Avoiding Cross-Infection From Marking Pens

BY LISA BROTHERS ARBISSER, MD; UDAY DEVGAN, MD; WILLIAM J. FISHKIND, MD; AND MICHAEL E. SNYDER, MD

For each installment of “Today’s Topics,” section editor John F. Doane, MD, identifies a hot-button topic in cataract and refractive surgery and asks several experts to share their thoughts.

What precautions do you take to reduce the risk of cross-infection from felt-tipped marking pens before cataract surgery?

LISA BROTHERS ARBISSER, MD

My colleagues and I do not use felt-tipped marking pens. Instead, we place a new, sterile, temporary tattoo on the patient’s forehead above the eye on which we are operating. The tattoo is easily removed with tape or alcohol before the patient leaves the surgical center. This practice eliminates the risk of cross-contamination.

WILLIAM J. FISHKIND, MD

We place a removable, sticky dot above the eye on which we are operating. We sterilize the LRI axis marker for each patient. The felt-tipped pen is used repeatedly for the day, but it only touches a sterile LRI marker. We discard the pen after the final surgery of the day. We prevent cross-contamination by never touching the patient’s eye with the pen.

MICHAEL E. SNYDER, MD

We wipe the patient’s forehead with an alcohol swab over the eyebrow of the surgical eye before placing an “X” with a felt-tipped pen on that spot. Currently, we do not believe that there is adequate evidence of bacterial transmission to warrant the routine use and additional cost of single-use, sterile disposable markers.

UDAY DEVGAN, MD

For marking astigmatic axes preoperatively, a new, sterile surgical marking pen should be used for each patient to avoid the risk of cross-contamination. Similarly, a new, sterile site-marking pen should be used for each patient. First, mark the astigmatic axes at the limbus. Then, use the same pen to write on the patient’s forehead.

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