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**