

## A simple method of managing unsterile overhead light handles in operating room

Sir,

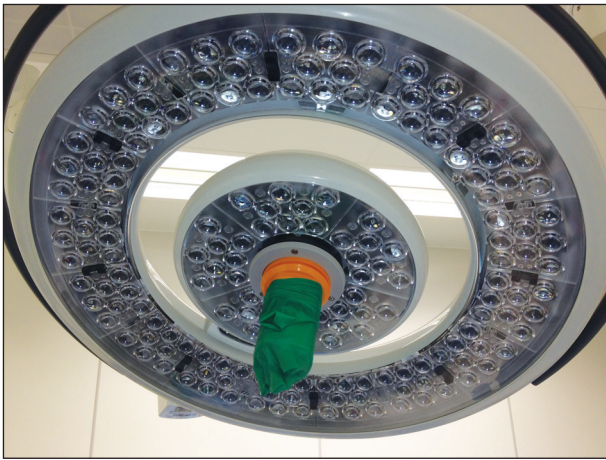
Overhead light is important equipment and a must in all operation rooms. To function efficiently we should focus the light to intended area of operation site. It is best done by surgeon or his assistant himself by grabbing the sterile light handles which are detachable from the adaptors of overhead lights.

Light handles come as a stock item from the manufacturer and can be resterilised after use in the hospital's central sterilisation and supply department (CSSD). Some of the companies provide disposable single use handle cover that fits on the unsterile light handles. These companies claim that these covers are economical, easy to fit and retain in place. However, they all have common problem that during use they can become unsterile from the unintentional touching by head of surgeon or his assistant during operation especially if the OR personnel is tall. Hence it can be a frustration for surgeon, his assistants and scrub nurses. Most of the time a spare one is not available in operation room and to use disposable one is not as cost-effective. To borrow another one from CSSD can cause undue delay and decreases efficiency of surgery.

Our literature search did not reveal any mention of



**Figure 1:** Unsterile light handle adapter



**Figure 2:** Use of sterile surgical glove inside out as an alternative to sterile light handle

alternative ways. Although our colleagues from other specialties have been using 50 ml plastic syringe without plunger or piece of plastic sterile drape (opside sheet). We are reporting a simple cost-effective alternative to address the problem of unsterility of light handles.

Whenever light handles becomes unsterile by unintentional touching, the circulating nurse can remove the light handle. Then scrub nurse can then put size 8 sterile surgical glove inside out carefully on light handle

adapter without any undue delay. The glove should be applied carefully to avoid any tears or holes. The glove snugly fits on the adapter and never comes off. It is like putting surgical gloves on forefoot during draping if one is doing surgery on proximal foot. We have been using this method on all occasions once the light handle becomes unsterile or is not available in operation room [Figures 1 and 2].

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