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Pre-operative Parts Preparation by Regular Razor Shaving V/S Depilation Cream: A Comparative Study.

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ABSTRACT

This study sought to determine if preoperative chemical depilation reduces the risk of surgical site infection (SSI). The objectives of the study include to reduce postoperative SSI and to determine the ideal method for preoperative preparation and to determine ideal method in preoperative preparation in emergency vs elective surgeries. The study was conducted to compare the pre-operative parts preparation by regular razor shaving VS depilation in surgery patients visiting MVJ MEDICAL COLLEGE AND RESEARCH HOSPITAL, BANGALORE. The study attempted to determine if preoperative chemical depilation reduces the risk of surgical site infection. And thus, patients undergoing surgery, their surgery site was prepared by razor and shaving foam. This study was conducted on 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group. Out of 100 patients from the razor group, the majority of individuals in this group fall within the 41-50 years age range (27%). Out of 100 patients from foam group, the majority of individuals in this group fall within the 31-40 years and 60 & above range (24%). Our results show that razor use was associated with a higher incidence of SSIs, whereas foam usage was linked to a lower risk of infection. The higher incidence of SSIs associated with razor use may be explained by the mechanical irritation and micro abrasions caused during shaving, which could provide a pathway for bacterial entry. In contrast, foam, which is gentler on the skin, may reduce the risk of such injuries and therefore minimize infection rates. This study concludes that depilation cream was associated with lower rates of surgical site infections (SSIs) and higher patient satisfaction compared to regular razor shaving. The use of razors, on the other hand, was linked to higher rates of skin irritation and discomfort. These findings suggest that while both methods are commonly used for pre-operative skin preparation, depilation cream may offer advantages in minimizing adverse outcomes like infection and discomfort.

Keywords: Surgical site infection, Razor, Depilation cream, skin preparation.

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INTRODUCTION

Skin preparation is defined as the removal of as many bacteria as possible from the patient's skin through shaving, washing and chemical disinfection. Reducing the number of microorganisms in the area of operation and preventing infection are the goals of skin preparation.

Preparation for surgery has traditionally included the routine removal of body hair from the intended surgical wound site. Hair is removed because it can cause issues with suturing the incision, exposing the incision and subsequent wound, and applying adhesive drapes and wound dressing. Additionally, hair removal is believed to lower the incidence of surgical-site infection (SSI), as hair is seen as a sign of uncleanliness. About 10% of patients in the UK suffer from SSIs each year, which can lead to unneeded discomfort, prolonged hospital admissions, delayed wound healing, and in severe circumstances, patient mortality [1].

Body hair from the planned surgical wound site has typically been routinely removed as part of a patient's preparation for surgery. Pre-operative hair removal, according to several research, is harmful to patients, may result in SSIs, and shouldn't be done [2].

The use of depilatory cream produces clean, intact skin without the risk of developing lacerations or abrasions. It can, however, cause skin irritation or rash, especially in the groin area. The chemistry of each individual hair strand is impacted by the substance in the hair removal cream. The primary protein, keratin, which often needs to be cut with a knife for depilation or any other harsh treatment, is broken down by the active ingredients in the cream. The strength, colour, and coarseness of the hair being removed, as well as the amount of time the cream is left undisturbed on the hair to act, all affect how the cream works. Rashes and erythema are the most frequent side effects of creams, and they can raise the chance of a post-operative infection [1].

Table 1: Pros and Cons Regular Razor Shaving.

Regular Razor Shaving	
Pros	**Cons**
➢ Immediate Results: Provides a quick way to remove hair. ➢ Accessibility: Razors are widely available and easy to use. ➢ Cost-effective: Generally cheaper than depilation creams.	➢ Skin Irritation: Can cause nicks, cuts, and razor burn, especially on sensitive skin. ➢ Time-Consuming: Requires careful technique and time to avoid injuries. ➢ Regrowth: Hair may regrow quickly, requiring more frequent shaving.

Table 2: Pros and Cons of Depilation Cream.

Depilation Cream	
Pros	**Cons**
➢ Gentler on Skin: Typically, less irritating than shaving if used correctly. ➢ Longer Lasting: Hair may take longer to regrow compared to shaving. ➢ Ease of Use: Simply apply, wait, and wipe away, making it quick.	➢ Allergic Reactions: Some people may experience allergic reactions or skin sensitivities. ➢ Odor: Can have a strong chemical smell. ➢ Time Required: Needs a waiting period for the cream to work, which can be inconvenient.

Table 3: Consideration and recommendation of Depilation Cream.

Consideration	Recommendation
➢ Skin Type: Sensitive skin may benefit more from depilation creams, while those without sensitivities might prefer shaving. ➢ Area of Use: Certain areas may be more suited to one method over the other. ➢ Time Before Surgery: Consider how much time you have to prepare and the specific requirements from the surgical team.	➢ Consultation: Always consult with the surgical team for their preferred method of hair removal. ➢ Patch Test: If using a depilation cream, conduct a patch test to check for reactions. ➢ Hygiene: Ensure that whichever method you choose is done in a clean manner to reduce the risk of infection.

