

THEATRE DESIGN

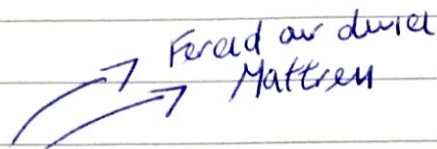
4 zones

Outer zone (rest of hospital) close to facilities

Clean zone (reception to theatre doors)

Aseptic zone

Disposal zone



Temp 20°C with warming blanket for pt

$> 24^{\circ}\text{C}$ $\uparrow$ risk of infection & $\downarrow$ cement working time

Humidity 40-60%

Illumination 40000 lux No shadows & adjustable

Ventilation ultra clean laminar flow ≤ 10 colony forming units/ m^3

High efficiency particulate air filters (HEPA filters) clean air filter particles $0.5\mu\text{m}$ size.

2 systems of ventilation

Plenum = Pressure in theatre $>$ outside (15-25 air changes per hr)

Laminar flow = entire body of air (in designated space) moving in same direction at same speed

3 types:

1. Horizontal - Not practical (furniture & people)

2. Vertical Enclosure with panels from ceiling

Entrainment causes deflection

(Exponential)

3. Ex-flow system (Howarth enclosure)

Lidwell MRC ~~RET~~ (1982) 8000 hip & knee replacements

Vertical laminar flow $\downarrow$ wound contamination & deep wound sepsis

More effective than horizontal laminar flow

Sliding doors

Chanley 1972 CORR
 $\downarrow 7\% \rightarrow 0.5\%$

Lidwell MRC 1987
 $3.4\% \xrightarrow{\text{Non clean air theatre}} 1.7\% \xrightarrow{\text{Clean air AB}} 0.4\%$ Did not randomise for ABx use

B1
Lancet 2017
No benefit to Lomax

Brend
Registry study - No benefit

Hooper BJT 2010 2 spacer suits
NZ IT registry $\uparrow$ risk with Lomax flow

Thomas BJT 2018 RNOH "The Spectrum"
Registry data no good as end point revision
 $\therefore$ under report
MRC results still valid

Pinder BJT 2016
Lomax flow $\uparrow$ 991 in NOF of plasma
 $n = 800,000$ 2008 - 2013