

Double-Gloving Technique

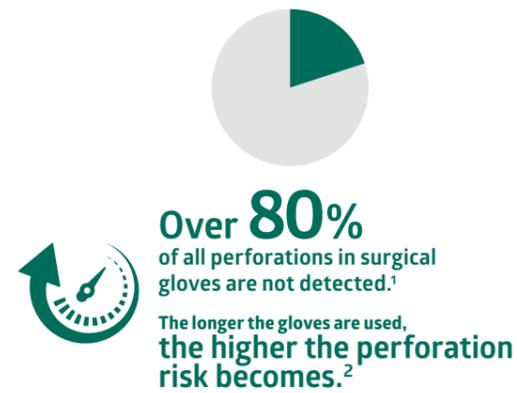


**Safety and
performance**



RISKS OF GLOVE PERFORATIONS

The risk of exposure to pathogens transmitted through blood is one of the main concerns of surgeons and surgical staff. Perforations in surgical gloves, which are often not visible to the human eye, are still usually big enough to allow pathogens to pass from the glove wearer to the patient, causing an infection.



Glove perforations can lead to the transmission of infectious pathogens.

ADDRESSING THIS RISK WITH THE DOUBLE-GLOVING TECHNIQUE

Why should you use this technique?

- » Using 2 surgical gloves reduces the risk of accidents involving sharps, which reduces the risk of cross-contamination between the healthcare professional and the patient.
- » Furthermore, this technique helps detect microperforations in the external layer earlier.

Did you know?

- » The double-gloving method can reduce the risk of blood and bodily fluid exposure by up to 87% if the exterior glove is perforated.³
- » In a study on 582 glove wearers who used the double-gloving technique, over $\frac{3}{4}$ (77%) were able to detect perforations in the glove.⁴

How do you employ this technique?



1. Don a dark-coloured underglove.

2. Put a light-coloured exterior glove over it to create clear contrast.

3. Easily spot perforations in your glove if they occur.

WORKING TOGETHER AS THOUGH THEY WERE ONE GLOVE

Despite the proven effectiveness of the double-gloving system, some surgeons and healthcare workers still have doubts about it, namely:

- 1) The movement between the exterior glove and underglove, potentially causing control and grip problems
- 2) Less sensitivity and dexterity, as a second glove may be cumbersome.

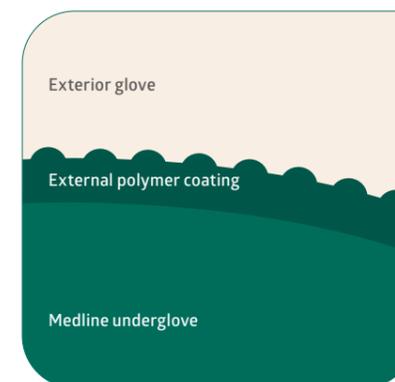
The gloves used for the Medline double-gloving method solve both of those problems and many others.

+ Easily identifiable
The dark green colour of the Medline undergloves allows the wearer to easily see when there is a perforation in the exterior light-coloured glove.

+ Less cumbersome
As they are thinner than other traditional surgical gloves, the Medline undergloves do not feel bulky or thick when used, improving sensitivity and dexterity.

+ Adhesion with the exterior glove

Manufactured with a special coating on the outside of the glove, Medline undergloves stick to the exterior glove, giving the sensation that only one glove is being worn and thereby improving performance.



WHAT DOES MEDLINE PROPOSE?

Which glove has been perforated?*

Medline's 'See Green for Safety' alert system and undergloves

Let Medline implement the double-gloving system in your hospital, and you can also 'See Green for Safety'.

The system provides surgeons and other healthcare professionals with the techniques required to not only reduce the underglove perforation rate, but also identify any perforations in the top glove as quickly as possible.

At no cost whatsoever to the healthcare centre, Medline will provide a one-day supply of undergloves, such as the SensiCare PI Green gloves with aloe vera.

The 'See Green for Safety' system is a great way of educating healthcare workers on how they can reduce cross-contamination and exposure to pathogens transmitted through blood.

**Both have perforations.*

(Left) Perforated glove – double-gloving technique using a dark green underglove | (Right) Perforated glove – double-gloving technique using two standard cream-coloured surgical gloves



SensiCare® PI Green MSG92xx

- Made from Isolex polyisoprene, 100% latex-free
- External coating to fit the exterior glove
- Internal aloe vera coating
- 0.21 mm fingertip thickness



DermAssure™ Green MSG65xxI

- Made from neoprene, 100% latex-free
- External coating to fit the exterior glove
- Accelerator-free to reduce the risk of allergic contact dermatitis
- 0.20 mm fingertip thickness



Signature Latex Green MSG55xx

- Made from latex
- External coating to fit the exterior glove
- Internal aloe vera coating
- 0.19 mm fingertip thickness



1. Thomas, S, Agarwala, M, Mehtab, G. Intraoperative glove perforation—single versus double gloving in protection against skin contamination. Post Graduate Medical Journal. 2001; 77:458-460. Available at: <http://pmj.bmj.com/content/77/909/458.full>. Accessed 18 December 2015.
 2. Partecke, Lars Ivo, Anna-Maria Goerd, Inga Langner, Bernd Jaeger, Ojan Assadian, Claus-Dieter Heidecke, Axel Kramer and Nils-Olaf Huebner. 'Incidence of Microperforation for Surgical Gloves Depends on Duration of Wear.' Infection Control and Hospital Epidemiology 30.5 (2009): 409-14.
 3. Bergerer R & Heller PJ. Preventing sharps injuries in the operating room. Journal of the American College of Surgeons. 2004; (199)3:462-467.
 4. Guterl, Gail. The Powerful Case for Double Gloving. Outpatient Surgery Magazine. September 2013. Available at: <http://www.outpatientsurgery.net/surgical-facility-administration/personal-safety/the-powerful-case-for-double-gloving--10-13&pg=2>. Accessed 17 December 2015.

For further information, please contact your Medline account manager or visit our website: www.medline.eu/uk



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FOLLOW US  

These gloves are class IIa sterile medical devices intended to be used by healthcare professionals. Before use, consult instructions and precautions on the corresponding labelling.



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