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Figure 1: Before using foam.

Figure 2: Hair removal using foam.

Aims And Objectives

Aim

study sought to determine if preoperative chemical depilation reduces the risk of surgical site infection (SSI).

Objectives

- To reduce postoperative SSI and to determine the ideal method for preoperative preparation.
- To determine ideal method in preoperative preparation in emergency vs elective surgeries.

METHODOLOGY

The study was conducted to compare the pre-operative parts preparation by regular razor shaving VS depilation in surgery patients visiting MVJ MEDICAL COLLEGE AND RESEARCH HOSPITAL, BANGALORE. The study attempted to determine if preoperative chemical depilation reduces the risk of surgical site infection. And thus, patients undergoing surgery, their surgery site was prepared by razor and shaving foam.

Source of data

All surgery patients above 18 years admitted for emergency and elective surgery in the department of General Surgery of MVJ Medical College and Research Hospital during the period of April 2024 to December 2024.

Methods of collection of data

Study design: - Comparative Study.

Study Period: - 3 Months.

Study Site: - Department of General Surgery, MVJ Medical College and Research Hospital, Bangalore.

Sample Size: - 200 patients.

Study Population: Patient admitted in MVJ Hospital in surgery ward and underwent surgical procedures (Both elective and emergency).

Inclusion criteria

- Patients above 18 years of age.
- Patients of either sex.

- Both emergency and elective operation procedures.

Exclusion criteria

- Pre-existing superficial skin lesions.

Study material/Instrument: Informed Consent Form

- Patient Data Collection Form

Study procedure

- A comparative study is planned to be conducted at MVJ Medical College and Research Hospital in Bangalore, South India.
- The Institutional Ethical Committee of MVJ Medical College reviewed and approved the study before it began.
- The study aims to enroll all eligible patients in the surgery wards with abdomen surgery to be performed, who give their consent to participate.
- The patients were considered into the study after verbally explaining the need of the study, the procedure involved and obtaining the informed consent form from the patients.
- The series of patient history interviews and medication history interview was performed among the patients who are enrolled in the study and the details are documented.
- The researchers will assess the prevalence of SSI in patients who were parts prepared with razor and chemical depilation.
- Finally, the data collected at MVJ Medical College and Research Hospital will be systematically compiled and statistically analyzed to identify any trends or patterns.

Statistical Analysis

- Descriptive Analysis of the data will be done using SPSS 23 software
- Results will be compared with other studies.

Need For Study

When a surgical operation is to be conducted through a hair bearing part of the body, hair removal is often performed. This study aimed to evaluate the relationship of two methods of preoperative hair removal to postoperative wound infection in a developing country where razor shaving is very popular.

Although the removal of hair as a pre-operative preparation of the skin is desirable, it need only be removed over an area limited to a planned incision, and then only in hirsute patients. The use of a depilatory cream as an alternative to a razor would seem to have the advantages of increasing patient comfort; of avoiding injuries inflicted by even skilful shaving; and perhaps of diminishing the incidence of wound infection, without significant risk of reaction to the depilatory.

Pre-operative skin preparation is an essential component of surgical procedures aimed at minimizing the risk of postoperative infections. One of the most common pre-operative protocols is hair removal in areas that will be incised during surgery. The methods used for this preparation vary, and among the most frequently employed are regular razor shaving and depilation creams. However, there remains an ongoing debate regarding which method is superior in terms of reducing complications, such as skin irritation, infection, and patient discomfort. Given the potential risks and outcomes of each method, there is a clear need for an evidence-based comparison of these two popular approaches.

RESULTS

Age Wise Distribution

The age-wise distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

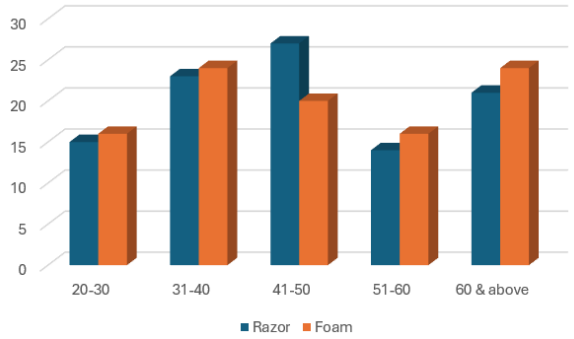
Razor Group: Out of 100 patients, the majority of patients in this group fall within the 41-50 years age range (27%), followed by 31-40 years (23%) and 61 years and above (21%). Smaller numbers are seen in the younger (20-30 years) and older age groups (51-60), accounting for only 15% each. The Razor group shows a relatively balanced distribution across most age categories, with a slight concentration in the middle-age brackets.

Foam Group: Out of 100 patients, the majority of patients in this group fall within the 31-40 years and 60 & above range (24%), followed by 41-50 years (20%). Smaller numbers are seen in the age group of 20-30 years and 51-60 years (16%) range.

Table 4: Age Wise Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
20-30	15	15%	16	16%
31-40	23	23%	24	24%
41-50	27	27%	20	20%
51-60	14	14%	16	16%
60 & above	21	21%	24	24%
Total	**100**		**100**	

Figure 3: Age Wise Distribution.



