The contamination is particulating the fetal head from the lower uterine bacteria during the process of extraction. Becomes heavily contaminated with the dominant hand of the operator from our institution, we showed that more intriguing. In an earlier report at a certain point in the operation is concerning the effect of changing gloves in instruments after closure of the uterus. Changing to a different set of surgical instruments and gloves prophylaxis combined with delivery of the placenta by traction on the cord, has not been studied in a systematic manner.

Given the low frequency of infection that can be achieved with these 2 methods, it would require a very large sample size to show that glove change offered an additional protective effect. Nevertheless, on a practical basis, we think it is very reasonable to change the glove on the dominant hand following a difficult extraction of the presenting part in a patient who has had an extended duration of labor and ruptured membranes. The glove change is particularly important if manual extraction of the placenta is contemplated.

Of note, we would like to acknowledge that the US Food and Drug Administration finalized a ban on the use of powdered surgical gloves effective January 18, 2017. The aerosolized glove powder on latex gloves contains proteins that can provoke severe respiratory allergic reactions in patients who are sensitive to latex. Even powdered synthetic gloves can cause airway inflammation, wound inflammation, and postoperative adhesions.

References

Choosing a cesarean technique based on “evidence”
I appreciate the commentary by Dr. Thorp concerning cesarean delivery techniques. I have always thought that there was no difference in the outcomes of the various techniques. However, we will continue to waver to the peer pressure of this evidence-based stuff—until we find out later, like now—until things change again. “The more things change, the more they remain the same.”

Dr. Smart Ebinne
Port Harcourt, Nigeria

Eschews meaningless Internet obfuscation
As a practicing physician I don’t have time for social media and its accompanying advertising rationale; it’s a wasteland that replaces television. My patients and I go one-on-one, eye-to-eye, and eschew meaningless Internet obfuscation. Don’t we have better things to do with our physician/patient relationship than check online reviews?

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