

Putting on a sterile gown

A sterile gown should be worn during all invasive activities to prevent transmission of pathogens. To prevent contamination while putting the gown on, it is advisable to do it in a fixed scheme.



1. The assistant opens the outer packaging completely without touching the contents and without the packaging closing again.



2. The surgeon flaps the top fold of the inner packaging with his washed and disinfected hand towards the top.



3. The surgeon places the right and left folds of the inner packaging on the respective sides without getting in contact with anything else.



4. Now the bottom fold is flipped down, if possible over the edge of the table.



5. The surgeon can use the pulp on top of the coat to dry his sterile hands, which may be still wet from disinfection. After use, the pulp is dropped.





6. Grasp the open corner at the top of the gown (shoulder) and lift it up. Hold it in the air in such a way that it only has contact with sterile surfaces or hands without touching the unsterile body of the surgeon.



7. With the other hand grasp the second shoulder area of the gown and lift it up so it can slide apart and hangs in front of the surgeon.



8. Continue to hold the gown with one hand on its shoulder and slide with the other hand as far as possible into the sleeve of the corresponding side. Now the other hand releases the shoulder area of the gown and slides into the other sleeve.



9. Since both hands are not yet poking out of the sleeves, the sleeves can be pushed up by placing one forearm on the other and performing an opposite movement. This can be repeated until half of the hands poke out of the sleeves.





10. The assistant grabs the inside of the shoulder area from behind and pulls at the ends in order to be able to close the gown at the neck. This might inevitably cause the touching of the outside of the coat. Washed and disinfected hands of the assistant are an advantage.



11. Now the assistant takes the inner ties (left and right) at the level of the abdomen and closes the gown at the back.



12. The surgeon takes the side of the cardboard card that holds the two outer ribbons with his right hand touching only the side of the card facing his body and pulls off the left ribbon with his left hand. Both ribbons are still held by the surgeon.



13. The surgeon hands the cardboard card on to the assistant with the right ribbon still attached. It is important that their hands do not touch and the assistant initially only holds the other side of the cardboard card in one hand, not touching the ribbon.





14. The surgeon changes the left ribbon (dark blue) from his left to his right hand.



15. The assistant walks around the surgeon without pulling the card from the right ribbon. The surgeon pulls the right ribbon from the cardboard card without touching the cardboard card.



16. The surgeon closes the two ribbons on the left side of his body.