Gender Distribution

The gender distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

Razor Group: Out of 100 patients, the majority of patients are male (56%) and minority are females (44%).

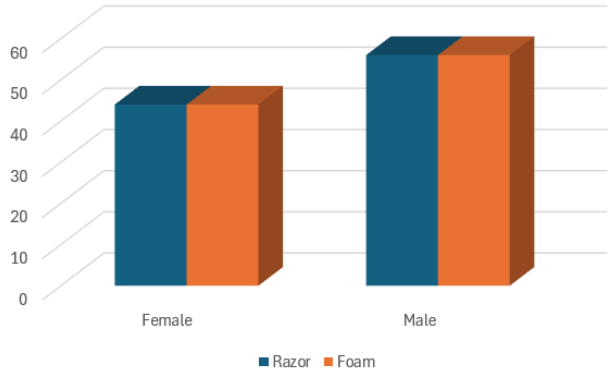
Foam Group: Out of 100 patients, the majority of patients are male (56%) and minority are females (44%).

Table 5: Gender Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Female	44	44%	44	44%
Male	56	56%	56	56%
Total	**100**		**100**	

ISSN: 0975-8585

Figure 4: Gender Distribution.



Distribution based on type of surgery

The surgery type distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

Appendectomy: For appendectomy patients, the use of razor and foam was equally distributed, with 30 patients using each method.

Exploratory Laparotomy (Obstruction): For Exploratory Laparotomy (Obstruction) patients, both razor and foam were used by 2 patients each, indicating an equal distribution between the two methods for this surgery type.

Exploratory Laparotomy (Perforation): In the case of exploratory laparotomy, 12 patients used a razor, and 12 patients used foam, again showing equal usage of the two methods.

Hernioplasty: Hernioplasty patients had an equal distribution of razor and foam, with 25 patients using each method.

Lap Cholecystectomy (Laparoscopic Cholecystectomy): Similarly, for laparoscopic cholecystectomy, 25 patients used a razor, and 25 used foams, indicating no preference for either method within this group.

Mesh Repair: In mesh repair surgeries, the use of razor and foam was again equally distributed, with 6 patients using each method.

Table 6: Surgery Type Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Appendectomy	30	30%	30	30%
Exploratory Laparotomy (Obstruction)	2	2%	2	2%
Exploratory Laparotomy (Perforation)	12	12%	12	12%
Hernioplasty	25	25%	25	25%
Lap Cholecystectomy	25	25%	25	25%
Mesh Repair	6	6%	6	6%
Total	**100**		**100**	

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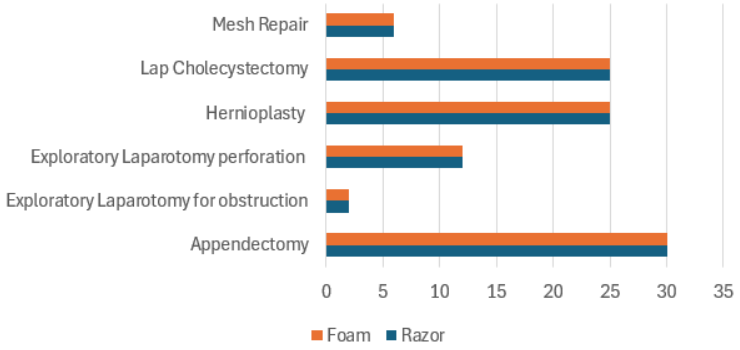
Figure 5: Surgery Type Distribution.



Emergency/ Elective Type Distribution

The emergency/ elective distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

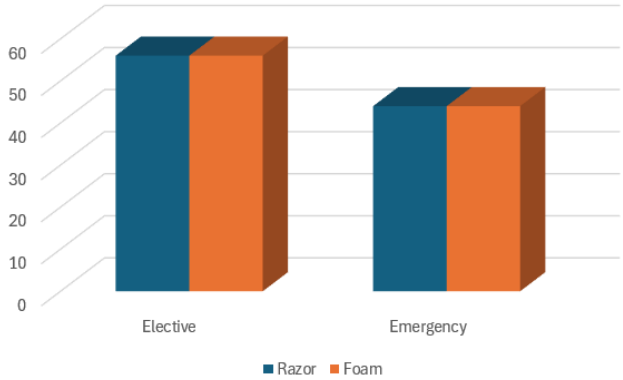
Razor Group: Out of 100 patients, the majority of patients are elective group (56%) and minority are emergency group (44%).

Foam Group: Out of 100 patients, the majority of patients are elective group (56%) and minority are emergency (44%).

Table 7: Emergency/ Elective Type Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Elective	56	56%	56	56%
Emergency	44	44%	44	44%
Total	**100**		**100**	

Figure 6: Emergency/ Elective Type Distribution.



Skin Injury Distribution

The skin injury distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

Razor Group: Out of 100 patients, among the patients who experienced a skin injury, 58 individuals reported using a razor. In contrast, 42 individuals reported no skin injury.

