THEMSELVES. THAT IS WHY THEY DECIDED TO GO TOTALLY LATEX-FREE!

FACT FILE	
HOSPITAL	Centre Hospitalier
LOCATION	Dunkerque, France
BEDS	> 900 of which 150 surgical beds
OP. THEATRES	10
SURGEONS	> 50
SPEAKER	Mr. Prudent Cornette Health Services Manager

Mr. Cornette, Health Services Manager at the hospital, was at the heart of the decision-making project group which guided the surgical units in making the switch to 100% latex-free: ‘What we are asked to do in hospitals is a bit like air traffic control: we’re asked to land 50 planes a day, in 10 theatres... We no longer have operating theatres where people arrive at any time. They have

been optimised. But you have no doubt wondered in an emergency or in a manager’s absence if you could admit a patient. Is the patient allergic to latex?’

Today’s surgical units are challenging environments where good planning is essential. But surgical healthcare staff need to be agile and aware that things don’t always go as planned.

Mr. Cornette: ‘As a health professional I’m sure you have all come across this: you have a patient on the operating list; he arrives in the theatre; medical checklist completed; and you ask him: “Do you have any specific allergies?”. The patient replies “No, except I’m allergic to kiwis”. So, there may be a cross-reactive allergy that wasn’t picked up earlier, and now the patient turns out to be allergic to latex. So, we are *back to square one*. The patient goes back to the ward and surgery is postponed.’

When a surgical unit is forced to postpone an operation, it is not just the planning that needs revision. Preparing an operating theatre to be safe for patients who potentially have an allergy is quite an effort.

Mr. Cornette: ‘Adequate ventilation, cleaning... How many hours and how many times do you need to ventilate? Do you have to ventilate? The anaesthetics said, ventilating carries molecules along, so be careful. That’s fine, but once we have made an incision it’s the gloves that are in contact with the patient. And we’d removed latex from the operating unit but we had forgotten to remove... well, not ‘forgotten’, but we then realised our hands were the greatest danger. That was one of the



triggers. We wiped the slate clean and removed all latex from the surgical unit.'

When the proposal of switching to latex-free was tabled, logistical implications had to be analysed and cost assessment had to be made.

Mr. Cornette: 'There's a cost to switching to latex-free, so you must be able to assess this cost while considering quality of care. It's important to assess the costs, the financial impact and make a choice. Why? To achieve a balance. More important than optimisation of the surgical unit, as theatre nurses will surely understand, is avoiding and managing risks. And that is why we finally decided to go latex-free'

When a hospital decides to make this change, it helps to have a professional partner on board for guidance.

Mr. Cornette: 'We chose Ansell because of their professionalism. They supported us. Their product was tried out by the entire surgical unit, the theatre nurses, the nurses, the anaesthetics, the surgeons. Everyone took part in the tests. Everyone filled out test sheets so we ended up with a glove which was acceptable to everyone. This was more important than the cost and management aspects. And Ansell met our demands in terms of elasticity, practicality etc. in the gloves.'

