

## Instructions for Bathing – Before Surgery

Your surgeon suggests you cleanse your skin with 4% Chlorhexidine Gluconate (CHG) before surgery. This is a chemical found in soaps like Hibiclens® and other brands. Gather and/or buy all of your supplies before showering. CHG soap is sold at the City of Hope outpatient pharmacy and other large drug stores. **Please read the instructions before you shower.**

### Supplies Needed For Your Shower/Bath

- 1 - Bottle of **4% CHG antiseptic soap**
- 2 - Clean wash cloths
- 1 - Clean, dry towel
- 1 - Regular soap to wash your face



### First Shower/Bath Night BEFORE Surgery

- Shampoo and rinse your hair
- With the first clean washcloth, wash your surgical site.
- From the neck down, wash the rest of your body with the same washcloth.
  - If your surgical site is in your rectal or genital zone, use a different clean washcloth and towel to wash and dry the rest of your body.
  - NEVER use CHG Soap on your face, or genitals.
  - If your surgical site is on your face, wash your face with normal soap
  - You can use the CHG from the neck down
- Rinse off fully.
- With the second clean washcloth, rewash the surgical site only & rinse with clean water.
- Dry your surgical site first, and then the rest of your body.
- Do not re-dry the surgical site with the same towel.

### Second Shower/Bath Morning BEFORE Surgery

- Repeat the steps from **Night Before** surgery
- After your second shower/bath, do not put on any lotion, powder, deodorant, perfume, makeup, or hair products.
- Please make sure your hair is fully dry before arriving at the hospital.
- Put on clean, dry, loose clothes that are easy to take off and put on.
- Remove all jewelry and body piercings.

Contact City of Hope for any questions or concerns

(M-F 8:00 a.m. to 4:30 p.m.) 800-826-HOPE (4673)  
After hours and on weekend call the Nurse Triage Center at 626-218-7133  
City of Hope Pharmacy 626-301-8304

Please:

- Bring this form with you on the day of your surgery.
- Remember to remove all jewelry and body piercings before arriving for your surgery.

I, \_\_\_\_\_ (Patient Name), DID bathe as told:

\_\_\_\_\_ Night before surgery

\_\_\_\_\_ Morning of surgery

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*STAFF please fax completed form to Infection Prevention (626) 301-8954 or x68954