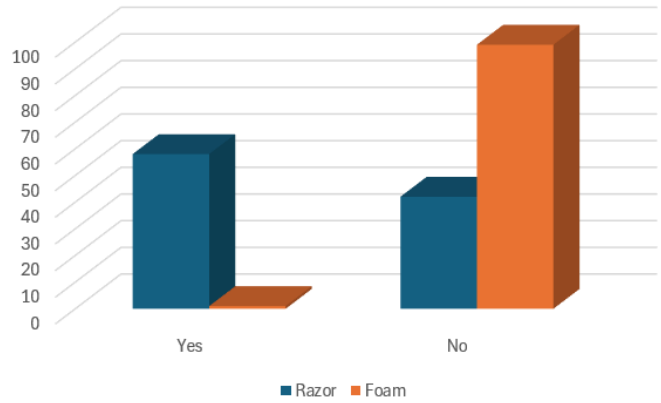
Foam Group: Out of 100 patients, only 1 individual reported skin injury using foam. A much larger number of 99 individuals reported no skin injury.

ISSN: 0975-8585

Table 8: Skin Injury Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Yes	58	58%	1	1%
No	42	42%	99	99%
Total	**100**		**100**	

Figure 7: Skin Injury Distribution.



Allergy Distribution

The allergy distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

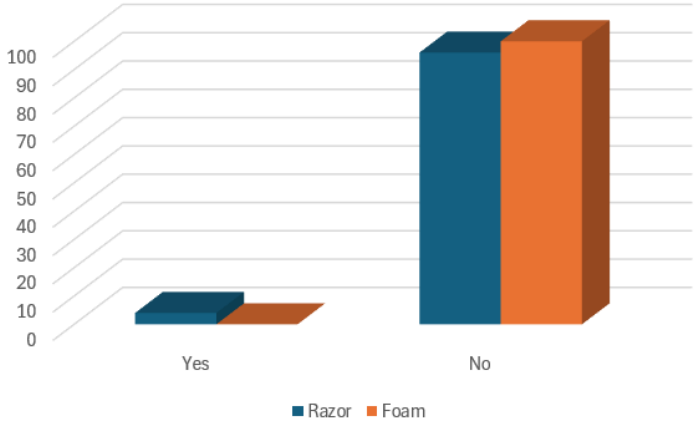
Razor Group: Out of 100 patients, among the patients who experienced allergy, 4 individuals reported using a razor. In contrast, 96 individuals reported no allergic reaction.

Foam Group: Out of 100 patients, none of them reported any allergy.

Table 9: Allergy Distribution.

Group	Razor	Percentage %	Foam	Percentage %
Yes	4	4%	0	0
No	96	96%	100	100%
Total	**100**		**100**	

Figure 8: Allergy Distribution



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Burning Sensation Distribution

The burning sensation distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

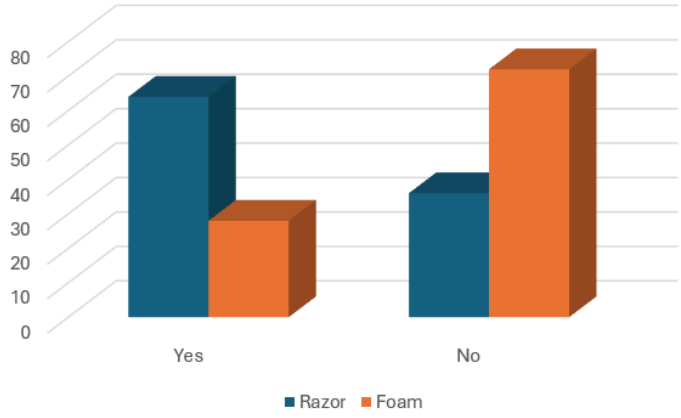
Razor Group: Out of 100 patients, among the patients who experienced burning sensation, 64 individuals reported using a razor. In contrast, 36 individuals reported no allergic reaction.

Foam Group: Out of 100 patients, 28 individual experienced burning sensation. A much larger number of 72 individuals reported no burning sensation.

Table 10: Burning Sensation Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Yes	64	64%	28	28%
No	36	36%	72	72%
Total	**100**		**100**	

Figure 9: Burning Sensation Distribution.



Rash Distribution

The rash distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

Razor Group: Out of 100 patients, among the patients who experienced rash, 33 individuals reported using a razor. In contrast, 67 individuals reported no allergic reaction.

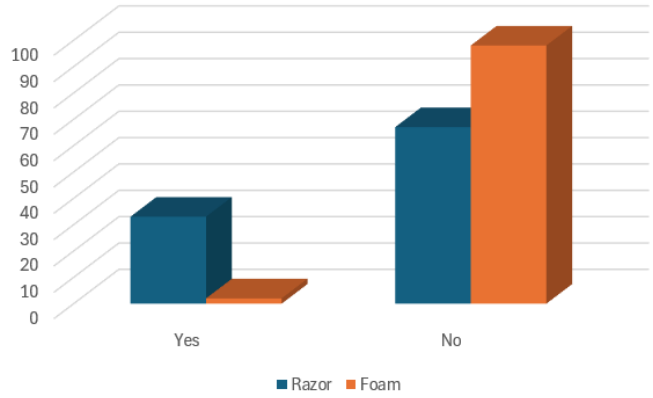
Foam Group: Out of 100 patients, 2 individual experienced rash. A much larger number of 98 individuals reported no burning sensation.

