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**John P. Burke, MD**  
Chief, Infectious Disease  
LDS Hospital  
Salt Lake City, Utah

## Protocols for Hip and Knee Prosthetic Surgeries

### To the Editor:

We are in the process of upgrading our protocol for hip and knee prosthetic surgeries.

One of our surgeons asked me to obtain samples of policies and procedures for appropriate care of a patient admitted for prosthetic surgery from time of admission to discharge.

This would include proper placement of this patient pre and post surgery, use of the laminar flow room, space suits during surgery, etc.

Any assistance you can provide will be appreciated.

**Jean Rowe, RN**  
Yuma Regional Medical Center  
Yuma, Arizona

*The preceding letter was referred to Harold Laufman, MD, for a reply.*

Ms. Rowe would have to solicit the policies and procedures manuals from a number of hospitals in order to get protocol on preparatory care of prosthetic surgery patients. There are no standards that are acceptable to all.

Different orthopedic surgeons have different ideas on how to prepare their patients and what to require of the operating room environment. An interesting observation is that such uniformly good results can be obtained with such divergent rituals.

**Harold Laufman, MD**  
Emeritus Professor of Surgery  
Albert Einstein College of Medicine  
New York, New York

## Protective Garments in the Bacteriology Department

### To the Editor:

As the Infection Control Coordinator of a large hospital, I am writing for any material or information on a problem we are encountering.

Our Bacteriology Department has requested the hospital to furnish a scrub dress or a surgical type gown to wear in the Bacteriology Department since the employees are continually in contact with many microorganisms.

The policy for the Bacteriology Department is to wear a uniform and lab coat while in the department. This coat is to be removed before leaving the area. Even with this precaution, personnel feel that the lab coat is not sufficient protection and that they are carrying organisms home with them.

The head of the laboratory is our pathologist and Chairman of the Infection Committee. He agrees wholeheartedly with the department concerning the scrub dress or gown.

I would appreciate your opinion and any information in regard to infection control in this matter.

**Eleanor V. Domm, RN, BS**  
Infection Control Coordinator  
Nazareth Hospital  
Philadelphia, Pennsylvania

*The preceding letter was referred to Dieter H.M. Gröschel, MD, for his reply.*

One of the safety practices recommended for the handling of biohazardous materials is the protection of the laboratory worker with a coat or a gown. The standard and special safety practices to be published shortly by the Centers for Disease Control and

National Institute of Health<sup>1</sup> include the wearing of protective garments such as laboratory coats, gowns, smocks, or uniforms while working with biohazardous materials of Biosafety Level 2—parasites, fungi, bacteria and viruses commonly encountered in clinical microbiology specimens. For work with cultures containing or suspected to contain organisms of Biosafety Level 3, eg, *Mycobacterium tuberculosis* or mild forms of certain fungi causing systemic infection, solid front or wrap-around gowns with closure in the back, scrub suits, or coveralls are recommended. In a hospital such garments are best obtained from the operating suite.

The policy of your Bacteriology Department is correct, protective garments should be removed before leaving the laboratory. Coats, gowns, dresses or suits used in the laboratory should be treated as contaminated linen when returned to the hospital or contract laundry for reprocessing.

The safety policy established by your pathologist, who is the responsible safety officer for the laboratories, conforms to sound laboratory safety practices and deserves the support by the infection control personnel as part of the overall employee health program.

### REFERENCES

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**Dieter H.M. Gröschel, MD**  
Director of Microbiology  
University of Virginia Medical Center  
Charlottesville, Virginia

## Source of Biliary Infections

### To the Editor:

We would like to comment on an editorial change made in the abstract of our article, "The source of biliary infections associated with T-tube drainage," in *Infection Control*, Volume 4, Number 2.

Our article reported data which we felt indicated that a great majority of these infections begin as biliary infec-

tions and could not be proven to originate from the skin. We stated specifically in our discussion that of all cases of infected bile, in only five was the organism found outside the biliary drainage system before it appeared in the bile, and that in all five of these cases the organism was *Staphylococcus epidermidis*, an unusual pathogen in this setting. This was accurately stated in the abstract. However, this point is completely obscured by the

editorial changes made in other sentences in the abstract, apparently as a result of misunderstanding of our use of the term "descending" infection, apparently taken to mean infection originating in the distal T-tube or on the skin, whereas we actually meant by that term precisely the opposite.

The abstract would have accurately stated our conclusion had it been expressed in the form in which we believe it was submitted, that is, with

deletion of the phrase "from the patient's skin" in the 12th line of the abstract and the phrase "or skin" at its very end.

**James E. Glasser, MD**  
**William A. Agger, MD**  
Infectious Disease Section  
Department of Internal Medicine  
Gundersen Clinic, Ltd.  
La Crosse, Wisconsin

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