

A Practical Modification of the Fenestrated Surgical Drape for Facial Dermatologic Surgery

Sir,

The creation of a sterile surgical field with access to the operative area is vital in any surgical procedure. This is achieved through correct skin prepping and draping of the patient. The use of drapes to prevent bacterial contamination of the operative field has been utilized in surgery for over 50 years.^[1] A variety of drapes exist; yet, the role of drapes in reducing surgical site infections is still controversial.^[2] Surgical draping of the face can be challenging.^[3] Fenestrated disposable drapes are frequently used for minor surgical procedures on the face as the fenestration provides a convenient way of establishing the surgical field. However, we find that when used for local anesthetic procedures on face these drapes cause significant patient discomfort by the occlusion of the nose and mouth. Also, the size of the fenestration rarely matches the size of the planned operative field.

Subsequently, we propose a more practical use of the fenestrated drape for facial plastic surgery performed under local anesthetic. After surgical marking and local anesthetic administration, preparation of skin is performed: light drying of the area, but the planned operative field is left moist [Figure 1a]. The fenestration is then placed directly over the nose and mouth of the patient and the rest of the drape is placed over the face [Figure 1b]. The moist area of the skin will be seen through the drape, and with a small upward pinch of the drape, a sterile scissor is used to create an additional fenestration. This can be further modified with

additional cuts to improve surgical access. The scissors are then removed from the set. The moist area provides an adhesive layer to this new fenestration [Figures 1c and 2].

Surgical draping for the face is challenging due to head position, exposure of the eyes, patient's hair, and occlusion of the nose and mouth. Our practical modification to the fenestrated drape addresses these problems, without sacrificing sterility and as a result improves patients comfort level for minor plastic surgery on the face.



Figure 2: Fenestration placed over nose and mouth, whereas new fenestration is placed over the sterile surgical field



Figure 1: The sequence of steps to create a practical modification of fenestrated drapes. (a) Surgical marking and local anesthetic infiltration, followed by aseptic prepping. (b) Fenestration is placed over nose and mouth, while protecting the eyes. (c) New fenestration is created over the desired area

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflict of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code: 	Website: www.jcasonline.com
	DOI: 10.4103/JCAS.JCAS_43_17

How to cite this article: Sugrue CM, Kelly JE. A practical modification of the fenestrated surgical drape for facial dermatologic surgery. *J Cutan Aesthet Surg* 2018;11:40-1.