Table 11: Rash Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Yes	33	33%	2	2%
No	67	67%	98	98%
Total	**100**		**100**	

ISSN: 0975-8585

Figure 10: Rash Distribution.



Pain Distribution

The pain distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

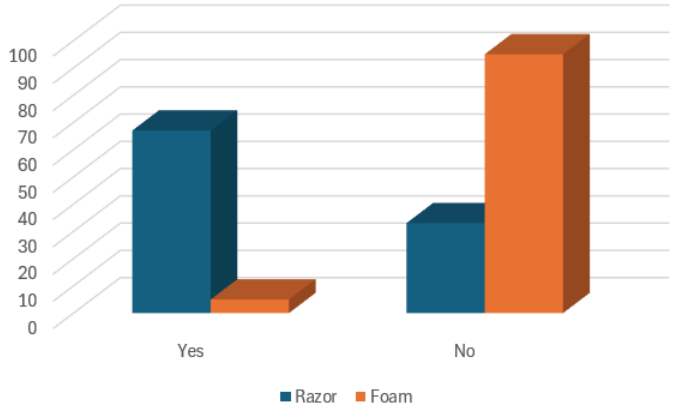
Razor Group: Out of 100 patients, among the patients who experienced pain, 67 individuals reported using a razor. In contrast, 67 individuals experienced no pain.

Foam Group: Out of 100 patients, 33 individual experienced pain. A much larger number of 95 individuals reported no pain.

Table 12: Pain Distribution

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Yes	67	67%	5	5%
No	33	33%	95	95%
Total	**100**		**100**	

Figure 11: Pain Distribution.



Patient Comfort Distribution

The patient comfort distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

Razor Group: Out of 100 patients, among the patients who experienced comfort, 42 individuals were comfort with razor shaving prior to operation. In contrast, 58 patients were uncomfortable with razor

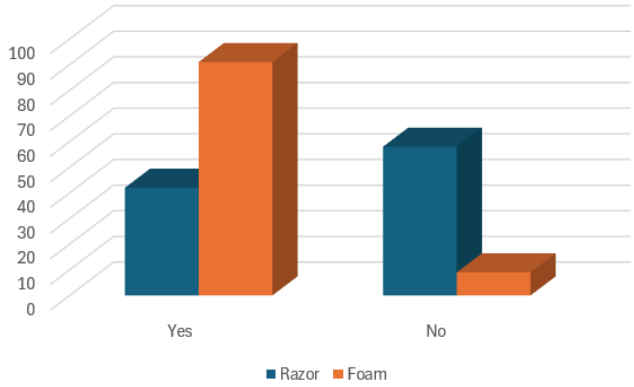
shaving prior to operation. This suggests that razor use is associated with a relatively higher number of individuals who did not experience comfort. This could imply that razors may be less comfortable or may cause more discomfort compared to other methods.

Foam Group: Out of 100 patients, 91 individual experienced comfort. A much smaller number of 9 individuals reported uncomfortable. This indicates that foam is more commonly associated with comfort, suggesting that foam might be perceived as a more comfortable option compared to razors.

Table 13: Patient Comfort Distribution

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Yes	42	42%	91	91%
No	58	58%	9	9%
Total	**100**		**100**	

Figure 12: Patient Comfort Distribution.



Surgeon's Comfort

The surgeon comfort distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

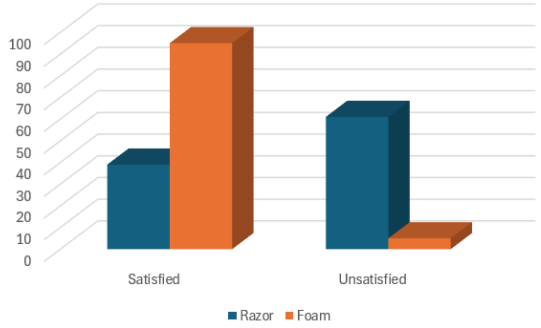
Razor Group: 39 surgeons reported satisfied using a razor, 61 surgeons reported unsatisfied using a razor. This suggests that razor use is linked to lower surgeon comfort, with a larger proportion of surgeons expressing dissatisfaction when using razors.

Foam Group: A higher number of surgeons (95) reported comfort with foam. Only 5 surgeons reported unsatisfied after using foam. This indicates that foam is strongly associated with surgeon comfort, suggesting foam is generally perceived as a more comfortable and preferable choice for surgeons compared to razors.

Table 14: Surgeon's Comfort.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Satisfied	39	39%	95	95%
Unsatisfied	61	61%	5	5%
Total	**100**		**100**	

Figure 13: Surgeon Comfort.



Surgical Site Infection Distribution

The surgical site infection distribution of the 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group, is as follows:

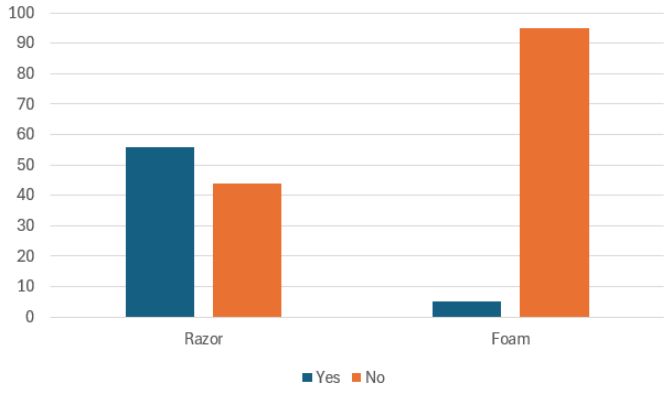
Razor Group: Out of 100 patients, among the patients who developed an infection, 56 individuals used a razor. In contrast, 44 individuals did not develop an infection. This suggests a potential association between razor use and the development of surgical site infections. This could imply that razor use may increase the risk of infection, possibly due to skin abrasions or other factors related to shaving.

Foam Group: Out of 100 patients, only 5 individuals developed infection. A significantly higher number of 95 individuals did not develop any infection. This suggests that foam use may be associated with a lower risk of infection, indicating that foam could serve as a more effective or safer option for preparing the skin, reducing the likelihood of surgical site infections.

Table 15: Surgical Site Infection Distribution.

Group	Razor Frequency (N=100)	Percentage %	Foam Frequency (N=100)	Percentage %
Yes	56	56%	5	5%
No	44	44%	95	95%
Total	**100**		**100**	

Figure 14: SSI Distribution.



DISCUSSION

A comparative study was conducted to evaluate the impact of razor vs. foam on surgical site infection (SSI). Our results show that razor use was associated with a higher incidence of SSIs, whereas foam usage was linked to a lower risk of infection.

The higher incidence of SSIs associated with razor use may be explained by the mechanical irritation and micro abrasions caused during shaving, which could provide a pathway for bacterial entry. In contrast, foam, which is gentler on the skin, may reduce the risk of such injuries and therefore minimize infection rates.

This study was conducted on 200 patients, comprising 100 patients from the Razor group and 100 from the Foam group. In a study conducted by Prigot, Aaron et al. 515 patients were enrolled into the study [3].

In this study, majority of the study participants belonged to the age 41-50 years (27%) of razor group and the majority of patients from foam group fall within the 31-40 years and 60 & above range (24%).

The results of this study show that depilation cream was associated with lower rates of surgical site infections (SSIs) and higher patient satisfaction compared to regular razor shaving. The use of razors, on the other hand, was linked to higher rates of skin irritation and discomfort. These findings suggest that while both methods are commonly used for pre-operative skin preparation, depilation cream may offer advantages in minimizing adverse outcomes like infection and discomfort.

In a study conducted by Poirot et al [4], it was noted that systemic hair removal is not recommended, unless the hair interferes with the surgery site. In such cases, depilatory cream or clipping is recommended.

Seropian and Reynolds et al [5] observed a decrease in the infection rate when hair was removed using depilatory cream.

In a study conducted by Alexander et al [6], showed a correlation between hair removal on the eve of surgery and increase in the infection rate.

Lee et al [7] observed depilatory creams containing thioglycolate have been shown to be effective enhancers for transdermal drug delivery.

In a study published by Mc Cloy et al [8], suggests that if hair is removed preoperative it should be done using a depilatory cream.

In a study published by McComas et al [9], a prospective, randomised study of pre-operative shaving versus depilation on wound infection in 253 patients showed that there was no statistical difference between the two methods. But the use of depilatory creams saved time.

CONCLUSION

A comparative study was conducted to evaluate the impact of razor vs. foam on surgical site infection (SSI). 200 patients were recruited according to the inclusion and exclusion criteria. The 200 patients were equally divided, comprising 100 patients from the Razor group and 100 from the Foam group. Majority of the study participants belonged to the age 41-50 years (27%) of razor group and the majority of patients from foam group fall within the 31-40 years and 60 & above range (24%).

The results of this study show that depilation cream was associated with lower rates of surgical site infections (SSIs) and higher patient satisfaction compared to regular razor shaving. The use of razors, on the other hand, was linked to higher rates of skin irritation and discomfort. These findings suggest that while both methods are commonly used for pre-operative skin preparation, depilation cream may offer advantages in minimizing adverse outcomes like infection and discomfort.

Limitation

There are several limitations to this study that should be considered when interpreting the findings.

- The study was conducted in a single institution, which may limit the generalizability of the results to other clinical settings.

- Patient factors such as skin type, history of allergic reactions, or sensitivity to depilation cream were not controlled for, which could influence the outcomes.
- The study did not examine long-term outcomes, such as scarring or delayed wound healing, which could also be important in evaluating the best method for pre-operative skin preparation.

Summary

This study provides valuable evidence suggesting that depilation cream may be a more effective and comfortable alternative to razor shaving for pre-operative parts preparation. The lower incidence of surgical site infections and higher patient satisfaction associated with depilation cream makes it a promising option for improving patient outcomes and comfort in the pre-operative setting. Further research is necessary to confirm these findings and to assess the broader implications for clinical practice.

APPENDIX

INFORMED CONSENT FORM

Subject identification number for this trial _____

Title of the Project _____

Name of the Principal Investigator_____Tel. No._____

I have received the information sheet on the above study and have read and/or understoodthe written information.

I have been given the chance to discuss the study and ask questions.

I consent to take part in the study and I am aware that my participation is voluntary.I understand that I may withdraw at any time without this affecting my future care.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible persons (ethics committee Members/regulatory authorities). I give access to these individual to have access to my records.

I understand I will receive a copy of the patient information sheet and the informed Consent form.

Signature / Thumb Impression of subject Date of signature

Printed name of the subject in capitals

Signature / Thumb Impression of legally accepted representative Date of signature

Printed name of legally acceptable representative in capitals

Relationship of legally accepted representative to subject in capitals

Signature of the person conducting the informed consent discussion Date of Signature

Printed name of the person conducting the Informed consent discussion in capitals

signature of impartial witness Date of signature

Printed name of the impartial witness in capitals

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सूचित सहमति

इस परीक्षण के लिए विषय पहचान संख्या

परियोजना का शीर्षक

प्रधान अन्वेषक का नाम दूरभाष. नहीं।

मुझे उपरोक्त अध्ययन पर सूचना पत्र प्राप्त हुआ है और मैंने लिखित जानकारी पढ़ और/या समझ ली है।

मुझे अध्ययन पर चर्चा करने और प्रश्न पूछने का मौका दिया गया है।

मैं अध्ययन में भाग लेने के लिए सहमति देता हूं और मुझे पता है कि मेरी भागीदारी स्वैच्छिक है। मैं समझता हूं कि मैं अपनी भविष्य की देखभाल को प्रभावित किए बिना किसी भी समय इसे वापस ले सकता हूं।

मैं समझता हूं कि इस शोध में मेरी भागीदारी से मेरे बारे में जानकारी एकत्र हुई है

और मेरे किसी भी मेडिकल नोट के अनुभाग को जिम्मेदार व्यक्तियों (नैतिकता समिति के सदस्य/नियामक प्राधिकारी) द्वारा देखा जा सकता है। मैं इन व्यक्तियों को अपने रिकॉर्ड तक पहुंच प्रदान करता हूं।

मैं समझता हूं कि मुझे रोगी सूचना पत्रक और सूचित सहमति प्रपत्र की एक प्रति प्राप्त होगी।

विषय के हस्ताक्षर/अंगूठे का निशान हस्ताक्षर की तारीख

विषय का नाम बड़े अक्षरों में मुद्रित

कानूनी रूप से हस्ताक्षर/अंगूठे का निशान हस्ताक्षर की तारीख

स्वीकृत प्रतिनिधि

कानूनी रूप से स्वीकार्य प्रतिनिधि का नाम बड़े अक्षरों में मुद्रित

राजधानियों में विषय के लिए कानूनी रूप से स्वीकृत प्रतिनिधि का संबंध

संचालन करने वाले व्यक्ति के हस्ताक्षर हस्ताक्षर की तारीख

सूचित सहमति चर्चा

संचालन करने वाले व्यक्ति का मुद्रित नाम

राजधानियों में सूचित सहमति चर्चा

निष्पक्ष गवाह के हस्ताक्षर हस्ताक्षर की तारीख

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ಮಾಹಿತಿ ನೀಡಿದ ಒಪ್ಪಿಗೆ ನಮೂನೆ

ಈ ಪ್ರಯೋಗಕ್ಕಾಗಿ ವಿಷಯ ಗುರುತಿನ ಸಂಖ್ಯೆ
ಯೋಜನೆಯ ಶೀರ್ಷಿಕೆ
ಪ್ರಧಾನ ತನಿಖಾಧಿಕಾರಿಯ ಹೆಸರು ದೂರವಾಣಿ. ಸಂ.
ನಾನು ಮೇಲಿನ ಅಧ್ಯಯನದ ಮಾಹಿತಿ ಹಾಳೆಯನ್ನು ಸ್ವೀಕರಿಸಿದ್ದೇನೆ ಮತ್ತು ಲಿಖಿತ ಮಾಹಿತಿಯನ್ನು ಓದಿದ್ದೇನೆ ಮತ್ತು/ಅಥವಾ ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.
ಅಧ್ಯಯನವನ್ನು ಚರ್ಚಿಸಲು ಮತ್ತು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ನನಗೆ ಅವಕಾಶ ನೀಡಲಾಗಿದೆ.
ನಾನು ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳಲು ಸಮ್ಮತಿಸುತ್ತೇನೆ ಮತ್ತು ನನ್ನ ಭಾಗವಹಿಸುವಿಕೆಯು ಸ್ವಯಂಪ್ರೇರಿತವಾಗಿದೆ ಎಂದು ನನಗೆ ತಿಳಿದಿದೆ. ಇದು ನನ್ನ ಭವಿಷ್ಯದ ಕಾಳಜಿಯ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರದಂತೆ ನಾನು ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಹಿಂಪಡೆಯಬಹುದು ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.
ಈ ಸಂಶೋಧನೆಯಲ್ಲಿ ನನ್ನ ಭಾಗವಹಿಸುವಿಕೆಯಿಂದ ನನ್ನ ಬಗ್ಗೆ ಸಂಗ್ರಹಿಸಿದ ಮಾಹಿತಿ ಮತ್ತು ನನ್ನ ಯಾವುದೇ ವೈದ್ಯಕೀಯ ಟಿಪ್ಪಣಿಗಳ ವಿಭಾಗಗಳನ್ನು ಜವಾಬ್ದಾರಿಯುತ ವ್ಯಕ್ತಿಗಳು (ನೈತಿಕ ಸಮಿತಿ ಸದಸ್ಯರು/ನಿಯಂತ್ರಕ ಅಧಿಕಾರಿಗಳು) ನೋಡಬಹುದು ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ. ನನ್ನ ದಾಖಲೆಗಳಿಗೆ ಪ್ರವೇಶವನ್ನು ಹೊಂದಲು ನಾನು ಈ ವ್ಯಕ್ತಿಗಳಿಗೆ ಪ್ರವೇಶವನ್ನು ನೀಡುತ್ತೇನೆ.
ನಾನು ರೋಗಿಯ ಮಾಹಿತಿ ಹಾಳೆಯ ನಕಲನ್ನು ಮತ್ತು ತಿಳುವಳಿಕೆಯುಳ್ಳ ಸಮ್ಮತಿಯ ನಮೂನೆಯನ್ನು ಸ್ವೀಕರಿಸುತ್ತೇನೆ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ವಿಷಯದ ಸಹಿ / ಹೆಬ್ಬೆರಳಿನ ಅನಿಸಿಕೆ ಸಹಿಯ ದಿನಾಂಕ
ದೊಡ್ಡಕ್ಷರಗಳಲ್ಲಿ ವಿಷಯದ ಮುದ್ರಿತ ಹೆಸರು

ಕಾನೂನುಬದ್ಧವಾಗಿ ಸಹಿಯ ದಿನಾಂಕದ ಸಹಿ / ಹೆಬ್ಬೆರಳಿನ ಅನಿಸಿಕೆ
ಸ್ವೀಕರಿಸಿದ ಪ್ರತಿನಿಧಿ

ರಾಜಧಾನಿಗಳಲ್ಲಿ ಕಾನೂನುಬದ್ಧವಾಗಿ ಸ್ವೀಕಾರಾರ್ಹ ಪ್ರತಿನಿಧಿಯ ಮುದ್ರಿತ ಹೆಸರು
ರಾಜಧಾನಿಗಳಲ್ಲಿ ವಿಷಯಕ್ಕೆ ಕಾನೂನುಬದ್ಧವಾಗಿ ಅಂಗೀಕರಿಸಲ್ಪಟ್ಟ ಪ್ರತಿನಿಧಿಯ ಸಂಬಂಧ

ಸಹಿಯ ದಿನಾಂಕವನ್ನು ನಡೆಸುವ ವ್ಯಕ್ತಿಯ ಸಹಿ
ತಿಳುವಳಿಕೆಯುಳ್ಳ ಸಮ್ಮತಿ ಚರ್ಚೆ

ರಾಜಧಾನಿಗಳಲ್ಲಿ ತಿಳುವಳಿಕೆಯುಳ್ಳ ಸಮ್ಮತಿಯ ಚರ್ಚೆಯನ್ನು ನಡೆಸುತ್ತಿರುವ ವ್ಯಕ್ತಿಯ ಮುದ್ರಿತ ಹೆಸರು
ನಿಷ್ಪಕ್ಷಪಾತ ಸಾಕ್ಷಿಯ ಸಹಿ ಸಹಿಯ ದಿನಾಂಕ
ನಿಷ್ಪಕ್ಷಪಾತ ಸಾಕ್ಷಿಯ ಹೆಸರನ್ನು ದೊಡ್ಡಕ್ಷರಗಳಲ್ಲಿ ಮುದ್ರಿಸಲಾಗಿದೆ

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Study Proforma

Questionnaire

1. Patient's Initials:
2. IP No:
3. Age
4. Sex
5. Ward/ Unit
6. Diagnosis:
7. Co-morbidities:
8. Procedure Done:

   Emergency Surgery Elective Surgery
9. Details of Surgery

   Time of admission

   Time of surgery

   Date of surgery

I. Pre-Operative:

1. Razor vs Foam method

	Razor Method	Foam Method
Skin Injury		
Allergy		
Rash		
Burning sensation		
Patient Comfort		
Pain		

II. Intra-operative

Surgeon Feed Back	Satisfied	Not satisfied
Hindrance	Yes	No

III. Post-operative

	Razor method	Foam Method
Prevalence of SSI		

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